

Kenya's HIV/AIDS Education Sector Policy: Implications for Orphaned and Vulnerable Children and the Teaching of HIV/AIDS Education¹

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Abstract

This paper results from a study conducted in 2005-2006 on “the 2004 HIV/AIDS Education Sector Policy”. It investigates the practical implications of the policy document in addressing provisions related to orphaned and vulnerable children and the teaching and learning of HIV/AIDS education. The paper further assesses practitioners' understanding of the policy. Data was collected from three districts in Kenya, Bondo, Nairobi and Garissa, which were selected to represent high, middle and low HIV prevalence, respectively. A total of 12 institutions were sampled. A cross cutting population of learners, teachers and teacher trainees, parents/guardians, and education officers were reached primarily via qualitative methods of interviews, group discussions and observations. The data was analysed using MAX qda, a computer package for analysing qualitative data. The study findings show that the basic needs of vulnerable children remain unmet, curtailing their full participation in the schooling process. This notwithstanding, most children had detailed factual knowledge of HIV and AIDS even though it was not apparent how such knowledge was translated into skills of life. Although some head teachers were aware of the HIV/AIDS education sector policy, relatively few teachers were conversant with its contents. The study concludes that national educational targets would be difficult to attain unless capacity development for teachers and school administrators was improved in the area of HIV/AIDS education and policy. There is a need to locate the OVC at the centre of child well-being strategies that are sensitive and responsive to their special circumstances.

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Introduction

Since 1984 when the first case of HIV/AIDS was reported, the Government of Kenya has responded through various strategies located within the health and education sectors. The government prioritised policy formulation to guide appropriate action in response to the HIV/AIDS pandemic. Of special mention is the National AIDS Control Council (NACC), which was established in 2000 under the Office of the President to steer the process of policymaking and coordinate a national multi-sectoral response to HIV/AIDS. Under the guidance of NACC, the Ministry of Education Science and Technology (MoEST) developed the 2004 Education Sector Policy on HIV/AIDS, which spells out policy provisions in 8 areas; access to education for all children including Orphaned and Vulnerable Children (OVC);² access to relevant information; equality of rights to education, responsibilities and opportunities; privacy and confidentiality; access to care, treatment and support; safe workplace and learning institutions and gender responsiveness (GoK 2004). This study took cognizance of findings in Kenya, Tanzania and Zambia that indicate that even when orphaned children attended school, they were less likely to be at the correct grade level for their age group, and were frequently deprived of quality and relevant education, which they required in order to perform equally with their peers and gain life skills that would empower them to protect themselves from HIV infection (UNICEF 2004), or to live with the infection.

Under the HIV/AIDS education sector policy, the MoE sought to infuse/integrate HIV/AIDS education into the school curriculum as a form of social vaccine that would permeate through school subjects such as Christian Religious Education (CRE) and Science, thus accelerating the efforts to curb the spread of HIV among young people in general and children in particular. The successful implementation of this approach however presupposed adequate preparation in terms of teacher capacity development, child responsive pedagogy and development of appropriate learning materials. However, in Kenya, the effectiveness of this framework seems to have been slow and unsystematic in implementation. For example, general observations indicate that many teachers shunned the teaching of HIV/AIDS education, mainly because they perceived themselves as incompetent in the subject. It is within this context that this study sought to examine how the HIV/AIDS education sector policy was understood and implemented. The study further sought to isolate the impact the policy has had on increasing the participation to basic education for orphaned and vulnerable children in selected districts in Kenya.

² Demographic and household survey data from 12 countries in Africa and Latin America found that participation in schooling was consistently lower for children who had lost both parents (UNAIDS 2000). A subsequent analysis of such data from six African countries also showed that double orphans were substantially under-enrolled in Burkina Faso, Côte d'Ivoire, and Kenya.

Study Methodology

Sampling sites and study subjects

The study was conducted in three administrative provinces: Nairobi, Nyanza and North Eastern, in the districts of Nairobi,³ Bondo and Garissa, respectively. The three areas are diverse in terms of geographical location, socio-cultural practices, religion and HIV prevalence rates.

