

**NON-GOVERNMENTAL ORGANIZATIONS' (NGOs) PARTICIPATION IN
EMPOWERING HIV/AIDS ORPHANED CHILDREN IN NJORO SUB COUNTY,
NAKURU COUNTY, KENYA**

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Requirements for the Award of Master of Arts Degree in Sociology (Community
Development and Project Management Option) of Egerton University**

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DECLARATION AND RECOMMENDATIONS

DECLARATION

This thesis is my original work and to the best of my knowledge has not been presented for the award of any degree in any university.

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RECOMMENDATIONS

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DEDICATIONS

This work is dedicated to my parents Mr. Julius Nyangena Abuga and Mrs. Yunuke Nyangena Abuga, who have put in a lot of effort since I was a helpless child to nurture, guide, inspire and support me financially to ensure I achieve my academic dreams.

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ABSTRACT

This study assessed the NGOs participation in empowering HIV/AIDS orphaned children in Njoro Sub County Nakuru County. In Kenya, 2.5 million children under the age of 18 years are orphans. Out of these 2.5 million children, 1.5 million are orphaned by HIV/AIDS. Children orphaned by HIV/AIDS are stigmatized and lack access to important life skills for survival due to poverty and illiteracy. This harms their self-esteem and denies them better job prospects, economic independence and a general good standard of life. To ensure these children enjoy their rights, NGOs have been involved in empowering them by mitigating the challenges of stigma and lack of necessary life skills for survival. However, little has been done on NGOs participation in empowering HIV/AIDS orphaned children in Njoro Sub County. This is the reason why this study investigated NGOs participation in empowering HIV/AIDS orphaned children in Njoro Sub County of Nakuru County. The objectives of the study were to establish how NGOs empower HIV/AIDS orphaned children to deal with stigma and discrimination and develop skills relevant for survival and to ascertain the significance of empowering HIV/AIDS orphaned children in Njoro Sub County. The study was informed by the Empowerment theory by Andrea Diane (1995). The study used descriptive research design. Purposive sampling was used to get a sample of 47 children respondents and 10 key informants comprising of 2 NGOs officials and 8 community volunteers. The study collected and analyzed both qualitative and quantitative data. The results obtained indicated that the NGOs have implemented programs to empower HIV/AIDS orphaned children to deal with stigma and discrimination and the empowerment programs have changed the children's psychological well-being. However, the wider community has not been educated on how to live with the children without stigmatizing or discriminating against them. The NGOs have implemented programs to empower HIV/AIDS orphaned children on how to develop skills relevant for survival like taking the children to school. The study established significance of NGOs empowerment to HIV/AIDS orphaned children as it helps them deal with stigma and discrimination and develop skills relevant for survival. The study found that children respondents' lives have changed positively and they have hope in their future life. The study recommends that NGOs sensitize the wider community to live with HIV/AIDS children without discriminating against them.

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LIST OF ABBREVIATIONS AND ACRONYMS

APHIA Plus - Aids Population and Health Integrated Assistance, Plus (People - Centered, Leadership, Universal Access and Sustainability)

ART – Anti-Retroviral Therapy

ARVs – Anti-Retrovirals

CBOs – Community Based Organizations

CDN – Catholic Diocese of Nakuru

CHVs – Community Health Volunteers

FAIR –Family Aids Initiative Response

FGD – Focus Group Discussions

HIV/AIDS – Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome

NACC- National Aids Control Council

NASCOP- The National AIDS and STIs Control Programme

NGOs – Non-Governmental Organizations

OVCs – Orphans and Vulnerable Children

PMTCT – Prevention of Mother to Child Transmission

STIs – Sexually Transmitted Infections

UN- United Nations

UNAIDS - United Nations & AIDS

UNICEF - United Nations International Children Emergency Fund

UNDP - United Nations Development Program

UNGASS - United Nations General Assembly Twenty-sixth Special Session

USAID- United States Agency for International Development

WHO - World Health Organization

WHO -AFRO - World Health Organization- Africa Regional Office

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

This study examined Non Governmental Organizations NGOs' participation in empowering HIV/AIDS orphaned children. The Human Immunodeficiency Virus (HIV) and the subsequent Acquired Immunodeficiency Syndrome (AIDS), hereafter to be referred to collectively as HIV/AIDS, remains one of the most significant public health challenges in our lifetime, and certainly one of the major obstacles to socioeconomic development especially in developing countries. All nations across the world, particularly, low and middle income countries are significantly affected by HIV/AIDS and Kenya is no exception (UNAIDS, 2004). Worldwide, it is estimated that 17.8 million children under 18 years of age have been orphaned by AIDS and this is prospected to rise to 25 million by 2020 (World Health Organization, 2011). Around 15.1 million or 85 percent of these children live in sub-Saharan Africa. In some countries which are badly affected by the epidemic, a large percentage of all orphaned children for example 74 percent in Zimbabwe, and 63 percent in South Africa are orphaned due to AIDS (UNAIDS, 2004). The number of children orphaned by AIDS in some sub-Saharan African countries exceeds two million each, and, in some countries children who have been orphaned by AIDS comprise half or more of all orphans nationally (UNICEF, 2011). As the number of orphans varies between countries, so it varies between different regions within those countries. Particular areas may have higher or lower percentages of orphans, largely depending on the local HIV prevalence rates. There can also be substantial differences between rural and urban areas (World Health Organization, 2011).

The emotional needs of HIV/AIDS orphaned children such as psycho-social support are critical given that these children have lost their parents who were the bread winners (Gettleman, 2008). Children are greatly affected for the rest of their lives when their parents die and leave them without someone to care for them. In addition, the society that is expected to take over the role of parenthood for these children turns against them through stigmatization (NACC, 2010). The effects of the HIV/AIDS epidemic pervade every aspect of children's lives, their emotional well-being, physical security, mental development, and overall health (UNAIDS/UNICEF/USAID, 2002). HIV/AIDS orphaned children drop out of school for child labour, to look after their

siblings and put food on the table (Phiri & Webb, 2002). HIV/AIDS orphaned children in Njoro Sub County are not an exception; they are exposed to the risk of facing stigma and becoming victims of violence, child labor, discrimination and other abuses (Vuthy, 2007). The scale of the orphan crisis is somewhat masked by the time lag between when parents become infected and when they die. As adults continue to die from AIDS-related illnesses over the next decade, an increasing number of children will grow up without parental care (UNICEF, 2011). Many children already function as heads of households and as caregivers. They are a vital part of the solution and should be supported in planning and carrying out efforts to lessen the impact of AIDS in their families and communities (UNAIDS/UNICEF/USAID, 2002). It is predicted that even if a leveling off of new infections occurred, due to the long incubation period of the virus, mortality rates will not plateau until at least 2020, and the proportion of orphans will remain strikingly high at least through to 2030 (UNICEF, 2011).

Compared to adults, children and adolescents affected by HIV/AIDS are dis-proportionally impacted by the HIV/AIDS epidemic and associated stigma and discrimination (Foster & Williamson, 2000). In HIV/AIDS, the detrimental role of stigma has become so clear that national and international health agendas explicitly identify stigma and discrimination as one of the major reasons limiting the access, care and treatment services, and is considered an overall major barrier to effective responses to the HIV/AIDS pandemic (NACC, 2005). Children are particularly more vulnerable to stigma than adults, and are at a heightened vulnerability to discrimination because they are often not in control of their circumstances; and often do not know and are less likely to assert their rights. Moreover, stigma can affect children in multiple ways when it leads to active discrimination. For example, a study by the Institute for Social Development Studies (2012) showed that children living with, and/or affected by HIV/AIDS in Vietnam can be refused entry to schools and/or are often isolated as school friends dissociate with them (Vietnam Administration of HIV/AIDS Control Program, 2011). The affected children are also ridiculed, attacked and beaten by their peers. It has also been reported that HIV/AIDS affected children find it difficult to access care and support due to negative attitudes by health care providers and other service and support workers (Institute for Social Development Studies, 2012). Additionally, it has been noted that stigma can affect children indirectly when caregivers suffer from the effects of stigma and discrimination; or when children take certain course of

action like withdrawal to avoid expected stigma and discrimination. UNICEF (2011) identifies tackling stigma and discrimination as one of five key imperatives for success of HIV/AIDS programs. Addressing the needs of children affected by HIV/AIDS is particularly important in developing countries, not only because of the high proportion of young people infected by HIV/AIDS in these societies, but because young people are at a heightened risk of contracting HIV/AIDS as well.

Giving life skills to HIV/AIDS orphaned children through taking them to school and giving them vocational trainings can play a crucial role in improving their prospects and securing their future. A good school education can give children a higher self-esteem, better job prospects and economic independence as well as lifting children out of poverty. Such an education can also give children a better understanding of HIV and AIDS, decreasing the risk that they will become infected. Schools can also offer benefits to children orphaned by AIDS outside of education, such as emotional support and care (Vuthy, 2007). The government of Kenya in collaboration with donor countries like USA have consolidated resources for supporting and empowering HIV/AIDS orphaned children today as compared to the previous decades when HIV prevalence was still low (Government of Kenya, 2005). This study was about the participation of NGOs in empowering HIV/AIDS orphaned children.

Njoro Sub County has 118 registered HIV/AIDS orphaned children and there are six NGOs operating in the area. Family Aids Initiative Response (FAIR) is the major NGO in Njoro Sub County empowering the HIV/AIDS orphaned children. This NGO covers Njoro, Nakuru, Kuresoi, Rongai and Molo Sub Countys of Nakuru County. FAIR supports most HIV/AIDS orphaned children in Njoro Sub County (Gettleman, 2008). Other NGOs in Njoro Sub County involved in HIV/AIDS empowerment programmes are; Action in Focus, Action against AIDS, Jubilee Social Center, Catholic Dioceses of Nakuru (CDN), and Deliverance Center.

1.2. Statement of the Problem

According to a study carried out by World Health Organization in 2011, Kenya has 2.5 million children under the age of 18 years who are orphans. Out of these 2.5 million orphaned children, 1.5 million are orphaned by HIV/AIDS. Children orphaned by HIV/AIDS are stigmatized and as

a result, they feel ostracized, devalued, rejected, scorned, bullied and shunned. This harms their self-esteem. Moreover, these children lack access to important life skills for survival due to poverty and illiteracy. This in turn denies them better job prospects, economic independence and a general good standard of life. To ensure these children enjoy their rights, NGOs have been involved in empowering them by mitigating the challenges of stigma and lack of necessary life skills for survival. However, little has been done on NGOs participation in empowering HIV/AIDS orphaned children in Njoro Sub County. It was on the back drop of the above reason that this study sought to find out the NGOs input in empowering HIV/AIDS orphaned children in the region.

1.3. Objectives of the Study

1.3.1. Broad Objective

To investigate NGOs participation in empowering HIV/AIDS orphaned children in Njoro Sub County.

1.3.2. Specific Objectives

- i) To establish how NGOs empower HIV/AIDS orphaned children to deal with stigma and discrimination in Njoro Sub County.
- ii) To assess how NGOs empower HIV/AIDS orphaned children develop life skills relevant for survival in Njoro Sub County.
- iii) To ascertain the significance of NGOs empowerment to HIV/AIDS orphaned children to deal with stigma and discrimination as well as developing life skills relevant for survival in Njoro Sub County.

1.4 Research Questions

- i) How do the NGOs empower HIV/AIDS orphaned children to deal with stigma and discrimination in Njoro Sub County?
- ii) How do the NGOs empower HIV/AIDS orphaned children to develop life skills relevant for survival in Njoro Sub County?

- iii) Does empowering HIV/AIDS orphaned children to deal with stigma and discrimination as well as developing life skills relevant for survival in Njoro Sub County have any significance?

1.5. Justification of the Study

This study will benefit the studied NGOs because it has highlighted the weak areas which the NGOs should consider improving to ensure the efficiency and effectiveness of their services to HIV/AIDS orphaned children. At the same time, the upcoming NGOs on the same line will benefit from the study; they will buy ideas from the strong and successful areas from the studied NGOs and avoid the weak areas or where the studied NGOs went wrong.

At the same time, this study will be beneficial to bodies interested in the welfare of children. Such bodies include the UN, and the Kenyan government among others. The UNICEF Child Protection Programme states that; protecting children from violence, exploitation and abuse is an integral component of protecting their rights to survival, growth and development (UNICEF, 2005). UNICEF's commitment to protecting children is underlined in UNICEF's Child Protection Strategy (CPS), approved in 2008 and contains two main pillars that are applicable in all contexts, including emergencies:

- i) Strengthening child protection systems that include laws, policies, regulations and services across all social sectors but especially social welfare, education, health, security and justice
- ii) Supporting social change that contributes to improved protection of children from violence, exploitation and abuse.

UNICEF advocates and supports the creation of a protective environment for children in partnership with governments, national and international partners including the private sector (NGOs), and civil society (UNICEF, 2005). National child protection systems, protective social practices and children's own empowerment coupled with good oversight and monitoring are among the elements of a protective environment and enable countries, communities and families to prevent and respond to violence, exploitation and abuse like stigmatization and discrimination. At the same time, UNICEF has highlighted key issues addressed under child protection as; violations of the child's right to protection has been taking place in every country and are

massive, under-recognized and under-reported barriers to child survival and development, in addition to being human rights violations. Children subjected to violence, exploitation, abuse and neglect are at risk of death, poor physical and mental health, HIV/AIDS infection, educational problems, displacement, homelessness, vagrancy and becoming poor parents later in life (UNICEF, 2005). Hence the Kenyan government together with the UN will find this study useful in assessing the welfare of HIV/AIDS orphaned children in the studied region and see how they can intervene to help the NGOs working with these children upgrade their standards.

Healthy, educated and empowered children can contribute to the decisions which affect them at individual or group level. At the same time, these children will gain the ability to achieve their highest personal and collective aspirations and goals as well as acquiring behavioral traits like high self-esteem that is likely to impact positively in their social way of life (UNICEF, 2005). All these benefits will consequently lead to; better job prospects, economic independence and a general good standard of life.

1.6 Scope and Limitation of the Study

This study was undertaken in Njoro Sub County of Nakuru County of Kenya. This Sub County has 118 registered HIV/AIDS orphaned children and NGOs empowering them are six. Family Aids Initiative Response (FAIR) is the main NGO in Njoro Sub County empowering HIV/AIDS orphaned children. This NGO covers Njoro, Nakuru, Kuresoi, Rongai and Molo Sub Counties of Nakuru County. FAIR empowers most HIV/AIDS orphaned children in Njoro Sub County (Gettleman, 2008). Other NGOs in Njoro Sub County are; Action in Focus, Action against AIDS, Jubilee Social Center, Deliverance and Catholic Diocese of Nakuru. The studied divisions of Njoro Sub County were; Njoro, Nessuit, Mauche and Kihingo. These areas experience political violence/ ethnic clashes after every five years of general elections in Kenya, which displaces most of its residents from their homes, lose their property leaving them poor. In return, these people end up in commercial sex work with low bargaining power due to poverty and as a result most of them become infected with HIV/AIDS and end up dying leaving behind orphaned children (Gettleman, 2008).

The limitations of this study were; the children respondents sometimes became emotional when giving the required information. The researcher resolved this limitation by comforting the children through sharing into their lives to ensure their stability during the data collection period. Another limitation was language barrier in some cases but the translator assisted the researcher to understand through translation and interpretation.

1.7 Definition of Terms

Academic education - The process of acquiring general knowledge, developing the powers of reasoning and judgment, and preparing HIV/AIDS orphaned children intellectually for mature life whereby they can be self independent.

Assuming personal responsibility – HIV/AIDS orphaned children acknowledging that they are solely responsible for the choices they make in their lives.

Child respondent - this constitutes the eldest child among the HIV/AIDS orphaned children in each household. This child had to be aged 15 -17 years because they were old enough to give information (UNICEF, 2004).

Community volunteers – these are NGO workers linking the HIV/AIDS orphaned to the top management.

Counseling services – the psychological advice and help that the NGOs give to HIV/AIDS orphaned children.

Decreasing self-blame – HIV/AIDS orphaned children acceptance that they are not responsible for the death of their parents or the situation they are going through.

Developing skills relevant for survival - techniques used by HIV/AIDS orphaned children to access basic necessities for human life like food, shelter and clothing.

Discrimination- treating HIV/AIDS orphaned children unfairly because of their status.

Empowerment– Giving HIV/AIDS orphaned children the ability to deal with stigma and discrimination as well as enabling them to develop skills relevant for survival.

Exploitation – the act of treating HIV/AIDS orphaned children unfairly by society members because they lost their parents to HIV/AIDS.