Bondo district is among twelve districts in Nyanza that has HIV prevalence of nearly 25%, which is among the highest in the country. Bondo borders Siaya to the north, Kisumu to the east and Lake Victoria towards the southwesterly direction. The urban centres situated on the lake shores are a hub of economic activity and provide major points of interaction for persons including those from the neighbouring country, Uganda. The proximity to the lake makes it easy for young boys and girls to leave school and venture into fishing business. In addition, fishermen lure young girls into the fishing business, which at times leads to commercial sex.⁴ Out of the total school going population of 96,366 (48.3% female) in 2005 more than half (49,482) were orphaned.

Nairobi was selected because it is the country's capital city and seat of government. It is home to persons from diverse ethnic, racial, religious and socio-economic and cultural backgrounds and has one of the largest slum dwellings in the eastern Africa region. Nairobi is renowned not only as a growing industrial city but also a vibrant transit and business centre for the region that attracts people from different nationalities across borders. In its complex social and cultural diversity, it is not surprising that Nairobi portrayed a HIV prevalence rate of 17% in 2005, which raises concerns, not just for the health and economic perspective but also for the education sector in the comparative approach of this study.

Garissa is one of the four districts in the North Eastern Province of Kenya, which borders Wajir District in the North, Lamu to the South Ijara, and Tana River Districts to the West. It also shares a border with Somalia to the east. Garissa is largely semi-arid, covers 44,952 square kilometres and is sparsely populated with approximately 3.8 million people (GoK 2000). The population tends to be concentrated in the urban areas, mainly around Garissa municipality, Liboi town and around the scattered water points. While the urban population is a composite of people from different ethnic groups, the larger majority is from the Somali community. Because of scarcity of rain to support agriculture or pasture, the major economic activity has remained nomadic pastoralism while the

³ The number of districts in Kenya had since expanded from 72 in 2000 to 152 in 2009, with Nairobi province is administered under three districts; Nairobi North, Nairobi West and Nairobi East. Intuitions in both Nairobi North and West were covered by the study.

⁴ A study in Tanzania found that a quarter of primary school girls reported having sex with adult men, including teachers; receiving money or presents was one of the reasons for engaging in sexual activity. In comparison, 22% of primary school girls in Uganda and 50 % in Kenya anticipate receiving gifts or money in exchange for sex (UNAIDS 2000), typically with older men who expose the girls to increased risk of HIV infection.

towns support a variety of business ventures including medium and small-scale hotels, grocery shops as well as the sale of livestock. However, along the River Tana –one of the largest rivers in the country- residents practice some agriculture that involves the growth of assorted fruits such as paw-paw and bananas. In terms of HIV/AIDS, North Eastern province has traditionally exhibited low HIV prevalence rates with Garissa having risen to from 7 to 11% in 2005.

Within the study sites, 12 institutions were reached; 9 primary schools, 4 in Bondo, 3 in Nairobi and 2 in Garissa, plus 1 teacher training college in each of the districts. Various organisations, which catered for the orphans in the study schools, were also included to provide complementary data. The sampling was done to purposively yield the geographic diversity, urban/rural comparison as well as socio-cultural differentials in the schools' catchments. Teachers helped in the identification of the OVC. A "bottom-up" approach was utilised whereby children, as the beneficiaries and rights-holders and rights-claimers of education were enlisted as the primary sources of data, followed by their teachers, parents, caregivers, community leaders and finally the district education officers.

Study instruments

In order to triangulate and validate the data, as well as strengthen the evidence, a variety of instruments were used on the same subject, particularly with pupils who were the main sources of data. For example, a child would participate in a focussed group discussion, then participate in interview and later write an essay or draw graphical representation of their experiences of life at home or at school. The key research instruments for pupils comprised group discussions, interviews, essay writing, and drawing. Interview schedules were used with head teachers, college principals, teachers, education officers, head of organisations, community leaders, and caregivers, while FGDs were used with teachers and teacher-trainees. In addition, a classroom observation guide and school fact sheets were used to gather complementary information of enrolment, focusing on OVC by gender.

Ethical issues

Collecting data from children poses special challenges that hinge on the ethics of doing research. Given the fact that younger children cannot verbalise their experiences and may not be completely knowledgeable of the implications of their participation, a decision was made to target mainly upper primary children (Age 11-years-plus). These pupils were guided through their rights. Teachers acted as the guardians and custodians of their rights, including those related to informed consent. Effort was made to ensure their anonymity and confidentiality. During the research process, researchers found themselves "caught up" ethical dilemmas some of them emanating from the very nature of participatory methods of data collection that are often personalised to create social interaction sites. For example, at the end of each session, informants were given time to express their views or ask questions. Questions from pupils took a two-pronged approach. On the one hand, some of the pupils would ask factual questions regarding HIV

transmission and infection. On the other hands pupils requested for basic provisions such as food, uniforms, and school bags among other basic items and expected the researchers to have the means to help out. The researchers faced difficulties in deciding on the spot what the most appropriate course of action was.

Presentation of Findings

Local conceptualisation of orphanhood and vulnerability.

The local understandings of the concept of vulnerability as expressed by the research community in study districts revolved around a perceived risk, particularly on orphaned children. Vulnerability of orphaned children, both within and outside the school settings, emerged among the most cited conditions in the study sites. This suggests that there was a high level of social awareness and perhaps empathy with this group of children. Teachers, education officers, community leaders and guardians described vulnerable children as comprising first and foremost an orphaned child who had lost both or one parent. Children from single parenthood, particularly single mothers and those whose parents were divorced or separated were also cited as being vulnerable due to emotional deprivation and material poverty characteristic of these children.⁵ There were also instances of children who were perceived to be vulnerable because their parents were either in prison or unemployed. In both Garissa and Nairobi, children who lived in the streets, because either their parents had abandoned them or they had left their home due to poverty or various forms of abuse, were also vulnerable to the hazards posed by street life. Notably, the list of vulnerable children from the three districts also included disabled children and sexually abused (defiled) girls. In the midst of all these categorisation of vulnerable children, the common denominator that emerged consistently and invariably in all the study sites was poverty. Even as poverty was seen as a cause of vulnerability, it was also seen as an outcome of other forms of vulnerability such as orphanhood and child abuse as implied by one of the teachers from Garissa who said:

For me, a vulnerable child is one from a difficult background for example the pastoralist. Most of them are very poor and they move from place to another. So they are disadvantaged in one way or another. We also talk about HIV/AIDS orphans, the street children's, those who have been abused sexually or something of that kind. These are, to me the vulnerable children; and perhaps also those being used as soldiers. (Garissa, Teacher)

In Bondo, this view was underscored in a similar manner as captured in the explanation from a head teacher:

In my experience, it is not only the orphans who are vulnerable because we have children with both parents but they cannot fend for themselves because the

⁵ In virtually all countries, enrollment of orphaned was strongly linked to household economic status (WB, 2002)

poverty level is high. You find the kids who don't have uniform throughout the year but the parents are there, these are also vulnerable children. (Bondo, Head teacher)

The above descriptions of child vulnerability clearly demonstrate that orphans live in conditions whereby poverty compounds their vulnerability. This understanding and articulation of the relationship between child vulnerability and orphanhood is embraced in the Kenya National Policy on OVC (GOK 2005) which recognises OVCs as:

Orphaned children; children who are abandoned or neglected, child offenders, children infected/affected by AIDS, Child headed homes, living with elderly guardians and children whose lives and circumstances render them especially vulnerable to HIV/AIDS. (GOK 2005, p.15)

This study revealed that often, the kind of vulnerability that OVC are exposed to is directly connected with the nature and form of life they experienced due to lack of safety and protection from family members, guardians or other duty bearers as well as deprivation of their rights as children. In a nutshell, the state of OVC emerges from situations that threaten a child's well-being such as the absence of parents, whether through death or abandonment; abject poverty due to parental/guardian unemployment; or the lack of a source of livelihood as well the experience of physical, emotional and sexual violence. In this context, if schools are to actualise their mandate, as stipulated in the HIV/AIDS Education Sector policy document, they are obliged to institute responsive school based strategies that foster vulnerable children.