HIV/AIDS Orphaned Child – Any person of age 0-17 years who has lost both parents due to HIV/AIDS.

Key Informants - these are the experts in the field with first hand information on how the NGOs under study operate. They comprise of 2 NGO officials and 8 community volunteers.

NGO Participation – the role played by NGOs in empowering HIV/AIDS orphaned children

Personal consciousness – The ability of HIV/AIDS orphaned children to experience or feel wakefulness or having a sense of selfhood, and the executive control system of the mind.

Ascertain the Significance of Empowerment Programs – To find out the importance of NGOs empowerment programs to HIV/AIDS orphaned children to live independent lives when adults.

Psychosocial support - Psychosocial support addresses the ongoing psychological and social problems of HIV/AIDS orphaned children.

Stigma- the feelings of shame, being bullied or discriminated against experienced by HIV/AIDS orphaned children based on the loss of their parents to HIV/AIDS.

Life skills - a combination of knowledge, values, attitudes and abilities for adaptive and positive behavior that will enable HIV/AIDS orphaned children to deal effectively with the demands and challenges of everyday life

Vocational training - training that emphasizes skills and knowledge acquired for a particular job function like carpentry and welding.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

In this chapter, various studies were discussed to identify gaps which need to be filled. This was done in sub topics based on the objectives above. These objectives include; establishing how NGOs empower HIV/AIDS orphaned children to deal with stigma and discrimination; assessing how NGOs empower HIV/AIDS orphaned children develop skills relevant for survival and ascertaining the significance of empowering HIV/AIDS orphaned children to deal with stigma as well as developing life skills relevant for survival in Njoro Sub County. The chapter also presents theoretical and conceptual frameworks that show how NGOs participate in empowering HIV/AIDS orphaned children.

2.2 Empowering HIV/AIDS Orphaned Children to Deal with Stigma and Discrimination

The UN Convention on the Rights of the Child (CRC) states that children are entitled to special care and assistance and that this care and assistance should enable full and harmonious development (CRC, 2002). There is a general consensus that there is a responsibility on society in general to care for children especially when family care is inadequate, and that negative experiences in childhood can have very long-term effects on adults, and thus on the future of a society (Grainger *et al.*, 2001). The HIV/AIDS pandemic poses major threats to the socio-economic and psychological welfare of HIV affected and infected children (Deacon & Stephney, 2007). The pandemic can adversely affect household stability and sustainability, children's access to healthcare and schooling, state of health and nutrition, and increase affected children's vulnerability to infection (Abadia-Barreco & Castro, 2005). It can also increase the extent to which children are placed prematurely in the position of caregivers and household heads (WHO, 2010). Extended family support systems have mitigated or delayed the effects of widespread orphanhood on society (Gilborn *et al.* 2001). Children of migrant workers have historically experienced similar disadvantages to those affected by HIV/AIDS in sub-Saharan Africa, and children affected by HIV/AIDS are more likely to become depressed than to act out their distress (Ogden & Nyblabe, 2005).

A large number of organisations have attempted to address the needs of children in the context of HIV/AIDS. The concern of most organizations has been assessing and addressing the needs of HIV-affected children initially focused on identifying material needs that would no longer be met in conditions of increasing poverty, absence of parental protection and the erosion of existing support and educational systems in the HIV/AIDS pandemic (Kamau, 2012). There has been some recent attention paid to the psychological needs of children affected by HIV/AIDS, a discussion in which stigma has featured prominently (Kalichman & Simbayi, 2003). HIV/AIDS-related stigma has been recognised as a key problem that needs to be addressed in HIV/AIDS interventions with adults (Thi *et al.*, 2008).

The literature on children and HIV/AIDS is extensive, as is the literature on HIV/AIDS related stigma, but specific research on HIV/AIDS orphaned-related stigma and children is relatively sparse. Cree, *et al.* (2004) suggests that stigma and discrimination can exacerbate the material and psychological problems children already face in the context of the HIV/AIDS pandemic (Subbarao & Coury, 2004). Stigma, discrimination and courtesy stigma directed towards adults can affect the ability of caregivers to provide proper psychosocial and material support for children infected or affected by HIV/AIDS (Kalichman & Simbayi, 2003). Research on adults cannot be extrapolated directly to children because children are likely to be affected by stigma and discrimination in different ways from adults (Baum, 2008). Children are developing cognitively, physically and socially, and they may interpret, express and react to stigma in different ways from adults (Berrand, *et al.*, 2006). Because children are particularly vulnerable to courtesy stigma (for example, that associated with parental HIV status), they might experience stigma more intensely than adults do (Cree, *et al.* 2004). Children may also be more vulnerable to discrimination because they are often not in as much control of their circumstances as are adults, they often do not know their rights, and may be less able to assert their rights.

Stigma and discrimination can prevent proper access to education, well-being, treatment and care both directly through abuse, denial of care, forced child labour and loss of inheritance, and indirectly if children avoid potentially stigmatizing situations such as social interaction, healthcare and educational opportunities because they expect or internalize stigma (Wolfe *et al.*, 2008). There is variation in the extent, effects, and nature of stigma and discrimination across

regional, cultural, socio-economic and gender contexts (Kreisberg, 1992). Stigma and discrimination can be affected by various epidemiological factors including stage of the epidemic, prevalence, distribution of HIV cases, political factors and so on (Bayer, 2008). While this variation does not always imply the need for different interventions to reduce stigma (Deacon & Stephney, 2007), it does suggest that research on children in other contexts may not be directly applicable in sub-Saharan Africa, and even within the region there may be significant differences in children's experiences (UNICEF, UNAIDS, WHO & UNFPA, 2008). In spite of ample anecdotal and descriptive evidence that HIV/AIDS-related stigma and discrimination are affecting children, not enough systematic research has been done to illustrate the nature and extent of the problem, and how it relates to other key sources of disadvantage for children in poor, high-prevalence areas (Wilkinson & Marmot, 2005).

Addressing the needs of children affected by HIV/AIDS is particularly important in developing countries like Kenya, not only because the proportion of young people in these societies is very high (about 32 per cent of South Africans are under 15 years of age, for example,) but because young people are at high risk of contracting HIV (Ainsworth & Semali, 2000). The massive impact of the HIV/AIDS pandemic on children and their support systems in families and communities has prompted fears that millions of children will not receive proper care and assistance for their proper development (Hong, *et al.*, 2004). While these fears have prompted increased research interest in children affected by HIV/AIDS, a number of researchers now suggest that concerns about threats to state security posed by growing numbers of orphans have been overstated, the main challenge is addressing increased poverty in high-prevalence countries (Stein, 2003).

HIV/AIDS related stigma comes about when HIV/AIDS orphaned children are blamed for their parents' death and their own illness because they are viewed as immoral, unclean, and lazy (Fortenberry, *et al.*, 2002). Furthermore, it has been acknowledged that throughout history, stigma has imposed suffering on HIV/AIDS orphaned children and impaired efforts to thwart the progression of the disease. It is well acknowledged that stigma and discrimination contribute to increased HIV/AIDS epidemic. Compared to adults, children and adolescents affected by HIV/AIDS are disproportionately impacted by the HIV/AIDS epidemic and associated stigma and

discrimination (WHO, 2011). In HIV/AIDS, the detrimental role of stigma has become so clear that national and international health agendas explicitly identify stigma and discrimination as one of the major reasons limiting the access, care and treatment services, and is considered an overall major barrier to effective responses to the HIV/AIDS pandemic (Grainger, *et al.*, 2001).

Children are particularly more vulnerable to stigma than adults, and are at a heightened vulnerability to discrimination because they are often not in control of their circumstances; and often do not know and/or are less likely to assert their rights. Moreover, stigma can affect children in multiple ways when it leads to active discrimination. It has also been reported that HIV/AIDS affected children find it difficult to access care and support due to negative attitudes by health care providers and other service and support workers (UNICEF, 2004).). Furthermore, the same study demonstrated that stigma and discrimination were poorly addressed in Kenya leading to a number of negative effects including isolation of HIV/AIDS orphaned children. Addressing the needs of children affected by HIV/AIDS is particularly important in developing countries, not only because of the high proportion of young people infected by HIV/AIDS in these societies, but because young people are at a heightened risk of contracting HIV/AIDS as well.

2.3. Empowering HIV/AIDS Orphaned Children to Develop Life Skills Relevant for Survival

The 1989 convention on the Rights of the child (CRC) linked life skills to education by stating that education should be directed towards the development of the child's fullest potential (UNICEF, 2005). The 1990 Jomtien Declaration on Education for All took this vision further and included life skills among essential learning tools for survival, capacity development and quality of life (Save the Children (UK), 2001). The 2000 Dakar World Education Conference took a position that all young people and adults have the human right to benefit from an education that includes learning to know, to do, to live together and to be, and included life skills in two out of the six Education for All (EFA) Goals. Life skills-based education is now recognized as a methodology to address a variety of issues of child and youth development and thematic responses including as expressed in UNGASS on HIV/AIDS orphaned children (2001). Expected learning outcomes include a combination of knowledge, values, attitudes and skills with a

particular emphasis on those skills that related to critical thinking and problem solving, self-management, communication and inter-personal skills.

Giving life skills to HIV/AIDS orphaned children by supporting their schooling and other vocational trainings can play a crucial role in improving their prospects and securing their future. A good school education can give children a higher self-esteem, better job prospects and economic independence (WHO, 2004). As well as lifting children out of poverty, such an education can also give children a better understanding of HIV and AIDS, decreasing the risk that they will become infected. Schools can also offer benefits to children orphaned by AIDS outside of education, such as emotional support and care (Phiri & Webb, 2002).

Studies suggest that the impact of orphanhood on a child's education is closely interlinked with other factors such as poverty. A multi-country study released in 2010 found that, orphan hood itself was not directly associated with lower school attendance (when measuring school attendance orphans are defined as children who have lost both parents while non-orphans are defined as children both of whose parents are alive) (Pact, Program focus HIV/AIDS, 2012). Instead, other factors such as greater household wealth were more likely to result in increased school attendance for both orphans and non-orphans (Mwanri *et al.*, 2012). However, the loss of a productive family member is likely to be a financial burden and might push a family into poverty, increasing the likelihood that a child orphaned by AIDS will miss out on school. Moreover, most orphans and their caregivers still do not receive any type of external support in the form of life skills relevant for survival (Skovdal & Campbell, 2010). Children orphaned by HIV/AIDS may miss out on school enrolment, have their schooling interrupted or perform poorly in school as a result of their situation. Expenses such as school fees and school uniforms present barriers to school attendance if orphans' caregivers struggle to afford these costs (UNICEF, 2011).

Ensuring that households where a child has been orphaned by HIV/AIDS receive external care and support is therefore essential to ensure that the increasing number of HIV/AIDS orphans attend school (Ishikawa *et al.*, 2011). Figures released in 2010 revealed that in most countries in sub-Saharan Africa, the gap between school attendance by orphans and non-orphans has

narrowed although progress varies across the region (Piot, 2006). Despite this fact, orphans, particularly those from poorer households remain less likely to attend school compared to non-orphans.

Children who are orphaned by AIDS often have a lower performance in school than children who are not (UNGASS, 2001). Increasingly, stakeholders in the fight against HIV/AIDS are recognizing and promoting the fact that education can bring about significant improvements in the lives of children orphaned by HIV/AIDS (World Bank, 1997). A growing body of research from sub-Saharan Africa makes clear the importance of timely, cost-effective interventions to secure access to primary and secondary education as well as livelihood training for children affected by HIV/AIDS (Ishikawa *et al.*, 2011). If school fees are the issue, international partners or communities can intervene to keep these children in school (National AIDS Control Council, 2005).

Survival skills give HIV/AIDS orphaned children a livelihood, which is everything they know, have, and do to make a living (UNICEF, 2005). These survival skills build on earlier poverty reduction models, including participatory and integrated rural development. These skills comprise of a broad and opportunities to earn income; providing credit, savings and other financial services and related training in job and business skills; developing institutions, alliances and networks for HIV/AIDS orphaned children to advance their economic interests; and promoting policy and social changes that improve HIV/AIDS orphaned children livelihood prospects (Desmond *et al.*, 2000). HIV/AIDS orphaned children who are poor have an increased risk of infection because they are more likely to be in poor general health; yield to pressure to exchange money or goods for sex; migrate to find work, and thus increase their chances of risky sex; and lack hope for the future (WHO, 2004).

Training HIV/AIDS orphaned children in job and business skills and providing financial services will provide them with financial relief. Vocational education and job training prepare HIV/AIDS orphaned children for specific careers and are most effective if they make strong labor market links and develop job placement. Training in enterprise skills is yet another survival skill that can be given to HIV/AIDS orphaned children. Planning, risk management, and decision-making have

emerged as important components of many livelihood programs (Gilborn *et al.*, 2001). Financial services, including high-quality microfinance (credit and savings) efforts, are among the most promising approaches to mitigating the economic impact on HIV/AIDS orphaned children. Many microfinance organizations in the hardest-hit countries in sub-Saharan Africa now offer products specifically for HIV/AIDS orphaned children, although some of these products may have limited applicability (WHO, 2004).

Innovative financial products geared to HIV/AIDS orphaned children include the establishment of education trusts for minors and allowing HIV/AIDS orphaned children from AIDS-affected households to use microfinance services. Microfinance programs for HIV/AIDS orphaned children are relatively new, and the experience to date has been somewhat mixed (WHO, 1999). Some experts believe such programs have potential but that they have suffered from design and implementation problems. Development of survival skills is one component among others needed to empower HIV/AIDS orphaned children and mitigate the pandemic's impact on them (Urassa *et al.*, 1997). HIV/AIDS programs must continue to focus on the immediate needs of HIV/AIDS orphaned children for reproductive health information and services, while incorporating a livelihoods perspective to their activities (Ministry of Health, 2001). Organizations are increasingly linking survival skill programs with other HIV/AIDS prevention and mitigation activities, but relatively few of these arrangements have been documented (Bertrand *et al.*, 2006). Evidence from the United States strongly suggests that combining HIV education and information programs with survival education efforts can produce a greater positive impact together than in isolation (Bertrand *et al.*, 2006).

2.4. The Significance of Empowering HIV/AIDS Orphaned Children

There is global consensus that the best psychosocial care and support for HIV/AIDS orphaned children vulnerable by HIV/AIDS is provided through everyday interpersonal interactions that occur in caring relationships in homes, schools, and communities (Skovdal & Campbell, 2010). Such care and support include the love and protection that children receive in family environments, as well as interventions that help HIV/AIDS orphaned children cope. Such interventions enable children to form a sense of self-worth and belonging and are essential to learning; developing life skills; participating in society and having faith in the future (WHO,

1999). Although all children benefit from psychosocial support, research has shown that such support is particularly critical for the health and development of HIV/AIDS orphaned children (Skovdal & Campbell, 2010). HIV/AIDS orphaned children experience more subjective distress than their counterparts experience and face multiple stressors related to HIV.

According to WHO (2010), parental death is recognized as one of the most stressful life events a child can endure. Parental death is one of the major causes of disruption of children's lives. Research findings on early brain development also show that stressful circumstances (toxic stress) in early childhood can have a lifelong effect on brain development and health outcomes (WHO-AFRO, 2003). Science has shown that early experiences determine whether a child's developing brain architecture provides a strong or weak foundation for all future learning, behavior, and health. When a child experiences stressful circumstances but receives the support of healthy nurturing relationships, a healthy stress response system develops, with no long-term effect on brain development (Ogden & Nyblabe, 2005). However, if the stress response is extreme and long lasting, and buffering relationships are unavailable to the child, the result can be damaged, weakened systems and brain architecture, with lifelong repercussions (WHO-AFRO, 2003). Therefore, programs that support the presence of reliable nurturing relationships with adults that buffer children from the adverse effects of toxic stress are essential for healthy brain development and positive lifelong outcomes in emotional health, immune system competence, and the early establishment of health-related behaviors.

Emerging evidence also shows that psychosocial and mental well-being support treatment adherence and those psychosocial issues such as depression and anxiety can undermine treatment adherence. Cause and effect are still unclear, because psychosocial dysfunction may be a cause or result of treatment failure, or both (Ogden & Nyblabe, 2005). The linkage between mental and physical health and the relation to treatment for youth at risk of treatment failure needs to be further investigated in longitudinal studies. The study found out the programs put in place by the NGOs to ensure the mental and physical welfare of HIV/AIDS orphaned children and how the programs are disseminated.