Access to care: policy provisions and implementation challenges

Every child, regardless of whether he or she is infected with HIV affected by HIV/AIDS, is entitled not only to an education, but also to care and protection just like any other child. According to the 2004 HIV Education Sector Policy:

All infected and affected learners...have the right to access holistic care, treatment and support in line with available resources. The education sector will work in partnership with agencies offering support and care, including institutions, communities and private and public health care systems. (p.11)

While the policy statement acknowledges that OVC have special needs, it quickly suggests that sectoral support may be necessary in enabling the education sector fulfil its mission through effective resource mobilisation strategies. Findings from this study suggest that the inclusion of such clause, namely "*in line with available resources*" contributes to continued difficult circumstance for OVCs where they lack basic amenities of life, including care and protection. As a consequence, the children are also deprived of life chances including quality education and the accrued future benefits.

In Bondo, for example, the majority of orphans in the study lived with relatives. Out of these, 40% were identified as grandmothers while "other relatives" turned out to be benevolent neighbours who offered the OVC food and shelter. In such instances, the education sector did not seem to have any knowledge of how a policy statement such as

the one governing their sector could be linked to the lives of the OVC and their families.

The situation was not different in Nairobi where, according to teachers and guardians, OVCs in school and at home appeared depressed. They reportedly did not mix with other children and often exhibited learning difficulties in class. According to one teacher, the children seemed depressed not just because of their orphan situation but also because the consequences of orphanhood often attracted physical and verbal abuse from some guardians and community members who knew that the children lacked a protector and were hence, vulnerable.

In Garissa, narratives regarding the lives of OVC reflected those from Bondo and Nairobi. One of the local proprietors of a children's orphanage explained:

The children (OVC) have a lot of problems. Their parents are dead either one or both and have no one to take care of them or their educational needs and their entire social needs. That is why young Muslims organization set this orphanage up in order to cater for such needy children. We cater for all their need, educational, social. (Garissa, Proprietor, Orphanage)

The policy document acknowledges that psychosocial counselling is a vital prerequisite for orphaned children's well being. The field data showed that teachers and guardians offered this support. Both groups complained of lack of specialised skills to deal with the trauma of the orphans. One teacher articulated thus:

We do not have materials for that skill (handling OVC). The courses we have attended are not enough to equip us. Somebody handling HIV/AIDS should also undergo a course in guidance and counselling. You might not know the appropriate way of action or approach. You might approach it in a way that will put the children off. So they will not tell you what they are suffering from. We need more training to handle these orphans. (Bondo, Female teacher)

While children are entitled to quality education on an equal basis regardless of their material circumstances or natural state, the teachers also need the relevant capacities-intellectual and practical- that would enable them perform their duties conscientiously and in a sensitive, reflexive and responsive manner. This means that the teachers need to, not only understand the policy guidelines but also be conversant with the right curriculum content and the appropriate pedagogical skills.

Practitioner's experiences with the HIV/AIDS education sector policy

The HIV/AIDS Education Sector Policy provides guidelines for education practitioners by

Formalising the rights and responsibilities of every person, directly or indirectly, in the education sector with regards to HIV and AIDS; the learners, their parents and caregivers, educators, managers, administrators, support staff and civil society (pp.5-6).

In this regard, it was deemed vital to establish selected educators knowledge and understanding of the sector policy document given they are one primary group expected

to propel its implementation.

While all the head teachers in Bondo were aware of the policy document, with some possessing a copy, the ones in Nairobi and Garissa had never seen it. Variations in levels of document possession in Bondo were affected by proximity of the schools to the headquarters with schools furthest from the DEOs office not possessing the policy documents. However, there was convergence in the findings with regard to teachers' knowledge of the policy document. All teachers interviewed had never heard of or seen the document, implying a communication lapse.

Only one head teacher in the study sample confessed to have taken the time to read the policy and his interpretation of the document is used as basis for analysis. According to Teachers Service Commission, the national organ charged with employment of teachers in public schools, head teachers are allowed to give teachers only two hours to be away from school. Any longer absences should formally be recorded in the "causality book". Infected teachers, especially those with opportunistic diseases were frequently absent from school. Periodic absenteeism of HIV positive teachers, if reported, could compel the teachers to seek a sick leave in which they would be on full pay for the first three months, half pay for the subsequent three months, and therefore after be removed from the pay roll. This regulation raised an ethical dilemma for the head teachers because proper implementation of regulations could lead to devastation and early death because infected teachers need their salaries for sustenance and to complement their treatment. It was reported that the Policy document (Section 9) had considerably eased personal decisions school administrators had to make with regard to teachers who are HIV positive and ailing. As the head teacher asserted: "*the policy book gives me power to have a humane face when dealing with infected teachers*" (Bondo, Head teacher). This notwithstanding, this teacher recommended for an expansion of powers to enable head teachers respond effectively to infected teachers. He reasoned:

You will find that some teachers have died because of stress related conditions emanating from school administration inability to help them (Bondo: head teacher)

The policy document is categorical that:

All education sector educators, managers, administrators, support staff, employees and job applicants will not be discriminated against in access to or continued employment (p.24).

The Teacher Service Commission regulations, which are supposed to guide the head teacher in teacher management, still apply with regard to the HIV positive teacher, thus indicating a policy conflict in interpretation of the HIV/AIDS education sector policy and general teacher regulations.

The other area that school administrators have failed to receive guidance from the policy document is regarding infected children. There is only one main reference to infected children which states:

Learning institutions should be flexible in their programmes, whenever possible,

to accommodate the needs of the children who are infected (p.22).

This generic statement leaves the treatment of infected children at the mercies of the school administration. A head teacher who had infected children in his school remarked:

It (policy) does not cover the child much. It only covers the teachers and accepting that the teacher should be accepted irrespective of his status. It talks of head teacher not to reject teachers by just looking at their face, which states that he is positive. It is only in a certain sector where it is indicated that a child who is infected, should not be rejected (Bondo, Head teacher).

In view of this, decisions reached regarding infected children were on a personal basis. The rights of infected children while in school are therefore dependent on the presence of empathetic teacher figures.

Navigating schooling and basic survival needs

Children in need of food

Interviews with OVC as well as analysis of the essays that they wrote and the sketches they drew reflecting their lives revealed their daily encounter with poverty seemed to be part and parcel of the condition of orphanhood. Most of them survived without regular meals. This had spiral effects in that it made them to seek food – sometimes child labour -and eventually missed school and under-performed or even dropped out of school as a final consequence.

Many of the children explained that they often had one meal in the evening but survived without breakfast and lunch. The lack of food had negative effects on the child's well-being, school participation and performance as was evident from the children's narratives.⁶ A Class 7 girl from Bondo explained:

If you miss lunch, even in the evening when we are going back to preps, you cannot read, you just see darkness (Bondo, girl).

According to the teachers, lack of adequate and proper nutrition seemed to correlate with low levels of concentration, recurrent illnesses and chronic absenteeism observed among most of the OVC. This also resulted in poor performance in schoolwork, which often led to low chances of transiting to secondary school. Notably, even with a clear policy statement on the issue of nutrition, there was no evidence that the study schools had responded appropriately. According to policy:

All learning and training institutions and workplaces will promote the role of nutrition and food security for positive living. When the need arises, they will facilitate access to nutrition and feeding programmes and promote feeding programmes. (GoK 2004, p.20)

In view of this policy statement, the onus of responsibility to feed children while in