According to the global intervention priorities Pyramid of needs (WHO, 1999), the majority of children affected by HIV/AIDS do not require standalone or specialized psychological assistance (WHO, 2006). Only a very small number of these children like the HIV infected need individual mental health interventions from their NGOs or organisations empowering these children (Gilborn *et al.*, 2001). The primary aim of all psychosocial support programs should be to place and maintain children in stable, affectionate family environments. Programs should not seek to meet the psychosocial needs of children and their caregivers in isolation but rather should integrate interventions as appropriate into existing community services. Furthermore, as the evidence above illustrates, most children need the type of care and support provided by families and communities (Gilborn *et al.*, 2001). In addition, such support is most easily scaled up and reaches the largest number of HIV/AIDS orphaned children Empowering HIV/AIDS orphaned children promotes resilience in children and broader society by reducing adversity and by building services and systems that reach these children directly in their households and communities (WHO, 1999). Empowerment interventions towards HIV/AIDS orphaned children have kept the children in school and improved education and psychosocial outcomes of the children. According to WHO (2011), the interventions have developed household economic strengthening initiatives and over 4 million children have benefited from these efforts in 2011 alone.

Efforts to keep HIV/AIDS orphaned children in school have positive impacts on prevention of HIV/AIDS infections (UNAIDS, 2009). Economic strengthening activities help remove barriers to accessing education and other vocational trainings (Palella *et al.*, 1998). In addition, HIV/AIDS orphaned children community-based programming helps to reduce stigma and discrimination and create an enabling environment for HIV/AIDS orphaned children to access services (Palella *et al.*, 1998). By empowering HIV/AIDS orphaned children to deal with stigma and develop skills relevant for survival, the outcome is reduction of the likelihood of these children moving from being affected by the epidemic to being infected (UNICEF, 2006). HIV/AIDS orphaned girls will not opt for commercial sex work to earn a living because they are already equipped with skills that can enable them survive like tailoring jobs that can earn them income (Palella *et al.*, 1998). Stigma reduction empowerment programs for HIV/AIDS orphaned children prioritize psychosocial interventions that build on existing resources and place and

maintain children in stable and affectionate environments through: organisational support programs; peer and social group interventions; mentorship programs and community caregiver support (WHO, 2004).

Family Health International (2010) demonstrates that educating HIV/AIDS orphaned children can contribute to significant improvements in their lives and that of their families. Learning opportunities (both formal and informal) can provide HIV/AIDS orphaned children with chances to develop age-appropriate, gender-sensitive life skills and offer sexuality education interventions. Schools can benefit individual children and, by serving as information resource centers, also meet the broader needs of families and communities (Wijngaarden & Shaeffer, 2005). Interventions that provide financial support such as block grants or access to cash transfer programs with multiple eligibility criteria are highly recommended. Newer evidence supports the use of block grants and/or scholarships as ways to bypass nominal or “incidental” user fees for HIV/AIDS orphaned children (WHO, 2004). Block grants are sums of money given to a school or community for major projects in exchange for a number of selected students attending school tuition-free. In return, community-led scholarships are used to fund the neediest students affected by HIV/AIDS so they may attend school, with recipients usually chosen by local community groups (WHO, 2004). This structure fosters country and specifically community ownership of these programs. These grants have been effective at exempting most HIV/AIDS orphaned children from paying fees or development levies (Ndungo, 2002). Some evidence suggests that block grants hold more promise for being cost-effective, although retrospective study design limitations warrant caution in interpreting the findings (WHO, 2004). Even so, ease of administration and the focus on building local infrastructure for sustainability make block grants in most cases a preferred option to tuition payment. Exceptions would be in concentrated epidemics where blanket-type approaches make less programmatic and contextual sense.

Program experience suggests that block grants for HIV/AIDS orphaned children are slightly more sustainable than scholarships and are better suited for high-prevalence contexts where more HIV/AIDS orphaned children are able to benefit, whereas scholarships are more appropriate for low-prevalence contexts (WHO, 2004). Cash transfers can be small and targeted at ultra-poor households as part of a more highly comprehensive social protection system (WHO, 2004). They

have a dramatic impact on educational access for children in the epidemic. Cash can be used for educational materials and school fees, compensating for lost income from child labor and improving children's nutrition for better school to negotiate performance (Ministry of Labor, Invalids and Social Action, 2010). The evidence from high-HIV prevalence, low-income settings suggest that conditional cash transfers (and to a certain extent unconditional cash transfers) can improve HIV/AIDS orphaned children's school access. Despite the obvious benefits of education, millions of HIV/AIDS orphaned children lack the education they require to fulfill their potential. The HIV/AIDS epidemic continues to lower educational outcomes for children by reducing their abilities to enroll in schools and experience learning and achievement (WHO, 2004). Completing primary school is the highest educational priority for HIV/AIDS orphaned children given the immediate economic hardships these children and their families face (WHO, 2004).

Empowering of HIV/AIDS orphaned children through program interventions, such as tutoring or remediation services, to bolster the learning of children orphaned by HIV/AIDS are important and can help children remain in and complete school. For example, "catch up" classes help HIV/AIDS orphaned children who have missed school due to illness or domestic duties keep up with their lessons. Mentoring is also important for children whose parents are deceased (WHO, 2004). Empowering older HIV/AIDS orphaned children through technical and vocational trainings ensures the children acquire technical and vocational skills to facilitate their entry into the labor market (Ndungu, 2002). Over the last four decades, many research efforts have investigated the returns of academic versus vocational education, especially in terms of increased employment, increased earnings, and increased employability in a dynamic job market (UNAIDS/UNICEF/USAID, 2002).

Empowering older HIV/AIDS orphaned children through vocational training for jobs, not entrepreneurship puts its focus of vocational education on technical skills and competencies that are more appropriate for HIV/AIDS orphaned children seeking to enter the labor market as employees than for those interested in starting their own business (Ministry of Labor, Invalids and Social Action, 2010). While some of the same skills are required for both, entrepreneurs require a range of different competencies and support services that are usually not provided

through vocational education (Desmond *et al.*, 2000). According to employer demand for skills, many vocational curricula focus on “hard” skills required for professional trades (e.g., carpentry, masonry, mechanics, cosmetology, tailoring). Academic research and practical experience both show, however, that “soft” skills (e.g., problem solving, teamwork, customer service) are frequently more important to employers (Ministry of Labor, Invalids and Social Action, 2010). In addition, NGOs empowering HIV/AIDS orphaned children should not assume that jobs exist for specific vocational skills simply because curricula exist for them. Assessing the labor market and engaging employers are good starting points for successful employment programs for HIV/AIDS orphaned children.

2.5. Theoretical Framework

Empowerment theory was used to inform this study.

Empowerment Theory

Andrea Diane Napier propounded empowerment theory in 1995. She defines the word “empower” as, giving authority, ability, enabling, giving strength and validity, process of gaining power, developing power, taking or seizing power. This study focused on NGOs participation in empowering HIV/AIDS orphaned children.

According to Napier (1995), empowerment is multidimensional in that it occurs in sociological, economic and political dimensions. It also occurs at various levels, such as individual, group and community levels. In addition, empowerment is a social process because it occurs in relation to others (Zimmerman *et al.*, 2002). The theory’s principles are; creation of personal consciousness, decreasing self-blame, assuming personal responsibility and developing skills relevant for survival (Zimmerman *et al.*, 2002).

Linking individuals to relevant resources and programmes will boost their self-esteem and problem solving skills consequently, achieving their independence and control over their lives. The theory argues that empowered individuals, groups or communities have access to resources and control over their lives, their emotional well-being, physical security, mental development

and overall health. In return, they gain the ability to achieve their highest personal and collective aspirations and goals (Zimmerman *et al.*, 2002).

This study took the sociological dimension of the theory under the principles of providing personal consciousness, decreasing self-blame, assuming personal responsibility and developing skills relevant for survival.

First, the theory's principle of providing personal consciousness and decreasing self-blame marries the study's first objective which is dealing with stigma and discrimination. This principle contributes to destigmatization. Destigmatization is the process of removing associations of shame or disgrace from the stigmatized who are in this study the HIV/AIDS orphaned children. If these children are empowered to reduce their self-blame and gain more personal consciousness, they will definitely experience fewer stigmas that will consequently boost their self-esteem. In addition, these children will develop mechanisms for dealing with discrimination and personal safety.

The theory's second principle of, assuming personal responsibility and developing skills relevant for survival marries the study's second objective which is dealing with developing skills relevant for survival. HIV/AIDS orphaned children fall under the category of orphans and vulnerable children (OVCs) (Page & Czuba, 1999). The fact that these children have lost parents renders them vulnerable, hence they need to assume personal responsibility as soon as possible to develop skills that will enable them survive. Linking HIV/AIDS orphaned children to relevant resources and programmes will boost their self-esteem and problem solving skills (Zimmerman *et al.*, 2002). Supported and empowered HIV/AIDS orphaned children are likely to recognize and identify their own strengths according to empowerment theory.

The theory's summative principle argues that providing personal consciousness; decreasing self-blame as well as assuming personal responsibility and developing skills relevant for survival will enable participants to gain the ability to achieve their highest personal and collective aspirations and goals. This principle marries the third objective of this study, which sums up the significance of empowering HIV/AIDS orphaned children. Empowered HIV/AIDS orphaned children will

acquire behavioral traits like high self-esteem that is likely to impact positively in their social way of life. In addition, these children will have better job prospects, economic independence and a general good standard of life.

2.6. Conceptual Framework

This section presents a conceptual framework developed from the study objectives and literature review. It shows the relationship between the independent and dependent variables (see Fig. 2.1 below)

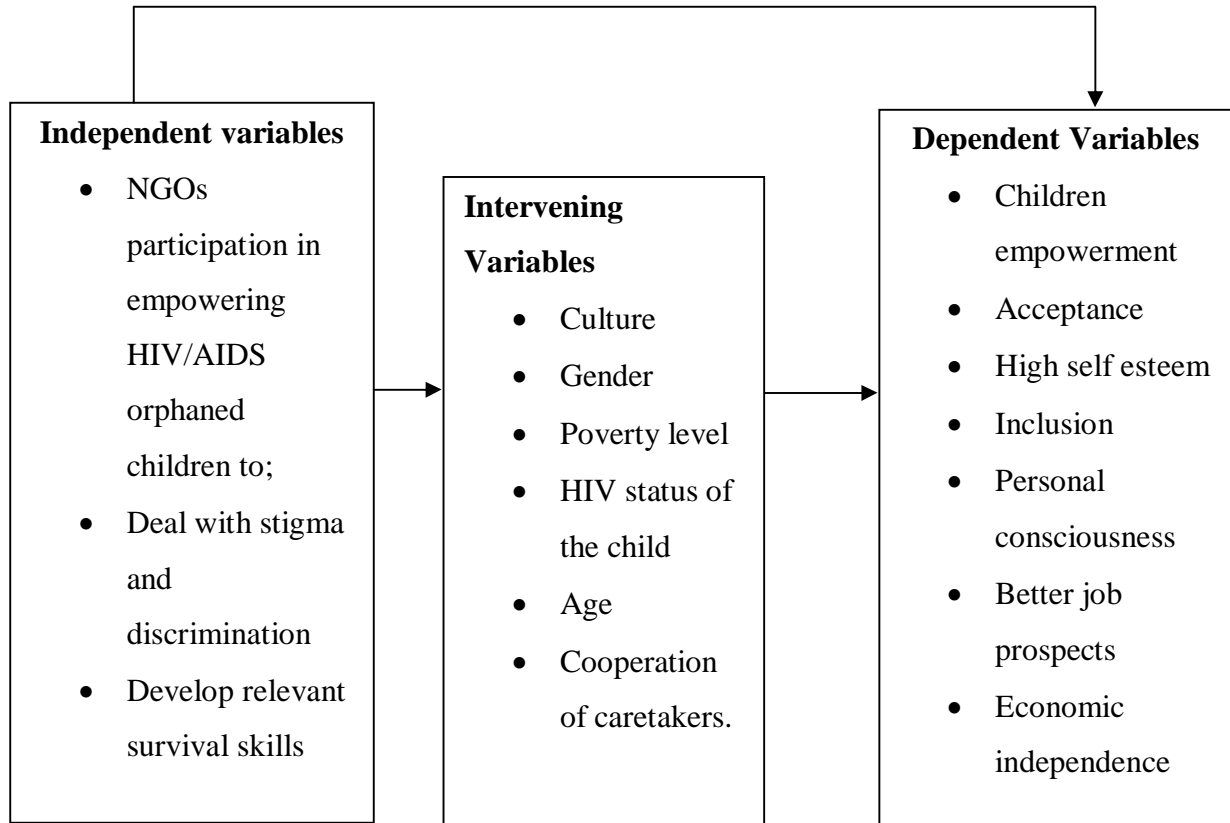


Figure 2:1 Conceptual Framework

Figure 2.1 above explains the relationship between the independent and dependent variables. It also outlines the intervening variables in this relationship. The dependent variables are Children empowerment, acceptance, high self-esteem, inclusion, personal consciousness, better job prospects and economic independence. These variables depend on the participation of NGOs to ensure the HIV/AIDS orphaned children are empowered on how to deal with stigma and discrimination as well as developing skills relevant for survival.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

Chapter three discusses the study area, research design, unit of analysis, population and Sampling Procedure, Methods of Data Collection, and Data Analysis.

3.2 Study Area

This study was undertaken in Njoro Sub County. Njoro Sub County is located in Nakuru County of Kenya. Njoro is an agricultural town 18 km southwest of Nakuru town. The Sub County is situated on the western rim of the Rift Valley. This region was suitable for this study because the region experiences ethnic clashes during general elections, which are held after every five years in Kenya (Government of Kenya, 2008). These clashes render most residents homeless and poor. In return, women opt for commercial sex work to earn a living, which exposes them to HIV/AIDS infections. These women in return infect their spouses and eventually both parents die leaving behind HIV/AIDS orphaned children (Central Bureau of statistics, 2003).

The highest number of HIV/AIDS orphaned children in Njoro Sub County are supported and empowered by Family Aids Initiative Response (FAIR), an NGO funded by a USAID project APHIA which is an overall project (FHI, 2010). This NGO works in collaboration with other NGOs like Deliverance Centre, Jubilee Social Centre, Action against AIDS, Catholic Diocese of Nakuru and Action in Focus. All these NGOs are under the APHIA project, which is funded by USAID.

The areas covered within Njoro Sub County included; Njoro, Nessuit, Mauche and Kihingo divisions (Government of Kenya, 2008). This Sub County is densely populated with about 399 people per Km² (Government of Kenya, 2008). Njoro town serves as both Divisional and Sub County headquarters. The study area is cosmopolitan in nature; therefore, it was suitable for the study because it provided an opportunity to get information from respondents of diverse cultural beliefs and orientations (See Figure 3:1 on page 26).