⁶ Demographic and household survey data from 12 countries in Africa and Latin America found that participation in schooling was consistently lower for children who had lost both parents (WB, 2002; UNAIDS 2000a). In Burkina Faso, Côte d'Ivoire, and Kenya double orphans were substantially under enrolled in school (WB, 2002)

school lies squarely on the education sector in general and the school in particular. Schools seemed to be well-placed to negotiate with civil society organisation, local leadership and government for food solution such as the school feeding programme.⁷

Children in need of clothing

Orphaned children had difficulties obtaining school uniform.⁸ Despite government statements to the effect that no child ought to be denied access to school on the basis of clothing, the reality of not having tidy school uniform becomes a basis for the construction of children's identities as either "poor" or "rich". Being labelled as coming from poor family background creates a difference whose impact may have considerable psychological bearing on young children, more so if they happen to be orphans with hardly any dependable guardian. For OVC, lack of uniform tended to compound their exclusion from pupil-pupil interaction, leading to withdrawal and reduced stimulation for learning. In this context, school uniforms become an issue of concern. As a source of human dignity clothing, particularly school-related would greatly enhance the inclusiveness and level of school participation among the OVC.

Children in need of protection

The study revealed subtle forms of exploitation, which often took the form of work overload in the domestic arena. An examination of household chores that were undertaken by children in the study sites on a typical day portrayed a glaring difference between the engagements of OVC and non-OVC. A schoolgirl from Garissa whose mother had died narrated her typical day as follows:

From the time I usually wake up in the morning, I cook porridge for my six sisters and prepare them for school although I wake up at 5.00 pm. When I finish school I go home and start doing my severe work. I have got a lot of work for example I fetch water, when I finish I usually start preparing supper and wash clothes for the children... My father is a very good parent but he gives me a lot of work. I got this work when my mother died on January 3, 2004. (Garissa, Girl)

Where both parents had died, most OVC engaged in child labour. They spent their time at home looking after their siblings, running errands or performing chores like cleaning, cooking and washing clothes. In Garissa boys operated transport business using the "border-border" (bicycle taxi). These children had little or no time or energy left for their school assignments, which resulted in their poor performance. In this context, many OVC accused teachers of being insensitive to their plight.

They (teachers) give you homework in maths, home science, CRE, so you fear... may be you have textbook in only one subjects; those others you don't have, so

⁷ If areas prone to periodic droughts and famine can benefit from the nationally propelled SFP, it seems logical to suggest that all schools that enrol children from impoverished backgrounds and particularly orphans; be they in districts such as Bondo or Garissa and Nairobi, need to benefit from the SFP as a way of ensuring children's rights to food and by extension facilitating them to learn just like their more privileged peers.

⁸ Save for non-formal learning institutions, all schools have a recommended uniform dress, which serves as an identity symbol in terms of school and gender.

you decide when you get to school, you say teacher, I didn't do your homework because I didn't have books and he says, " I don't care when I give work, I want to see it done, I want my work to be done." If you don't finish he beats you. (Nairobi, Boy)

School administrators offered examples of how they tried to accommodate OVC and enhance their learning. In one slum school in Nairobi, there is an arrangement for children to come to school early to do their homework due to lack of space, privacy and concentration at home. As the head teacher explained:

Some of them (parents) are *chang'aa* (brand of illicit brew) sellers, so they don't have that space where they can do their studies. We have taken time off to remain behind. They work under the duty teachers' supervision so that they can finish their work. (Nairobi, Head teacher)

Although the Ministerial stand on school provisions is that no child should be denied education on the basis of these, the psychological discomfort the children go through calls for an urgent intervention on a praxis level.