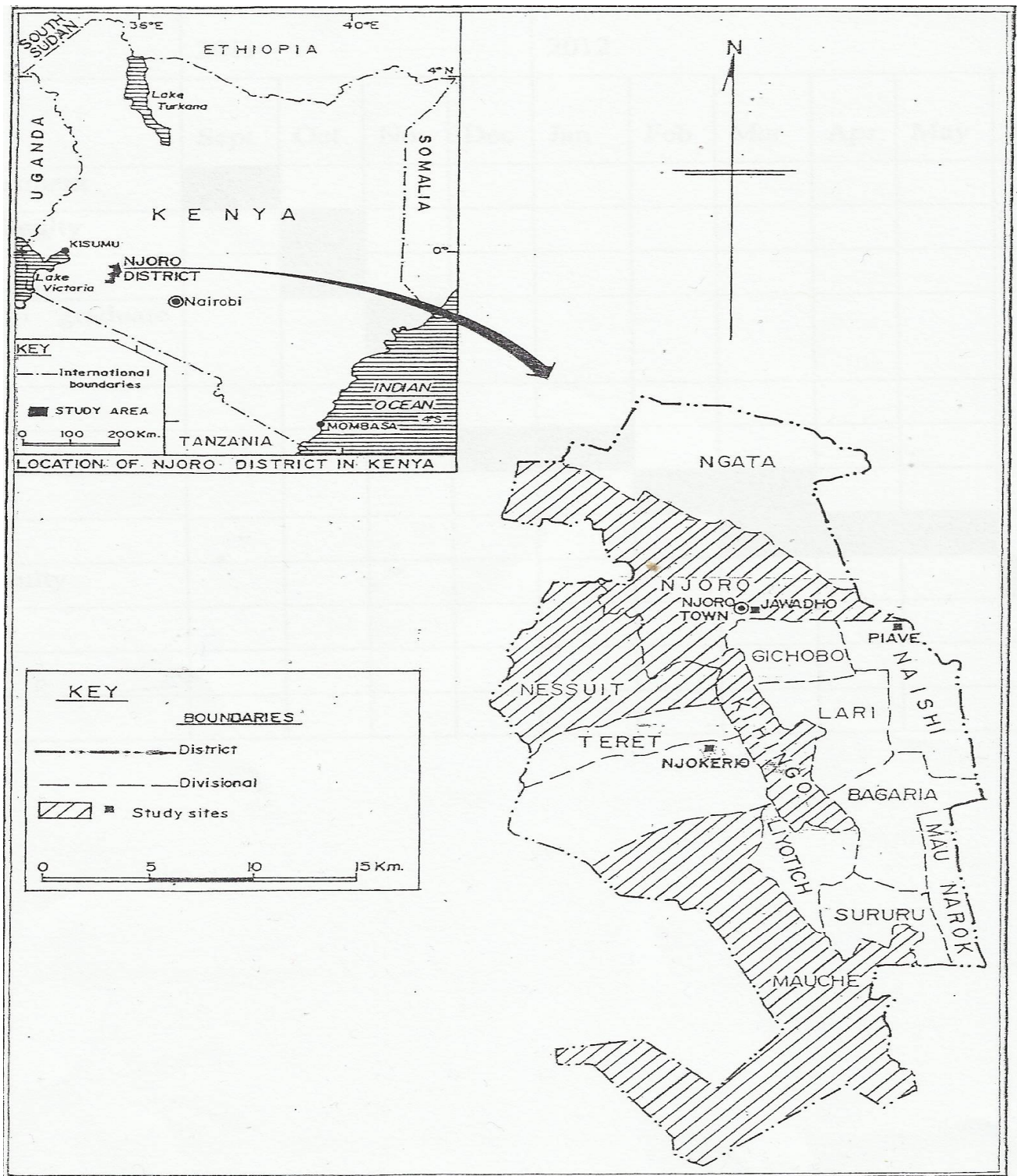


Figure 3:1 Map of Njoro Sub County of Kenya (Egerton University, Geography Department)

3.3 Research Design

This study used descriptive research design. Descriptive research design is a scientific method which involves interviewing, observing and describing the behavior of a subject without influencing it in any way (Saks, 2007). The researcher interviewed the NGO officials and children respondents through open questions. Community volunteers also participated in giving data through Focus Group Discussion.

3.4 Unit of Analysis

The unit of analysis for this study was the eldest child among the HIV/AIDS orphaned children in the selected households. This child had to be at least 15 years but below 18 years because they were old enough to give information (UNICEF, 2004). Households that did not have a child of ages between 15 to 17 years were not used for this study.

3.5 Population and Sampling Procedure

The study focused on the HIV/AIDS orphaned children in Njoro Sub County as the target population. Purposive sampling was used to get the sample size because NGOs in Njoro Sub County have registered the HIV/AIDS orphaned children in the region. The number of HIV/AIDS orphaned children in Njoro Sub County is 118 according to the registers in the NGOs. Out of the 118, only 40% of them are 15-17 years. The study used 40% of 118 children (47 children) as the sample size. These 47 children came from different households. In case two or more of the 47 children came from the same household, the eldest child was interviewed.

The researcher used the register from these NGOs to reach the respondents. These organizations have a community health volunteer in each village and the community health volunteer is familiar with each HIV/AIDS orphaned children household. Therefore, the study used the community health volunteers in these villages as research guides to reach the affected households.

In addition, the researcher interviewed 2 NGO officials as key informants for this study. The first key informant was the APHIA coordinator for Njoro Sub County. He is in charge of all the NGOs under this study empowering HIV/AIDS orphaned children in Njoro Sub County. The

second key informant was the empowerment programs coordinator. The coordinator is in charge of every empowerment program offered to HIV/AIDS orphaned children by the NGOs in Njoro Sub County. The study found the two NGO officials to be relevant in giving information regarding this study.

In addition, the study used Focus Group Discussion with 8 community volunteers as key informants to give data on this particular study. Focus group discussions were used to allow the interviewer study the participants in a more natural conversation pattern than a typical pattern of one to one interview. The method delivered intensive results as several participants gave their views concerning the subject. The 8 community volunteers comprised of 3 social workers, 3 community health volunteers and 2 volunteer program officers. According to the hierarchical organization of these NGOs, social workers are professionally trained to improve the quality of life and the subjective well being of the HIV/AIDS orphaned children. Social workers have been allocated various centers to head. Community health volunteers are not professionally trained but they possess basic trainings on first aid and basic counseling. They are the immediate NGO staff members to HIV/AIDS orphaned children. CHV are the link between the HIV/AIDS orphaned children and the social workers. At least every village with HIV/AIDS orphaned child has a CHV. The volunteer program officers are like interns. Their stay within the organization is limited and they perform a range of tasks within the NGOs like visiting the HIV/AIDS orphaned children, collecting data from them if there is an assessment going on and, offering counseling sessions to the HIV/AIDS orphaned children among other services.

3.6 Methods of Data Collection

In-depth interviews and Focus Group Discussions were used to collect data. The researcher interviewed 47 HIV/AIDS orphaned children and 2 key informants who were 2 NGO officials to get the primary data. In-depth interview was found to be the best method for obtaining qualitative data because it is open, allowing new ideas to be brought up during the interview as a result of what the interviewee says. The researcher prepared a guide of questions to be explored during the interview (Miles & Huberman, 1994). Detailed notes were taken during the interview for data analysis afterwards (Silverman, 1993). In addition, the study used Focus Group Discussion to get data from 8 community volunteers who also formed the key informant group.

Focus group discussions were used to allow the interviewer study the participants in a more natural conversation pattern than a typical pattern of one to one interview. Secondary data was gathered from books, reports, researches and other documents maintained by the NGOs, which were relevant to this study.

3.7. Data Analysis

The study collected both qualitative and quantitative data. For qualitative data, the researcher sorted, coded and organized it into categories based on the themes to provide full description of empowerment, dealing with stigma, life skills and the significance of empowering HIV/AIDS orphaned children (Bryman & Burgess, 1993). This was done to answer the research questions. In addition, quantitative representation was required in some aspects. For example, the percentage of responses and the number of respondents was important in the presentation of data for interpretation purposes. It was presented in tables, pie charts and bar graphs generated using Ms. Excel software for clear interpretation.

3.8 Ethical Considerations

Ethical considerations were well thought out before conducting research. There was need to put more measures which were applied directly to the children respondents. These measures prevented or minimized harm, which came up during the collection of data from the respondents. This research was sensitive because it was dealing with children who are HIV/AIDS orphaned as respondents. There was a lot of stigma among the children in the research hence there was need to apply the following ethical considerations.

The researcher sought permission from relevant authorities like the ministry of health, participating NGOs and the caregivers of the children who formed the sample of the research. The researcher explained to these authorities what the research was all about, assured them of confidentiality and then requested their voluntary participation.

The study applied the principles of anonymity and confidentiality to protect the participants from psychological harm (Silverman, 1993). Confidentiality involved assuring the participants who were giving information that the information will not be made available to anyone who is not

directly involved in the study while anonymity meant that the participants were to remain anonymous throughout the study even to the researcher (Maykut & Morehouse, 1994); for instance, the respondents requested their names to be kept anonymous. To assure them of the same, the researcher did not ask for their names.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter presents the results and discussion on NGOs participation in empowering HIV/AIDS orphaned children in Njoro Sub County. Data was collected from NGOs officials, children respondents and Community Health Volunteers working with the NGOs. The findings are presented based on the specific objectives of the study and after that a discussion of the results is done.

4.1.1 Demographic Characteristics of the Respondents

The study respondents consisted of three groups who are; the NGOs officials, the children respondents and the Community Health Volunteers working with the NGOs. The whole sample consisted of 57 respondents that included (47 children respondents and 10 key informants).

4.1.2 Age Distribution of Respondents

Respondents of different age brackets were used in this study as shown in Table 4.1.

Table 4.1: Age Bracket of Respondents

Respondent Group		Number	Percentage
Children Respondents	15 years	12	25.5%
	16 years	22	46.8%
	17 years	13	27.7%
	Total	47	100%
Key Informants	30 - 40 years	5	50%
	41 - 50 years	3	30 %
	Above 50 years	2	20%
	Total	10	100%

Source: Field data (2014)

Table 4.1 above illustrates the age brackets of the respondents. All the children respondents (100%) sampled to give data for the study were aged between 15 – 17 years. they were old

enough to give information (UNICEF, 2004). On the other hand, half of the key informants 5 (50%) were in the age bracket of 30 – 40. The other half key informants 5 (50%) were aged between 41 – 50 years and above 50 years as represented by (30%) and (20%) of the respondents respectively.

4.1.3 Gender of Respondents

The gender distribution of respondents who took part in this study is displayed in Table 4.2.

Table 4.2: Gender of Respondents

Respondent Category	Gender	Number	Percentage
Children Respondents	Male	29	61.7 %
	Female	18	38.3 %
	Total	47	100 %
Key Informants	Male	3	30 %
	Female	7	70%
	Total	10	100 %

Source: Field data (2014)

Table 4.2 above on the gender of respondents shows that out of the 47 (100%) children respondents interviewed, (61.7%) were male while (38.3%) were female. Out of the 10 key informants interviewed, (70%) were male while (30%) were female. These results imply that there are more male children enrolled in empowerment programs by the NGOs in Njoro Sub County as compared to female children.

4.1.4 The Relationship between HIV/AIDS Orphaned Children and their Caregivers

This study was interested in the relationship that the children respondents had with various caregivers who were attending them. The results are shown in Table 4.3.

Table 4.3: Caregivers of HIV/AIDS Orphaned Children

Care givers	Number	Percentage
Caregivers related by blood	35	74.5 %
Caregivers not related by blood	12	25.5 %
Total	47	100.00 %

Source: Field data (2014)

Majority (74.5%) of the caregivers of the children were related by blood to the children. However, (25.5%) of the children caregivers were not related by blood. This implies that most HIV/AIDS orphaned children tend to live with their relatives while a few of them end up living with families they are not biologically related to.

Table 4.4: Number of Children empowered by each NGO

Table 4.4 below shows the various NGOs in Njoro Sub County and the number of HIV/AIDS orphaned children they empower.

NGO	Number of children	Percentage
1. Family Aids Initiative Response (FAIR)	21	44.68 %
2. Action against AIDS	8	17.02 %
3. Action in Focus	3	6.38 %
4. Jubilee Social Center	6	12.76 %
5. Deliverance Center	7	14.89 %
6. Catholic Dioceses of Nakuru (CDN)	2	4.27 %
Total	47	100.0%

Source: Field data (2014)

Family AIDS Initiative Response (FAIR) empowers 21(44.7%) HIV/AIDS orphaned children, Action against AIDS was found to empower eight (17.0%) HIV/AIDS orphaned children; Action in Focus empowers 3 (6.4%); Jubilee Social Center empowers 6 (12.8%) children; Deliverance

Center empowers 7 (14.9%) and Catholic Diocese of Nakuru (CDN) empowers 2 (4.3%) children. These NGOs work in collaboration with FAIR being the core NGO. All the NGOs are under the APHIA project, which is funded by USAID.

Family Aids Initiative Response (FAIR) is located in Njoro, Action against AIDS and Jubilee Social Center are located in Nessuit, Deliverance Centre is located in Mauche, Catholic Diocese of Nakuru and Action in Focus are located in Kihingo.

4.2.1. NGOs Empowerment of HIV/AIDS Orphaned Children to Deal with Stigma and Discrimination

Objective one of this study sought after establishing how NGOs empower HIV/AIDS orphaned children to deal with stigma and discrimination. In order to meet this objective, the key informants were asked to state if the NGOs they represented had programs and strategies meant to empower HIV/AIDS orphaned children to deal with stigma and discrimination and if so, what programs and strategies were in place. The results indicated that all key informants (100%) agreed that the NGOs represented in the study had programs and strategies used to empower HIV/AIDS orphaned children deal with stigma and discrimination. Figure 4.1 below depicts the programs/strategies that NGOs use to empower HIV/AIDS orphaned children in dealing with stigma and discrimination.

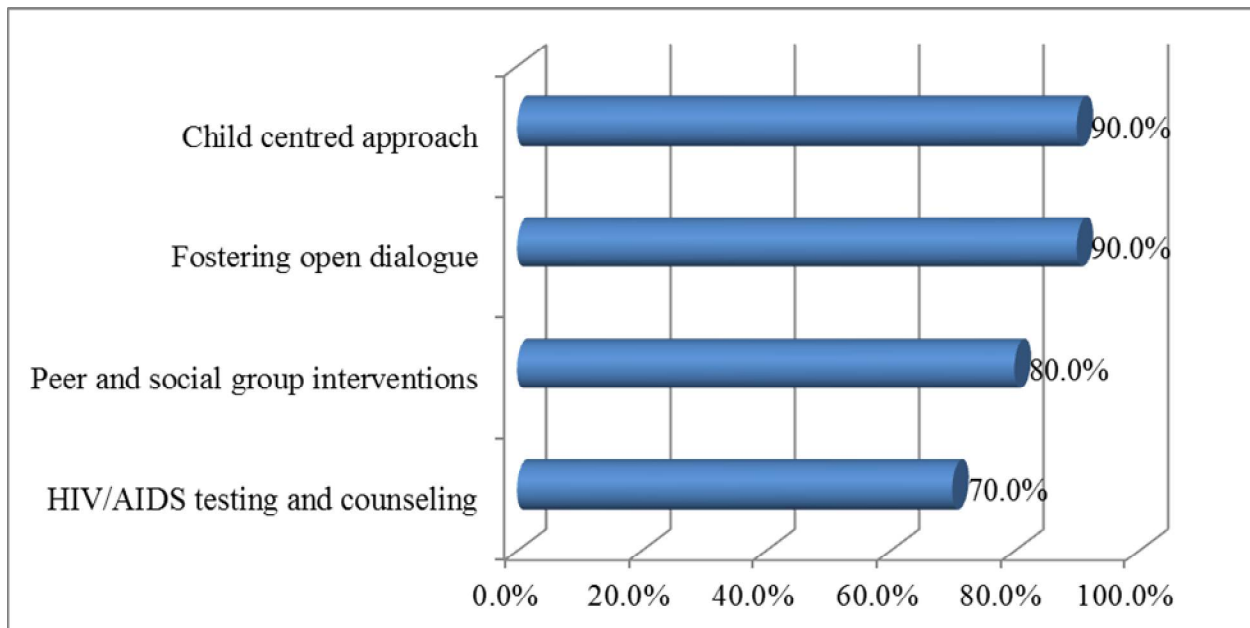


Figure 4.1: NGOs’ Programs/Strategies for Empowering HIV/AIDS Orphaned Children in Dealing with Stigma and Discrimination

Fostering Open Dialogue among the Children

Fostering open dialogue among the children was cited by majority of key informants (90%) to be a key program/strategy used by the NGOs in empowering HIV/AIDS orphaned children in dealing with stigma and discrimination. These are activities involving youth clubs (40%) drama (30%) and music (20%) contains de-stigmatizing messages.

Table 4.5: Activities Involving Fostering Open Dialogue

Activities Involving Fostering Open Dialogue	Number	Percentage
Youth clubs	4	40%
Music	3	30%
Drama	2	20%
Total	9	90.00 %

The participants in the FGD argued that the messages conveyed in the open dialogues educate the HIV/AIDS orphaned children on how to deal with stigma and discrimination like fostering their self-esteem and refusing to be underestimated by peers. In these programs, the NGOs educate and encourage HIV/AIDS orphaned children caregivers’ families to accommodate them in their families by treating them like their own. This neutralizes stigma and channels interventions appropriately. The NGOs provide care to HIV/AIDS orphaned children with a focus on psychosocial development through academic, cultural and artistic enrichment. The NGOs use a great deal of intentionality to design the program activities to minimize stigma and team-building, self-esteem building and community-building are stressed throughout the programs. The APHIA coordinator for Njoro Sub County who was a key informant in this study argued that:

“We create infrastructure to identify and address the needs of HIV/AIDS orphaned children. Working with our community health volunteers, social workers and the rest of the staff, we facilitate regular workshops that address the needs of HIV/AIDS orphaned children that include psychosocial support”.

The above statement implies that the NGOs have implemented diverse programs to empower HIV/AIDS orphaned children deal with stigma and discrimination. This is an implication that NGOs in Njoro Sub County are doing a recommendable job to ensure children enrolled under their programs are stigma free.