Children in need of healthcare

Regarding health, the Policy document states that "the education sector will establish partnerships with other line ministries and service organisations to facilitate access to treatment and related services" (p.19). Access to health care in the country is weak and children, particularly those in vulnerable situations, tend to suffer relatively more. One teacher observed that:

Whenever they (orphans) are sick they are not taken to hospitals. A pupil may stay in school being sick and if you ask them why and they do not confess that they were not given any drug. This is because their parents could not be able to provide. (Bondo, Female teacher)

The findings indicate that the Ministry of Health (MoH) is almost absent in the schooling process. Hence, schools have initiated partnership with service organisations to offer medical support and treatment. The organisations identified turned to be small, some with only one full time employee. However, they claimed to reach a wide population of up to 500 children. Given the limited capacity CBOs/NGOs have, they can only serve a small sphere effectively and it is likely that served the communities infrequently, thereby reducing the overall impact. This is clearly a challenge for greater sectoral collaboration between the MoH and the MoE.

Schools and communities in the lives of HIV positive children

The experience of one school in Bondo that admits infected children and gets support from a local CBO helps to provide pertinent insights to this study. It was clear that issues of isolation, confidentiality and right to information raised great concerns to both the school and the child's guardians or parent figures.

Firstly, *isolation* of HIV infected children was a basic concern. Isolation created

anxiety for the affected child especially when it happened in school. Students and teachers reportedly avoided close proximity with sickly looking HIV infected children due to fear that they could contract the “disease”. However, when the physical symptoms disappeared the isolation also ceased.

Secondly, *confidentiality* of information related to HIV-infected children was a cloudy area. The adult community confessed that they did not know how to develop a relation of confidence with the child. In one school, however, it was only the head teacher and the doctor who attended to the children knew their HIV status. It was reported that the children’s guardians preferred not to know. This situation illustrates a dangerous idea of confidentiality.

The third concern raised related to the *right of information* among the HIV-infected children. The older the children get, and especially as they approach the adolescence stage, the more they need access to correct information, knowledge and pertinent skills to deal with their HIV status. It was clear that appropriate knowledge and skills were not systematically delivered to the affected and infected children. In one exemplary case, a 14-year-old girl who was HIV positive and whose guardian was convinced did not know her status boldly asked the health assistant during her periodic hospital examination what her CD4 count was. Clearly the girl has been left to discover for herself the reasons for her periodic medical examination and regular medication.

Instructively, because many of the school practitioners did not have explicit guidelines on how to respond to, care for and handle infected children, they lacked the capacity to address some of the issues raised regarding isolation, confidentiality and right to correct information, knowledge and pertinent skills.

Reaching the OVC: community goodwill and impact of government plans

It was evident from the findings that a number of individuals (teachers, relatives and neighbours) and institutions (schools and community based organisations -CBOs) had come to the aid of orphans. The aid given was in terms of basic provision of food, clothing, medication, paraffin, and accommodation among others. More assistance came in the form of skilled guidance such as processing of bursary forms, exemption from paying school levies, information, counselling and therapy and secondary school sponsorship. For example, a CBOs in Bondo helped to process OVC bursary application forms to the Constituency Development Fund (CDF).⁹ This was a vitally important form of help because previously, some OVC had been locked out of the bursary consideration due to incomplete applications.

The Free Primary Education plan had considerably eased the school requirements

⁹ This fund was started in 2004. It is one of the decentralised forms of fund allocation to each constituency who are then free to spend it as per the local priority needs. In the 2005/6 budget allocation each constituency received between Ksh. 10 -56 million. At least 5% of this fund is expected to cater for education needs. In Bondo district, it was clear that needy children had benefited from sponsorship to secondary schools.

making school access a possibility. This links favourably well with the newly introduced Free Secondary Education that offers tuition waiver. The new dispensation in the education sector is bound to ease the education deprivation of the OVC if they are tracked and their needs assessed accordingly. At the time of this study (2005-2006), the uncertainty surrounding secondary school progression often pre-occupied the children's minds, derailing them from the core business of learning. The fact that they had witnessed case examples of children who had repeated Class 8 due to lack of secondary school fees, or girls who had been married off, or boys who are working as labourers served as disincentive to schooling and more so to quality performance.