Child Centered Approaches

Child centered approach was also cited by 90% of the key informants that it was a strategy used, to promote de-stigmatization and non-discrimination among HIV/AIDS orphaned children enrolled in various NGOs in Njoro Sub County. The key informants who formed 90% mentioned that they use a number of Child Centered Approaches like memory boxes or books, and psychosocial support for HIV/AIDS orphaned children to empower them deal with stigma. The approaches mentioned by the (90%) key informants are;

Memory boxes; this is an approach used by the NGOs under study to help HIV/AIDS orphaned children to come to terms with the death of their parents, communicate with their families and prepare for the future. They are like a treasure chest of family photographs, letters, drawings, stories and anything that holds special significance to remind the children about their families. It is a way of collecting information about the family, which would otherwise be lost. Memory boxes or books give caregivers and the HIV/AIDS orphaned children an opportunity to talk to each other, tell each other how they feel and talk about the past and the future. These boxes or books enable caregivers inform the HIV/AIDS orphaned children that they care for their early lives, family origins and relatives. It also allows caregivers to express their own beliefs, values and aspirations to the children's future. The key informants (90%) also explained that the box is a good strategy to begin dialogue, which can lead to disclosure of status incase the orphaned child is HIV positive. Important issues such as inheritance, financial support and emotional support are usually included in the box by caregivers as a source of reference for children as they grow up. Most participants in the FGD insisted that it is best for the memory boxes to be prepared by the parents when they are alive and not sick so that they can think clearly and have energy to answer many questions and make it fun. However, one of the participants from the FGD who was a community health volunteer mentioned that;

“Because of fear and culture of most HIV/AIDS parents, the caregivers make many memory boxes when the parents are already dead. This is distressing but the NGOs do the best to ensure the HIV/AIDS orphaned children whose parents did not leave one behind have them, to help the children come into terms with reality of their parent’s death”.

The above statement implies that although some parents die without making memory boxes for their children, the NGOs take the responsibility of ensuring every child enrolled under their programs has one. The NGOs ask the caregivers to make memory boxes for children whose parents did not make one before they died.

Table 4.6: Peer and Social Group Interventions

Types of Peer and Social Group Intervention	No. of Respondents	Percentage
Kids clubs	10	100%
Safe social spaces for children	10	100%
Peer support groups	10	100%

Source: Field data (2014)

Peer and social group intervention was mentioned by (80%) of the key informants as a strategy used by the NGOs to empower HIV/AIDS orphaned children deal with stigma and discrimination. This percentage of key informants explained that this intervention is usually school-based or take place through community organizations. The participants in the FGD mentioned examples of these interventions to be; kids clubs, safe social spaces for children and peer support groups. The key informants explained that the interventions solely consist of recreational activities. This intervention provides psychosocial support, along with age-appropriate learning materials in reproductive health, nutrition, and HIV/AIDS prevention. In particular, the key informants informed the study that linking HIV/AIDS orphaned children to supportive local groups and, faith-based programs provides the children with both psychosocial support and protection. These key informants clarified this intervention to be a program whereby NGOs address topics of concern to HIV/AIDS orphaned children through plays, poems, stories, games, and interactive group therapy techniques, including approaches to problem solving and

positive deviance. These groups are usually supplemented with monthly health examinations and treatment. Such support groups' lower anxiety, depression, and anger among HIV/AIDS orphaned children especially the HIV positive ones. The participants in the FGD had a common view that creating dedicated social spaces for HIV/AIDS orphaned children has been a key strategy for changing their self-concepts and has proven as an effective approach for transforming circumstances that put them at risk of contracting HIV/AIDS like engaging in commercial sex. The spaces, which are established in community facilities like schools (after hours) and community centers, function as platforms for the delivery of new skills, increased social support, and greater opportunities for HIV/AIDS orphaned children to meet peers, consult with mentors, and acquire skills to help them mitigate cases of discrimination.

There was a widespread agreement among the participants in the FGD that the NGO's interventions to address issues of stigmatized HIV/AIDS orphaned children do not privilege one group over another where problems are shared. Instead, they develop interventions based on an understanding of what negative effects stigma might have on HIV/AIDS orphaned children, how they are caused, and therefore, what issues need to be addressed in broader programmes. In most cases, the NGOs address a range of different causes of challenges in a holistic intervention without singling out stigmatised groups. The participants in the FGD further argued that to develop effective anti-stigma interventions for the children; requires the NGOs not to focus only on correcting knowledge and attitudes underlying HIV/AIDS related stigma. In this regard, the NGOs focus on programmes for HIV/AIDS education, which are integrated into broader life skills, and health education programmes. The programmes are usually supplemented by human rights education aimed at tackling a range of issues including disease stigma, and prejudice. The NGOs have also established a poverty relief, in terms of support groups and rights-based advocacy programmes, which form part of anti-stigma interventions in Njoro Sub County.

HIV/AIDS Testing and Counseling

Voluntary counseling and testing (VCT) was mentioned by 70% of the key informants as one of the strategies used by the NGOs to empower HIV/AIDS orphaned children deal with stigma and discrimination. The (70%) key informants argued that HIV/AIDS testing and counseling is the most important consideration as far as stigma is concerned as it provides the HIV/AIDS

orphaned children and the society around them with key information and encourage acceptance and sharing of their statuses. In addition, the larger community begins to see the HIV/AIDS orphaned children diagnosed as HIV positive receiving care and support. The participants in the FGD held a common view that often a situation exists whereby a child is diagnosed as HIV positive and all members in the community watch this child die with no support or encouragement. In such a case, the NGOs offer a package of services that restores hope and removes the sentence of quick death. One of the social workers who was a participant in the FGD informed the study that;

“NGOs link families of HIV/AIDS orphaned children to active support service organisations and government safety nets. In such cases, the responsible NGOs on the ground provide HIV/AIDS orphaned children and their families with practical knowledge and skills for caring and counseling. This, together with up to date, accurate information on HIV and AIDS helps reduce stigma in their homes by reducing fears of transmission in the course of providing care incase the child is HIV/AIDS infected”.

The above statement points towards the efforts put in place by the NGOs to train the children early detection of stigma in the community so that they may be in a better position to deal with it without affecting their emotional wellbeing.

This study found out that all the 47 children respondents (100%) were enrolled in various programs by the NGOs. All the children respondents (100%) further reported that there are various empowerment programs offered to them by the NGOs that help them deal with stigma and discrimination. Some of these services as mentioned by the children respondents are depicted in Figure 4.2 below;

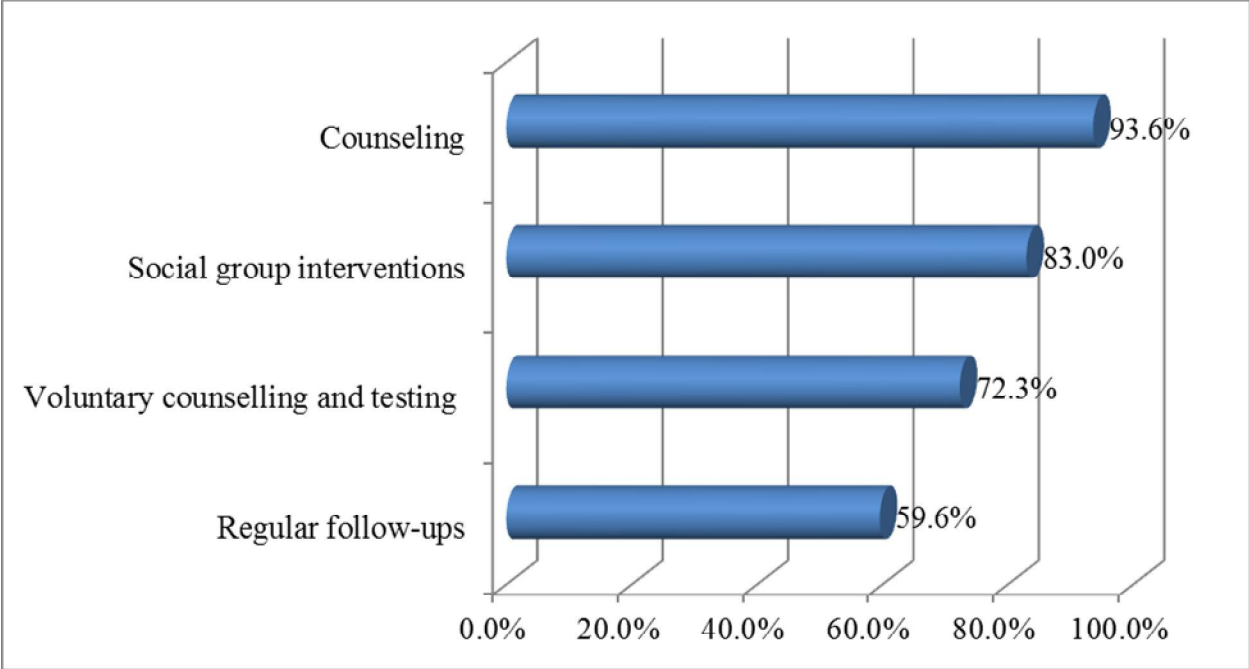


Figure 4.2: Empowerment Programs Offered to the HIV/AIDS Orphaned Children by the NGOs to deal with Stigma and Discrimination

As shown in Figure 4.2, majority of the children respondents (93.6%) mentioned that the most key empowerment program availed to them by the NGOs was counseling. About 83% of the children respondents cited to have benefited from the NGOs social group interventions empowerment programs while 72.3% of the children respondents indicated that NGOs use voluntary counseling and testing (VCT) as a strategy for empowering HIV/AIDS orphaned children in dealing with stigma and discrimination. The study found out that the NGOs with programmes meant to serve HIV/AIDS orphaned children were doing regular follow-ups in a bid to reduce stigma and discrimination among the affected children as mentioned by (59.6%) of the respondents.

All the 47 (100%) children respondents said that before they were enrolled in the NGO programs, they faced stigmatization and discrimination. Below is a list showing indicators of stigma they cited they faced immediately their parents died.

Table 4.7: Indicators of Stigma from the Children Respondents

Indicator	Frequency	Percentage
Shame	38	80.85%
Rejected	4	08.51%
Bullied	3	06.38%
Scorned	2	04.25%
Total	47	100.00%

Source: Field data (2014)

Out of the 47 (100%) children respondents, 38 (80.9%) of them informed this study that they felt shameful to interact and play with other children before they were enrolled in the NGOs programs; 4 (8.5%) of them suffered rejection immediately their parents died; 3 (6.4%) were bullied and 2 (4.3%) were scorned.

Fortunately, every child respondent (100%) reported afterwards that the programs put in place by the NGOs have helped them learn how to live in a stigmatizing and discriminative environment while holding their self esteem high. These children respondents argued that whenever they felt stigmatized before they were enrolled in the NGOs programs, they avoided their peers by isolating themselves. All (100%) children respondents vividly reported that various programs on how to deal with stigma and discrimination offered by the NGOs have given them courage and can comfortably join their peers in plays and other activities.

All the children respondents 47 (100%) informed the study that the programs offered to them by the NGOs on how to deal with stigma and discrimination are regular. The respondents said that at least once in a month they gather for an empowerment talk or workshop on how to deal with stigma and discrimination at the NGOs. All children respondents (100%) also informed the study that although the NGOs have extended the programs to their caregivers and their local schools, the programs are irregular and have not responded well. Out of the 47 children respondents, 14 (29.8%) of them argued that it is over a year since the NGOs held the last meeting with their caregivers on how to deal with stigma and discrimination empowerment workshop. The 14 (29.8%) children respondents reported that the NGOs hold counselling and other empowerment

programs with their caregivers, some workshops are attended by both respondents and caregivers; the NGOs visit schools also to give the same programs after making local arrangements with the school administrations. However, all children respondents (100%) argued that the meetings are irregular, the turn up is poor and the dissemination methods are very poor. As a result, the programs have not been fruitful. The children respondents (100%) reported that proper implementation of the programs to the wider community can help their peers, especially at school who discriminate against them to know and understand that being HIV/AIDS orphaned is not a limitation and that everyone can be affected.

4.2.2. NGOs Empowerment of HIV/AIDS Orphaned Children in Developing Life Skills Relevant for Survival

Objective two sought after assessing how NGOs empower HIV/AIDS orphaned children to develop life skills relevant for survival in Njoro Sub County. This objective was discussed using descriptive statistics. The key informants were asked to indicate the different programs used by the NGOs to develop skills relevant for survival to the HIV/AIDS orphaned children in the study area. The following results were obtained;

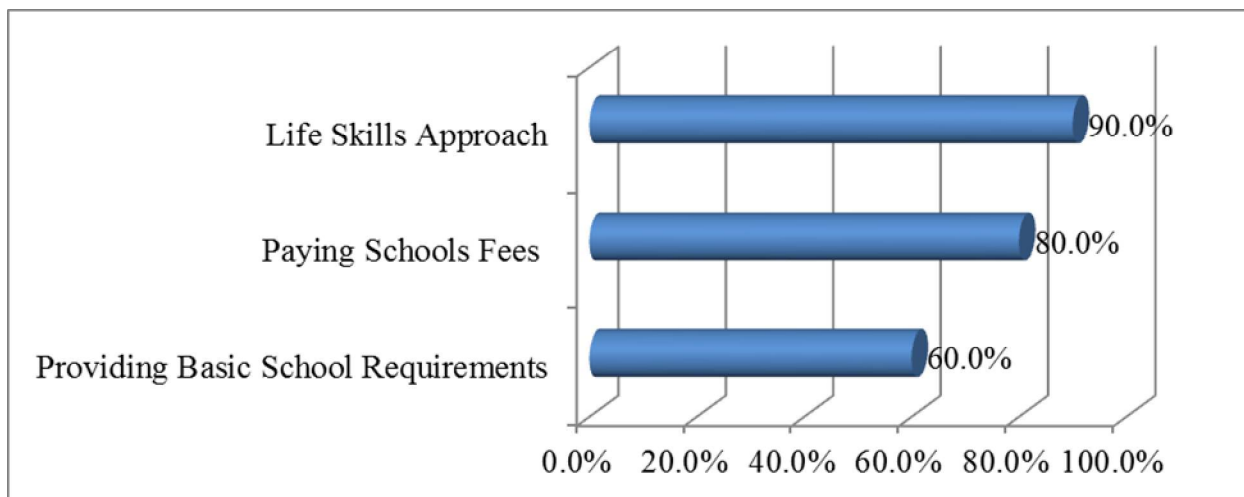


Figure 4.3: Programs Used By the NGOs to Develop Skills Relevant for Survival to the HIV/AIDS Orphaned Children

Majority of the key informants (90%) noted that life skills approach was the most popular way that the NGOs were using to empower HIV/AIDS orphaned children develop skills relevant for survival. About 80% of the key informants cited that NGOs were developing skills relevant for

survival to the HIV/AIDS orphaned children through paying of school fees while 60% of the key informants indicated that there was provision of basic school requirements.

The 90% key informants who cited life skills approach as the most popular way that NGOs were using to develop skills relevant for survival to the HIV/AIDS orphaned children, explained life skills approach as an interactive and educational method that not only focuses on transmitting knowledge but also aims at shaping attitudes and developing interpersonal skills of the children. The participants in the FGD had a common view that the primary aim of the life skills approach is to enhance older HIV/AIDS orphaned children's ability to take responsibility, to make informed choices and avoid risk-taking behaviours.

According to the FGD participants, the NGOs have intervened in various ways to ensure the HIV/AIDS orphaned children access education. The NGOs have achieved this by paying school fees for all children under their programs. The NGOs pay full amount of school fees for children from very poor families. The other portion of key informants that comprised of (60%) informed the study that the NGOs buy the school items for HIV/AIDS orphaned children. Some of these items are the school uniforms, textbooks and exercise books and, pens among others. Moreover, the NGOs provide similar aid to HIV/AIDS orphaned children in vocational trainings. Participants in the FGD argued that the requirements for children in vocational trainings are a bit different from those in academic schools but still the NGOs provide these requirements to the children; they informed the study that most of the children in vocational training are expected to have a tool pack depending on the course they are taking. Those taking tailoring course require items like needles, thread and cloth materials for practical classes. Those taking carpentry courses require items like saws and drills among others. A part from the tool packs, the children fees is paid by the NGOs, their school uniforms are bought for them by the NGOs and other practical requirements are taken care of by the NGOs.

One community health volunteer who was a participant in the FGD informed this study that;
“Most vocational training programs prepare the children for hands-on work rather than academic work, and they are generally geared toward one career type. Vocational training takes a shorter duration than academic education. The NGOs send HIV/AIDS orphaned children to

youth polytechnics, cosmetology and beauty schools. In addition, the NGOs have established a library and sewing institution of their own at FAIR NGO located at Njoro division”.

The above statement implies that the NGOs prefer enrolling the beneficiaries for vocational trainings as compared to formal education.

Table 4.8: Category of Learning Institutions that the Children are enrolled

The study sought after finding out whether the children respondents were enrolled in schools and the outcome was that every child (100%) is attending school. Table 4.8 below shows the category of different learning institutions that the children respondents are enrolled in.

Type of Institution	Frequency	Percentage
Primary school	7	14.9%
Secondary school	16	34.0%
Vocational trainings	24	51.1%
Totals	47	100.0%

Source: Field data (2014)

The results in Table 4.7 shows that out of the 47 (100%) interviewed children respondents, majority of them were in vocational trainings as represented by (51.1%). About 14.9% were in primary schools while 34% were in secondary schools.

The enrolment of various children in vocational trainings is shown in Table 4.9 below:

Table 4.9: Types of vocational Centers

Type of vocational Centers	Frequency	Percentage
Youth polytechnics	11	45.8%
Beauty schools	13	54.2%
Totals	24	100.0%

Source: Field data (2014)

Table 4.8 shows that majority (54.2%) of children who were enrolled in vocational trainings under the different NGO programmes were in beauty schools. However, 45.8% of children were enrolled in youth polytechnics. All the 47 interviewed children respondents confirmed that the NGOs pay their school fees either partially or in full amounts. Figure 4.4 shows the distribution of school fees to the HIV/AIDS children under the NGOs empowerment programmes.

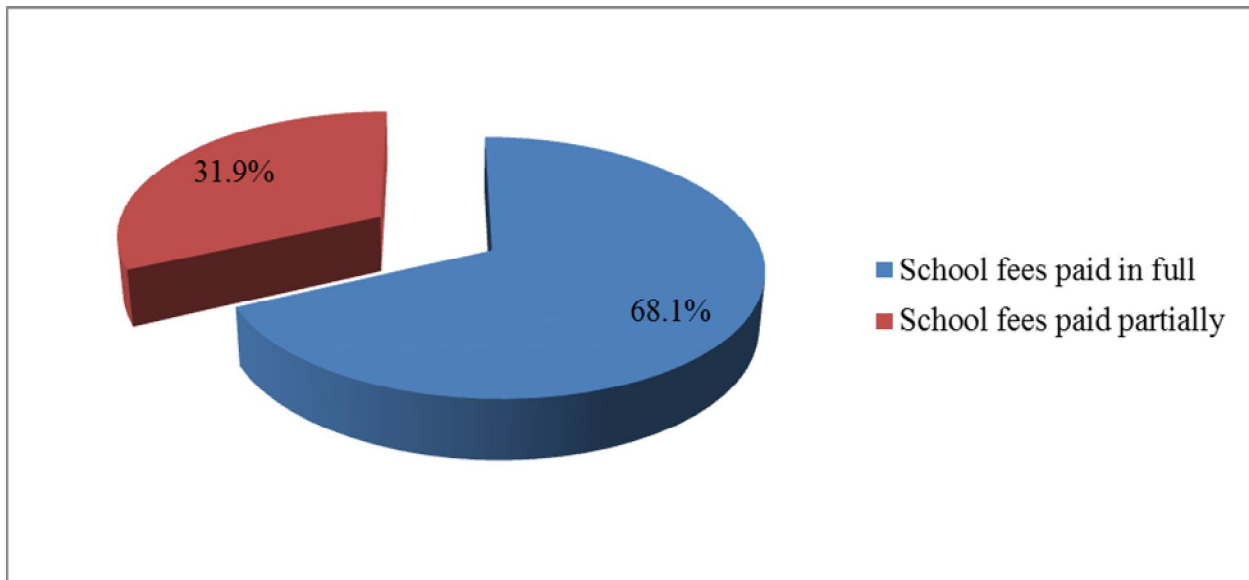


Figure 4.4: Distribution of the Different Modes of School Fee to the HIV/AIDS Children under the Support of NGO Programs.

Figure 4.4 above shows that majority of the children (68.1%) are paid for full amount of school fees by the NGOs while 31.9% are paid for some amount (partial) of school fees by the NGOs.

The participants in the FGD mentioned that NGOs empower children through paying their school fees, those paid for school fees in full amount by the NGOs come from extremely poor backgrounds while those paid for partial school fees by the NGOs, come from families with a fair income earning background hence their caregivers can afford the amount not paid by the NGOs. The study confirmed that most of those children whose caregivers chip in to pay some amount of their school fees are children living with their relatives (related by blood) as their caregivers.

The results in Table 4.10 below shows people that provide learning materials and other school necessities (apart from school fees) to finance the children’s education

Table 4.10: Provision of the Learning Materials and other School Necessities

People that provide school necessities to children	Frequency	Percentage
NGOs sponsoring the child	32	68.1%
Caregivers	12	25.5%
Others*	3	6.4%
Totals	47	100.0%

*This includes well-wishers (non-relatives), politicians and churches

Source: Field data (2014)

This study noted that 68.1% of the children respondents whose full school fees amount is paid by the NGOs reported that the NGOs provide all their learning materials and school requirements. Among the 31.9% of the children respondents whose school fees is paid partially by the NGOs, 25.5% reported that their caregivers provide their learning materials and other school necessities. However, 6.4% of the children were getting their learning materials and other school necessities from other sources (well-wishers, politicians and churches).

The 51.1% of the children respondents who were in vocational training said that they are sometimes paid some wages especially during practical lessons. Children respondents (45.8%) in youth polytechnics taking courses like car repair and construction argued that during practical classes, they offer their services to customers in various organisations, after which the organisations pay them some amount of money. The other portion of respondents in beauty schools (54.2%) reported the same idea. In addition, children respondents (51.1%) enrolled in vocational trainings stated that they usually make cash during school holidays and weekends when not in school; for instance, those in beauty schools (54.2%) argued that they visit salon and barber shops where they attend two to three customers a day, hence making some cash. Those in youth polytechnics said they spend their free time in garages or construction sites where they offer their services for pay. Half of children respondents in vocational trainings (25.5%) argued that they give the cash to their caregivers to purchase food while the other half (25.5%) said that

they use the cash earned to get school requirements like tool packs, school uniforms and writing materials.

The above results imply that there are HIV/AIDS orphaned children who do not get adequate school necessities from their respective NGOs or caregivers, hence are forced to work so that they can use the money earned to purchase the necessities.

All the 47 children respondents (100%) reported that the NGOs had established a library at the FAIR NGO. They further argued that the library has been of great help to them. A part from reading the books that aid them complete their schoolwork, they also read some of the books for entertainment and acquisition of general knowledge. They mentioned the newspapers and magazines as some of the literature that entertain them and equip them with current affairs. A part from the children respondents from FAIR NGO (44.7%), the rest (55.3%) wished the NGOs would offer library services in their respective NGOs so that they do not have to walk the long distance to FAIR NGO to access library services. However, all the 47 children respondents (100%) confirmed that the library department at FAIR NGO allows them borrow books from the library under conditions like renewing the book or returning after two weeks and keeping the book in good condition. Similarly, children respondents in tailoring course were grateful to the NGOs for establishing a sewing institution. They argued that although the institution has not yet began to function officially, they are accessing the machines for practice on weekends and they are optimistic that soon the NGOs will no longer have to send children in tailoring courses to outside institutions.

4.2.3. The Significance of NGOs Empowerment to HIV/AIDS Orphaned Children to Deal with Stigma and Discrimination as well as Developing Life Skills Relevant for Survival

The opinion of the key informants regarding the importance of empowering HIV/AIDS orphaned children to deal with stigma and discrimination is depicted in Figure 4.5 below:

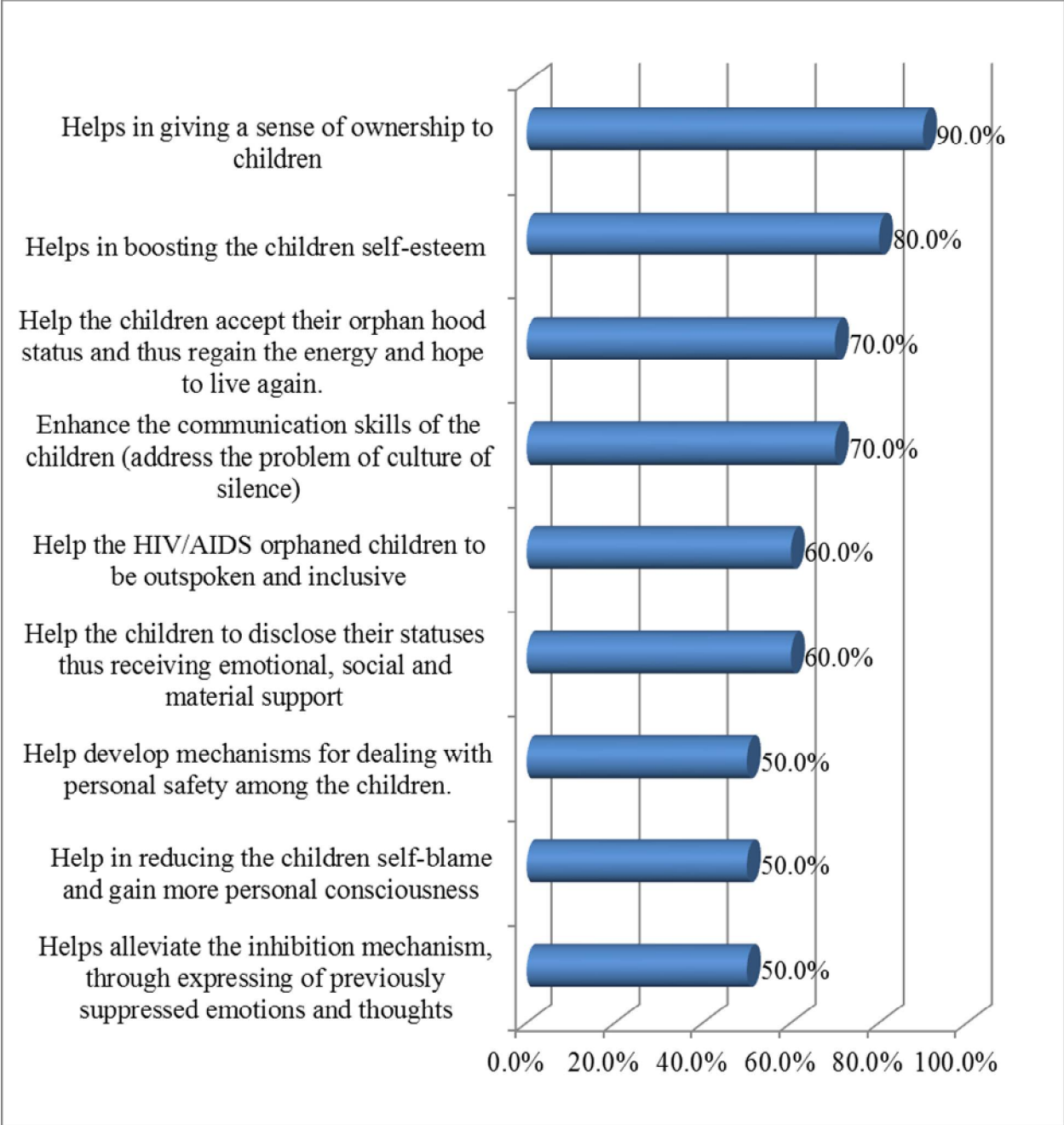


Figure 4.5: Importance of NGOs’ Programs in Dealing with Stigma and Discrimination

The results in Figure 4.5 show that most key informants were of the opinion that the greatest importance of the NGOs’ empowering programs on HIV/AIDS orphaned children to deal with stigma and discrimination was that NGOs programs and strategies help in giving a sense of ownership to children. This was cited by 90% of the key informants and was closely followed by 80% of the respondents who were of the opinion that the NGOs’ programs/strategies helps in

boosting the children self-esteem. Other key informants (70%) argued that the programs enhance the communication skills of the children (address the problem of culture of silence) and help the children accept their orphan hood status and thus regain the energy and hope to live again. The NGOs' programs were also praised by (60%) of the key informants to have helped the children to disclose their statuses thus receiving emotional, social and material support as well as aiding the HIV/AIDS orphaned children to be outspoken and inclusive. About half of the participants in the FGD observed that the NGOs' programs/strategies for empowering HIV/AIDS orphaned children to deal with stigma and discrimination have made great strides in alleviating the inhibition mechanism, through expression of previously suppressed emotions and thoughts. In addition, they acknowledged that the programs have helped in reducing the children's self-blame and gain more personal consciousness with a similar number (50%) of participants in the FGD viewing that the empowerment programs have helped in developing mechanisms for dealing with personal safety among the children.

This study was also interested in evaluating the significance of NGOs' programs/strategies for empowering HIV/AIDS orphaned children to develop skills relevant for survival. The key informants' opinions on this issue are depicted in Figure 4.6 below;

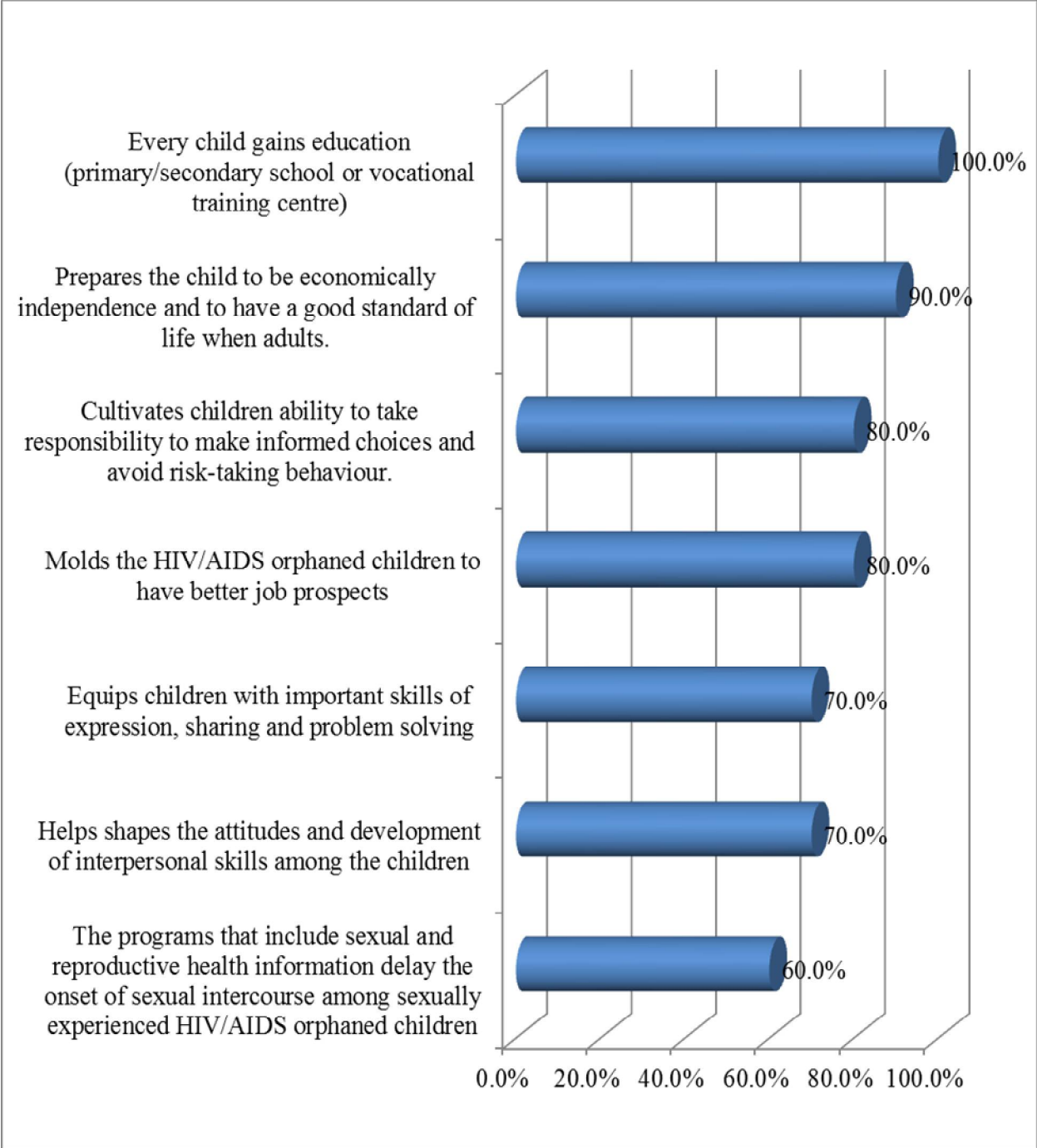


Figure 4.6: Significance of NGOs’ Programs/Strategies in Developing Skills for Survival

The results in Figure 4.6 show that all key informants (100%) agreed that NGOs’ programs/strategies have been successful in empowering HIV/AIDS orphaned children to develop skills relevant for survival through provision of education to every child enrolled in primary/secondary school or vocational training Centre. Ninety percent (90%) of the key

informants argued that the programs prepares the child to be economically independent and to have a good standard of life when adults. In the same way, the participants in the FGD were of the opinion that the program develops relevant skills for survival through molding of the HIV/AIDS orphaned children to have better job prospects. A similar proportion of key informants (80%) argued that the program gives the beneficiary some ability to take responsibility and to make informed choices and avoid risk-taking behaviour. The NGOs' programs were also praised by the participants in the FGD to have helped shape the attitudes and development of interpersonal skills among the children beneficiaries as well as equipping them with important skills of expression, sharing and problem solving skills. The programs that include sexual and reproductive health information are effective in delaying the onset of sexual intercourse among sexually experienced HIV/AIDS orphaned children.

Every participant in the FGD (100%) argued that empowerment programs on developing life skills for survival are important because the NGOs have implemented strategies to ensure primary and secondary school or vocational training attendance to every child under their programs is mandatory. This is done to avoid early school drop-outs and leaving school at low levels of qualification by the HIV/AIDS orphaned children. This way, the NGOs provide basic survival skills to every HIV/AIDS orphaned child under their care. This implies stronger emphasis on tailored support to HIV/AIDS orphaned children's, educational guidance and job search. The NGOs vision is to raise a generation with better job prospects, economic independence and a general good standard of life out of the HIV/AIDS orphaned children. All key informants (100%) argued vividly that vocational trainings are more empowering to the HIV/AIDS orphaned children as compared to academic education. The argument from these key informants was based on facts that most people think of academic education to be the only variable that determines school to work transition. One social worker who was a participant in the FGD argued that;

“Demographic and social characteristics such as ethnicity, gender and social class have a significant impact on the work prospects and the life experiences of young people. These characteristics rarely favor HIV/AIDS orphaned children; hence they stand at low chances of accessing a decent employment and are likely to be exposed to poverty. Contrary, vocational trainings favor them to access income soon after completion of the course because few people

enroll for such trainings; hence the demand in the labor market is high. However, we do not underrate academic education, though we prefer vocational training to academic education.”

The above statement emphasizes further the NGOs preference of vocational trainings to their beneficiaries as compared to formal education. The participants in the FGD argued collectively that vocational trainings are cheap in terms of school fees and their labor market is on demand due to low enrollments. Regardless of this, the NGOs support some other children all through secondary school after which they join higher institutions of learning if they meet the minimum requirements.

According to 60% key informants, the evaluations of life skills programs by the NGOs especially the Child Centered Approach have indicated that sexual and reproductive health information have proven to be effective in delaying the onset of sexual intercourse among sexually experienced HIV/AIDS orphaned children.

In general, the key informants were of the opinion that the NGOs are coping well with empowering programs on developing skills relevant for survival among HIV/AIDS orphaned children. However, they cited some of the challenges that programs were facing which are summarized in Table 4.11:

Table 4.11: Challenges Faced by NGOs’ Programs

Challenge	Frequency	Percentage
Failing to empower the larger community that can easily absorb the children	7	70%
Lack of uniformity in paying school fees and providing school items to HIV/AIDS orphaned children	2	20%
Lack of NGO owned institutions make their cost of operation to be high	1	10%
Total	10	100%

Source: Field data (2014)

Majority of the key informants (70%) were however of the opinion that the NGOs need to be serious in their expansion of their services to the larger community because HIV/AIDS orphaned children end up being absorbed in the community. One of the female social workers aged 48 years in-charge of Action in Focus NGO who was a key informant in this study argued that;

“Empowering HIV/AIDS orphaned children and failing to empower the larger community yet these children are absorbed by the community is like treating a HIV positive infant and not treating her mother who breastfeed it. The virus will be transferred back to the infant through the mother’s milk.”

The above statement implies that although the empowerment programs for the larger community were already on the ground, the key informants expressed their opinion that the NGOs were not doing enough because programs meant to inform the larger community on how to live positively with HIV/AIDS orphaned children were not taken seriously. Other key informants (40%) were also of the opinion that the NGOs should speed up in introducing other institutions of their own just as they have done with the sewing institution and library, so that funds channeled to children’s schooling institutions can be used for other purposes within the NGOs. In addition, the key informants argued that such institutions will bring income to the NGOs as they will be enrolling students who are not their beneficiaries at a cost. Some of the key informants (20%) argued that uniformity need to be introduced in paying school fees and providing school items to HIV/AIDS orphaned children.

On being interviewed on the significance of being empowered by the NGOs to deal with stigma and discrimination as well as developing skills relevant for survival, all the 47 (100%) children respondents interviewed expressed their gratitude to the NGOs for the programs offered to them citing that the programmes have insurmountable significance. Some of the benefits that the children respondents cited to have experienced are depicted in Figure 4.7:

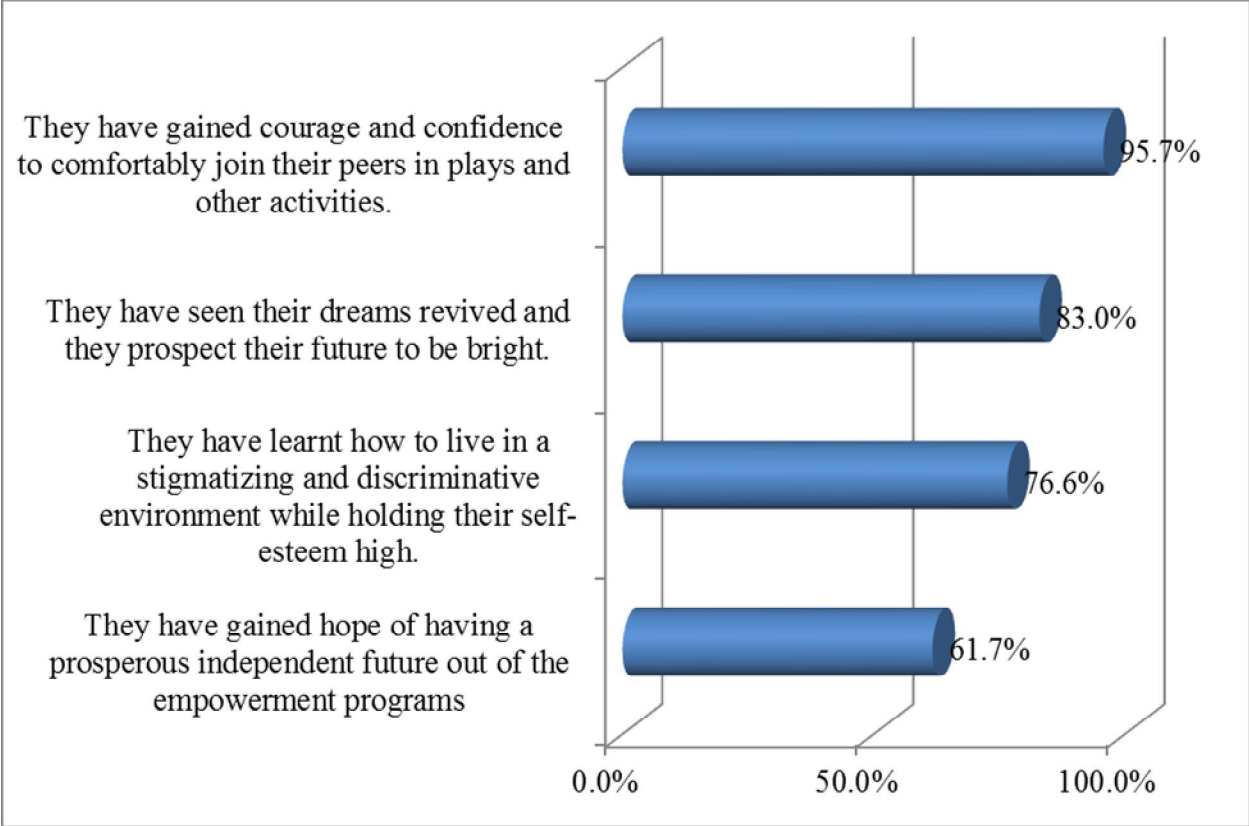


Figure 4.7: Children Opinion on Significance of NGOs Programs in Dealing with Stigma and Discrimination as well as Developing Skills Relevant for Survival

Figure 4.7 shows that majority of the children respondents (95.7%) indicated that they have gained courage and confidence to comfortably join their peers in plays and other activities through the empowerment programs offered by the NGOs to deal with stigma and discrimination as well as developing skills relevant for survival. Some of the children respondents (83%) argued that they have seen their dreams revived and they view their future to be bright while others (76.6%) were grateful that they have learnt how to live in a stigmatizing and discriminative environment while holding their self-esteem high. Sixty one point seven percent (61.7%) of the children respondents said that they have gained hope of having a prosperous independent future out of the empowerment programs.

4.3 DISCUSSION

The first objective of this study sought after establishing how NGOs empower HIV/AIDS orphaned children to deal with stigma and discrimination. The study found out that stigma and discrimination is the main problem among HIV/AIDS orphaned children in Njoro Sub County. Although NGOs have implemented various programs to empower the children on how to deal with the condition, still some gaps emerged on what needs to be done to make the whole process a success. Regarding this, 70% of the participants in the FGD who were key informants in this study were of the opinion that the NGOs need to improve their expansion of their services to the larger society because HIV/AIDS orphaned children end up being absorbed in the community. Kalichman & Simbayi (2003) argues that there has been some recent attention paid to the psychological needs of children affected by HIV/AIDS, a discussion in which stigma has featured prominently. In addition, Thi *et al.*, (2008) argue that HIV/AIDS-related stigma has been recognised as a key problem that needs to be addressed in HIV/AIDS interventions with children. This study confirms the views of Kalichman & Simbayi (2003) as well as those of Thi *et al.*, (2008). This study hence confirms that stigma and discrimination remains to be a key problem that requires more interventional channels to mitigate it so that the HIV/AIDS orphaned children in the society can live in an environment that will favor them as other children with parents hence giving them an equal opportunity to grow and develop without psychological distress.

This study's findings concur with the views of Cree *et al.* (2004) that the literature on children and HIV/AIDS is extensive, as is the literature on HIV/AIDS related stigma, but specific research on HIV/AIDS orphaned-related stigma and children is relatively sparse. Cree, *et al.* (2004) suggests that stigma and discrimination can exacerbate the material and psychological problems children already face in the context of the HIV/AIDS pandemic. Despite the physical problems experienced by HIV/AIDS orphans like lack of food, shelter and clothing, they also experience psychological problems, which come in form of stigma and discrimination from the community members. This study established that stigma and discrimination being a key problem among HIV/AIDS orphaned children in Njoro Sub County, the NGOs in Njoro Sub County empowering these children have implemented various programs, which aim at empowering the children on how to deal with stigma and discrimination. Although 95.7% of children respondents

confirmed that they have gained courage and confidence to comfortably join their peers in plays and other activities through the empowerment programs offered by the NGOs to deal with stigma and discrimination, they further argued that the services need to be extended to the larger community that involves their peers in schools, teachers and caregivers among others because they are part of them.

The second objective of this study was to assess how NGOs empower HIV/AIDS orphaned children to develop skills relevant for survival in Njoro Sub County. The study found out that knowledge is significant in addressing a variety of issues in the general development of the child. All children respondents (100%) vividly informed this study that the NGOs have assisted them a great deal through the establishment of the library facility for them. According to the respondents, the library serve their multipurpose needs; for instance, they reported that they do their class work, access entertainment literature and get informed on current affairs from the library. This study concurs with the view by UNGASS (2001) that knowledge is significant in addressing a variety of issues in the general development of the child. In addition, all participants in the FGD (100%) confirmed that all children enrolled in NGOs programs were attending school. According to the literature reviewed in this study, The 2000 Dakar World Education Conference took a position that all young people have the human right to benefit from an education that includes learning to know, to do, to live together and to be. UNGASS (2001) included life skills in two out of the six Educations for All (EFA) Goals. Life skills-based education is now recognized as a methodology to address a variety of issues of child and youth development and thematic responses.

The NGOs empowering HIV/AIDS orphaned children in Njoro Sub County have combined a variety of skills to ensure they produce children that are molded all round; for instance, a part from the academic education and vocational training services given to HIV/AIDS orphaned children to prepare them for the job market, the NGOs also use the life skills approach, this was confirmed by the participants in the FGD. The aim of the approach is to ensure they establish an interactive and educational environment that will not only focus on transmitting knowledge but also at shaping attitudes and developing interpersonal skills of HIV/AIDS orphaned children. Majority of the participants in the FGD reported that the life skills approach is interactive and

participatory. The children use methods such as role-playing, debating, story telling and discussions to bring out the participatory and interactive elements of the program. According to the key informants (90%), the life skills approach has enhanced older HIV/AIDS orphaned children's ability to take responsibility to make informed choices and avoid risk-taking behaviours. UNGASS (2001) argues that a child's expected learning outcomes include a combination of knowledge, values, attitudes and skills with a particular emphasis on those skills that relate to critical thinking and problem solving, self-management, communication and interpersonal skills. Furthermore, this study found out from all children respondents (100%) their optimism for a successful future. WHO (2004) argues that giving life skills to HIV/AIDS orphaned children by supporting their schooling and other vocational trainings can play a crucial role in improving their prospects and securing their future. A good school education can give children a higher self-esteem, better job prospects and economic independence.

The study established that the NGOs empowering HIV/AIDS orphaned children in Njoro Sub County to develop skills relevant for survival are aware that the children's schooling can be interrupted or they may perform poorly because of their situation, since most of their caregivers cannot afford to pay their school fees and provide their school requirements. As a result, 80% of key informants reported that the NGOs have implemented programs of paying school fees and providing the school requirements for the children. However, some concerns were raised by participants in the FGD who argued that the NGOs should provide these help to the children uniformly. The NGOs pay part of school fees for 31.9% of the children and full amount for 68.1% of the children depending on the family background of the child. The same case applies to provision of school requirements. Some 20% of key informants argued that this difference makes some children feel discriminated against by the NGOs especially when the caregivers fail to pay their part of the school fees for the child on time and the child is sent home by school administration to collect fees. UNICEF (2011) argues that Children orphaned by HIV/AIDS may miss school enrolment, have their schooling interrupted or perform poorly in school because of their situation. Expenses such as school fees and school uniforms present barriers to school attendance if orphans' caregivers struggle to afford these costs.

This study confirmed that the NGOs in Njoro Sub County empowering HIV/AIDS orphaned children have successfully implemented various programs to ensure every child enrolled under their programs access primary and secondary education as well as livelihood training. However, National AIDS Control Council, (2005) argues that if school fees are the issue, international partners or communities can intervene to keep these children in school. Some key informants in this study mentioned lack of uniformity in paying school fees and providing school items to HIV/AIDS orphaned children by the NGOs as one of the challenges the NGOs are facing. These respondents argued further that some children under the NGOs programs are sent home from school because of fees arrears. This is the lot of children left for caretakers to pay part of their school fees. Hence, the NGOs in Njoro Sub County have failed to ensure that no HIV/AIDS orphaned children are sent home for school fees, which may interrupt their educational progress. World Bank (1997) argues that increasing stakeholders in the fight against HIV/AIDS are recognizing and promoting the fact that education can bring about significant improvements in the lives of children orphaned by HIV/AIDS. Ishikawa *et al.*, (2011) further says that a growing body of research from sub-Saharan Africa makes clear the importance of timely, cost-effective interventions to secure access to primary and secondary education as well as livelihood training for children affected by HIV/AIDS.

This study established that linking HIV/AIDS orphaned children to academic education and vocational trainings have boosted the children's self-esteem and problem solving skills; for instance, 90% of key informants reported that the child-centered approach used by the NGOs has transmitted knowledge to the children as well as shaping their attitudes and development of interpersonal skills. These respondents further reported that the approach has equipped children with important skills of expression, sharing and problem solving skills. The participants in the FGD reported that the child-centered approach has equipped children with important skills of expression, sharing and problem solving skills. This concurs with the theory's further statement that empowered children are likely to recognize and identify their own strengths which will enhance their mental development and overall health. In return, they gain the ability to achieve their highest personal and collective aspirations and goals.

The third objective was to ascertain the significance of NGOs empowerment to HIV/AIDS orphaned children to deal with stigma and discrimination as well as developing skills relevant for survival in Njoro Sub County. This study established that such support is particularly critical for the psychological health and development of HIV/AIDS orphaned children. All children respondents in this study reported that before they were enrolled in empowerment programs of dealing with stigma and discrimination by the NGOs, they were ashamed, scorned, bullied and rejected. Majority of the children respondents (95.7%) reported that this stigma made them avoid their peers by isolating themselves from plays and other activities. However, all children respondents (100%) reported that after undergoing the various programs offered by the NGOs on dealing with stigma and discrimination, today they have courage and confidence to comfortably join their peers in plays and other activities. In addition, the children respondents reported that today they have learnt how to live in a stigmatizing and discriminative environment while holding their self-esteem high. According to Skovdal & Campbell (2010), there is global consensus that the best psychosocial care and support for HIV/AIDS orphaned children is provided through everyday interpersonal interactions that occur in caring relationships in homes, schools, and communities. Such care and support include the love and protection that children receive in family environments, as well as interventions that help HIV/AIDS orphaned children cope. World Health Organization (WHO) (1999) went further to argue that such interventions enable children to form a sense of self-worth and belonging and are essential to learning, developing life skills, participating in society, and having faith in the future.

The study found out that although the NGOs are offering empowerment programs to HIV/AIDS orphaned children on how to deal with stigma and discrimination, issues of these children being stigmatized and discriminated against were present. This argument was raised by participants in the FGD who mentioned challenges facing the NGOs. According to Skovdal & Campbell (2010), the best psychosocial care and support for HIV/AIDS orphaned children that include love and protection is provided in the family environments. Moreover, World Health Organization (WHO) (2004) argues that stigma reduction empowerment programs for HIV/AIDS orphaned children prioritize psychosocial interventions that build on existing resources, place, and maintain children in stable and affectionate environments through organisational support programs; peer and social group interventions; mentorship programs and community caregiver

support. According to the findings of this study, most stigma reduction empowerment programs for HIV/AIDS orphaned children are concentrated among the children. The programs have not been extended to the wider community that includes peers and caregivers. Hence, the NGOs have not created a complete stable and affectionate environment to enable HIV/AIDS orphaned children in the region to be stigma free.

This study found out that the NGOs empowering HIV/AIDS orphaned children in Njoro Sub County have done well to ensure that every child under their programs gets education. This study established that every respondent child was schooling. Some children are in primary school; others are in secondary schools and in vocational trainings. These NGOs educate the HIV/AIDS orphaned children all through till the children acquire knowledge or skills that can give them a job or enable them employ themselves. Family Health International (2010) demonstrates that educating HIV/AIDS orphaned children can contribute to significant improvements in their lives and that of their families. Learning opportunities (both formal and informal) can provide HIV/AIDS orphaned children with chances to develop age-appropriate, gender-sensitive life skills and offer sexuality education interventions. Although World Health Organisation (2004) argues that despite the obvious benefits of education, millions of HIV/AIDS orphaned children lack the education they require to fulfill their potential; this study found out that the NGOs in Njoro Sub County empowering HIV/AIDS orphaned children ensure every child goes through primary education after which some proceed to secondary school and later higher education. Those who cannot proceed to secondary school are sent to vocational trainings like welding, carpentry and car repairs. According to the findings of this study, every child who goes through the empowerment programs offered by the NGOs acquires the education required to fulfill their potential skills.

All children respondents (100%) compared what their lives were before enrolling in the NGOs empowerment programs and what they are after enrolling in the NGOs programs, the results were definitely positive after enrolling in the NGOs empowerment programs. All of them reported that they were determined and full of hope to face the future under the empowerment programs offered by the NGOs.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary, conclusion and recommendations of the findings of the study. It also highlights the suggestions for further studies. The study sought after assessing the participation of NGOs in empowering HIV/AIDS orphaned children in Njoro Sub County, Nakuru County.

5.2 Summary

This study found out that the NGOs empowering HIV/AIDS orphaned children in Njoro Sub County of Nakuru County have various programs empowering these children on how to deal with stigma and discrimination. Furthermore, the results from the study indicated that these programs have been successfully implemented, and they have benefited the children; for instance, all children respondents (100%) reported that before they were enrolled in the empowerment programs by the NGOs; their lives were miserable and hopeless. However, the children respondents went further to report that since they were enrolled in the empowerment programs by the NGOs on how to deal with stigma and discrimination, their social lives have changed positively.

A few participants in the FGD (20%) reported that some HIV/AIDS orphaned children are stigmatized and discriminated by their peers in school and other social places. However, all children respondents (100%) confirmed that they no longer withdraw from their peers during plays and other activities as they used to do before they were enrolled in the empowerment programs. The study found out that HIV/AIDS orphaned children in Njoro Sub County are offered psychosocial support which enables them overcome stigma and discrimination. This strengthens their emotional stability and wellbeing. In addition, the study confirmed that although the NGOs have implemented the programs to empower HIV/AIDS orphaned children on how to deal with stigma and discrimination, the wider community where the children live need to be educated on how to live with these children with love and care.

On NGOs empowerment of HIV/AIDS orphaned children to develop skills relevant for survival, this study found out that every child (100%) enrolled by the NGOs benefited from the empowerment programs offered on how to develop skills relevant for survival. According to the findings, every child under the programs goes through primary school after which some proceed to secondary school and later higher education while others go to vocational trainings after primary education. Proceeding to secondary school or vocational trainings after primary education depends on various factors like the interest of the child in academics and the child's talent, among other factors.

In addition, the NGOs have implemented programs of paying school fees and providing the school requirements for the children to ensure they are not in and out of school due to lack of school fees and other school requirements. The NGOs pay full amount of school fees for 68.5% of the children and partial school fees for 31.9% of the children under their programs. The same case applies to school requirements; children getting full payment of their school fees from the NGOs are provided for school requirements by the NGOs while the those whose school fees is paid partially by the NGOs are provided for their school requirements by their caregivers. The level of poverty is the main criterion used by the NGOs to either pay full or partial school fees for the child. However, there were concerns from key informants that the NGOs should pay school fees and provide school requirements for the children uniformly. According to the argument, such differences bring about comparisons among the children where some feel favored by the NGOs and others feel discriminated against by the NGOs especially when the caregivers fail to pay their part of the school fees on time and the child is sent home by school administration to collect fees.

Moreover, the participants in the FGD confirmed that the NGOs have a life skills approach, which is an interactive, educational method that not only focuses on transmitting knowledge but also aims at shaping attitudes and developing interpersonal skills of HIV/AIDS orphaned children. The primary aim of the life skills approach is to enhance older HIV/AIDS orphaned children's ability to take responsibility to make informed choices and avoid risk-taking behaviour. The NGOs do this to help the children develop skills relevant for survival.

This study ascertained that there is significance in empowering HIV/AIDS orphaned children to deal with stigma and discrimination as well as developing skills relevant for survival. The study established that the lives of HIV/AIDS orphaned children empowered by the NGOs on how to deal with stigma and discrimination had changed positively. All children respondents (100%) were optimistic about their lives and they were grateful to the NGOs for the programs. Similarly, the study found out that the empowerment programs have seen HIV/AIDS orphaned children's dreams revived and they visualized their future to be bright. The HIV/AIDS orphaned children under current programs draw a lot of inspiration from the former beneficiaries of the programs. This gives them morale to put more effort in school and succeed like them.

5.3 Conclusions

This study based its conclusions on empirical and theoretical bases as discussed below.

5.3.1 Empirical conclusion

Regarding how NGOs empower HIV/AIDS orphaned children to deal with stigma and discrimination in Njoro Sub County, this study found out that the NGOs have successfully empowered the children to deal with stigma and discrimination as reported by all children respondents (100%). However, the same percentage (100%) of respondents reported that the NGOs have not successfully reached the wider community (caregivers, teachers and peers among others) to teach them on how to love and care without stigmatizing or discriminating against them. These views were supported by 70% of the participants in the FGD who mentioned unsuccessful empowerment of the larger community to live positively with HIV/AIDS orphaned children as one of the challenges facing the NGOs empowerment programs.

On how NGOs empower HIV/AIDS orphaned children to develop skills relevant for survival in Njoro Sub County, this study found out that the NGOs are empowering children to develop skills relevant for survival. The NGOs have achieved this by ensuring every child is schooling as reported by all children respondents. The NGOs ensure the children school up to a level where they achieve their full potential and acquire skills which can enable them become independent (secure a job or employ themselves). This is achieved by the NGOs paying the children's school

fees and providing their school requirements. The NGOs pay school fees for all (100%) children enrolled under their programs, although they pay for some children full amount (68.1%) and some children part of their school fees (31.9%). In addition, the NGOs use a life skills approach that aims at shaping attitudes and developing interpersonal skills among HIV/AIDS orphaned children to develop skills relevant for survival.

Concerning the significance of NGOs empowering HIV/AIDS orphaned children in Njoro Sub County, this study ascertained that both empowerments were very important to the children. This was confirmed by all key informants and children respondents (100%). Through the reporting of all children respondents (100%), the study confirmed that every HIV/AIDS orphaned child's life under the NGOs empowerment programs on dealing with stigma and discrimination as well as developing skills relevant for survival had changed positively.

5.3.2 Theoretical conclusion

According to the empowerment theory that was used to inform this study, the principle of providing personal consciousness and decreasing self-blame helps HIV/AIDS orphaned children to deal with stigma and discrimination. This principle contributes to de-stigmatization; this is the process of removing associations of shame or disgrace from the stigmatized. The study established that the NGOs empowering HIV/AIDS orphaned children in Njoro Sub County have engaged the children in various programs like fostering open dialogue among the children which incorporates activities like drama and poems that convey a positive message to children on how to gain personal consciousness and decrease self blame. The NGOs have gone further to educate the community members like caregivers on how to live with the children in a stigma and discriminative free environment although the children respondents reported that the programs extended to the larger community have not yielded the results as expected. The empowerment theory argues that if HIV/AIDS orphaned children are empowered to reduce self-blame and gain more personal consciousness, they will definitely experience less stigma, which will consequently boost their self-esteem. In addition, these children will develop mechanisms for dealing with discrimination and personal safety. Although these services are offered to HIV/AIDS orphaned children by the NGOs, the larger community that accommodate these

children, need to be educated on how to live with HIV/AIDS orphaned children without discriminating against them.

Regarding the second objective of assessing how NGOs empower HIV/AIDS orphaned children develop life skills relevant for survival, this study established that linking HIV/AIDS orphaned children to academic education and vocational trainings have boosted their self-esteem and problem solving skills; for instance, participants in the FGD reported that the child-centered approach used by the NGOs has transmitted knowledge to the children as well as shaping their attitudes and development of interpersonal skills. The participants further reported that the approach has equipped children with important skills of expression, sharing and problem solving skills. This concurs with the empowerment theory's statement that empowered children are likely to recognize and identify their own strengths which will enhance their mental development and overall health. In return, they gain the ability to achieve their highest personal and collective aspirations and goals.

The study's findings showed that HIV/AIDS orphaned children who have been empowered on how to deal with stigma and discrimination as well as developing skills relevant for survival tends to acquire behavioral traits like high self-esteem that is likely to influence their social life positively. In addition, all children respondents (100%) expressed better job prospects, economic independence and a general good standard of life in future. All children respondents (100%) compared what their life was before enrolling in the NGOs empowerment programs and what it is after enrolling in the NGOs programs; the results were definitely positive after enrolling in the NGOs empowerment programs. All children respondents (100%) reported that they are determined and full of hope to face the future under the empowerment programs offered by the NGOs. The empowerment theory's summative principle argues that providing personal consciousness and decreasing self-blame as well as assuming personal responsibility and developing skills relevant for survival will enable participants in empowerment programs to gain the ability to achieve their highest personal and collective aspirations and goals. This study's third objective which is ascertaining the significance of NGOs empowerment to HIV/AIDS orphaned children to deal with stigma and discrimination as well as developing life skills relevant for survival concurs with the principle.

5.4 Recommendations

This study's findings pointed out a number of gaps upon which the recommendations below were drawn.

- i) In objective one, this study set out to find out how the NGOs empower HIV/AIDS orphaned children to deal with stigma and discrimination. The findings showed that although the NGOs have programs empowering the children to deal with stigma and discrimination, they have not empowered other community members on how to live with the children in a stigma and discriminative free environment. Hence the study recommends that there is need for NGOs empowering HIV/AIDS orphaned children in Njoro Sub County to educate the wider community including the caregivers of the children, their peers in school and teachers among others on how to live with the children without stigmatizing or discriminating against them. Empowering the children to deal with stigma and discrimination is not enough; to mitigate stigma and discrimination among HIV/AIDS orphaned children, it is important to prepare the children on how to deal with it when they encounter it, but it is more important to create a stigma and discrimination free environment for the children.

- ii) In objective two, the study sought after establishing how the NGOs empower HIV/AIDS orphaned children to develop life skills relevant for survival. The results showed that although the NGOs have implemented programs to empower the children develop skills relevant for survival; the NGOs pay school fees and supply school requirements to the children un-uniformly which makes some children feel favored and others discriminated against by the NGOs. Hence, the study recommended that the NGOs should consider paying school fees and provide school requirements to HIV/AIDS orphaned children uniformly to avoid cases where some beneficiaries feel favored while others feel discriminated against by the NGOs. The NGOs should consider not using the criterion of poverty level of the child in paying the school fees and providing their school needs. Maybe, the poverty level criterion can be used in determining other factors needed by the child but not school fees and school requirements as some caregivers delay to pay their portion of school fees forcing the

child to be in and out of school. The infrequency of the child in school will automatically affect their performance, hence their empowerment.

- iii) In objective three, the study was to find out whether empowering HIV/AIDS orphaned children to deal with stigma and discrimination as well as developing life skills relevant for survival have any significance. The findings showed that every child respondent who is a beneficiary of these empowerment programs expressed their gratitude to the NGOs and prospected their future to be bright because of the empowerment that has been instilled in them. Hence, the study recommended that the NGOs should continue empowering HIV/AIDS orphaned children in Njoro Sub County to deal with stigma and discrimination as well as empowering them to develop skills relevant for survival because the empowerment programs have positively changed the lives of the children and given them hope to face the future life.

5.5 Suggestions for Further Studies

- i) A study to be carried out on NGO's participation in empowering the wider community on how to live positively with HIV/AIDS orphaned children without stigmatizing or discriminating against them..
- ii) A study to be carried out on NGO's participation in empowering the wider community on how to assist HIV/AIDS orphaned children develop skills relevant for survival.
- iii) A study to be carried out to ascertain the significance of empowering the wider community on living positively with HIV/AIDS orphaned children without stigmatizing or discrimination against them as well as helping the children develop skills relevant for survival.

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APPENDIX I

INTERVIEW GUIDE QUESTIONS (for NGOs Officials)

1. Do you have programs to empower HIV/AIDS orphaned children to deal with stigma and discrimination? Name the programs?
2. What strategies do you use to empower HIV/AIDS orphaned children to deal with stigma and discrimination?
3. Do you have programs to empower HIV/AIDS orphaned children develop skills relevant for survival? Name the programs?
4. What strategies do you use to empower HIV/AIDS orphaned children to develop skills relevant for survival?
5. What in your opinion is the importance of empowering HIV/AIDS orphaned children to deal with stigma and discrimination?

APPENDIX II

INTERVIEW GUIDE QUESTIONS (for children respondents)

1. How old are you? (Age)
2. What is your gender?
3. Who takes care of you?
4. Are you registered for empowerment programs by any NGOs in Njoro Sub County?
5. Have you ever suffered from stigma due to your orphan hood status?
6. What services do the NGOs offer to you that help you deal with stigma and discrimination?
7. How have the NGOs been carrying out the program?
8. Are you schooling?
9. Are you in formal schooling or vocational training?
10. What training are you undertaking? (For those in vocational training)
11. What support do you get from your NGO towards your schooling?
12. Before you were enrolled in the program, what challenges did you face as an orphan that this program(s) has helped you solve?
13. How are the NGOs assisting you to realize your dream?

APPENDIX III

FOCUS GROUP DISCUSSION GUIDE QUESTIONS (for community volunteers)

1. Do you have programs to empower HIV/AIDS orphaned children deal with stigma and discrimination? Name the programs?
2. What strategies do you use to empower HIV/AIDS orphaned children to deal with stigma and discrimination?
3. Do you have programs to empower HIV/AIDS orphaned children to develop skills relevant for survival? Name the programs?
4. What strategies do you use to empower HIV/AIDS orphaned children to develop skills relevant for survival?
5. What in your opinion is the importance of empowering HIV/AIDS orphaned children to develop skills relevant for survival?

APPENDIX IV
A COPY OF RESEARCH PERMIT