Teaching and learning: HIV/AIDS education in the context of OVC

The Policy document (Section 7) identifies learning institutions as key in educating learners on HIV/AIDS, be it through the formal or co-curricula activities. The existence of the HIV/AIDS education syllabus bears witness to the government's commitment. This is despite the fact that the teaching policy has shifted over time from considering HIV/AIDS as a subject on its own, then introducing it as an infused subject in career subjects that include Science, Maths and CRE and eventually leaving teachers to integrate it in other subject areas.

The current expectation of the MoE is that HIV/AIDS education ought to be infused in all subjects. Teachers confirmed their efforts to infuse and some classroom observations corroborated this. Pupils further affirmed that HIV/AIDS education was often taught albeit in haphazard and unsystematic ways. They indicated that sometimes, teachers would teach frequently, even daily, while ignoring the subject for a week. In this regard, it is noteworthy that learners in all the study schools were able to reel off facts with regards to definition, causes, symptoms, prevention and effect of HIV/AIDS. The fact that many children, especially in Bondo district, have experiential evidence of the HIV pandemic may explain the relatively high level of cognitive knowledge HIV/AIDS.

The classroom observation revealed that the preferred method of teaching HIV/AIDS in upper primary classes, in Bondo district, was via discussion and explanation. In both Nairobi and Garissa, the didactic approach of question-answer was preferred. Among the younger children, interactive methods, such as use of songs, poems, drawings and role play was used. One female teacher exemplified her lesson on HIV infection, saying:

To reinforce it (learning) I used role-play. I acted as the sugar mummy and there was a boy. I was healthy and I gave that boy a lot of money and eventually infected the boy. Going out of class showed that I went to have sex with the boy. Eventually the boy died. So the message was that I could be healthy and still pass the disease to you. They accepted that it is there. (Bondo, Female teacher)

Table The content of some of the songs used in HIV lessons

AIDS is a killer disease, It killed mum and dad, It killed brothers and sisters My friends and everybody AIDS has no cure.	Let us talk to the world about this deadly monster It is killing everyone...We have to react When the old are going when the rich are going of course We have to react, to react AIDS is a disaster. ...AIDS is a killer disease Respect yourself respect yourself ...AIDS is a killer disease..
Source: Classroom Observation	Source: Pupils FGD 22, Bondo

The prevailing approach in teaching HIV, as the songs show in the above Table, is to present it as a killer disease, thus presenting HIV/AIDS education in a fatalistic manner, rather than a hope inspiring subject. In all interviews and FGDs with pupils, discussions on HIV education followed the same fatalistic theme as demonstrated below:

We are taught that AIDS is a killer. AIDS is one of the powerful diseases and that there is no cure for it and you must protect yourself from HIV/AIDS. (Nairobi, Boy)

HIV/ADS education was however not delimited to formal classroom instruction. All the study schools used complementary out of class approaches. For example, some of the schools had designated open day forums presided over by guest speakers. HIV/AIDS education club meetings were also evident as weekly activities. In Garissa, in particular, a mobile donkey library was further cited as having provided learners with a variety of books, including AIDS education pamphlets that learners borrowed. Informal HIV/AIDS education was reportedly present in the study communities. For example:

At home, there are these people who walk around and have AIDS. They can just stand even under a tree and start talking and sometimes we go there to listen to what they say. (Bondo, boy)

The informants gave examples of perceived impacts of the HIV/AIDS education in three areas. Firstly was notable *behaviour change* in terms of reduction in schoolgirl pregnancy and pupil-pupil relations. Most pupils recommended “chilling” (abstinence as the best method of HIV prevention. Secondly, was *increase in awareness* on the plight of OVC and more responsive action from teachers and the wider community and, thirdly, there was evidence of activism where learners claimed to be emissaries of HIV information to their parents and communities. The positive change was attributed to both in and out of class activities. The latter included the role of clubs such as the “Gender club”, “Child Rights” and “Health club”. Children who were members in these clubs not only had added information but also portrayed skills of assertiveness that was a potential facilitator in decision-making.

Conclusion and Policy Implications

The HIV/AIDS Education sector policy is categorical on the need to offer rights and services especially to vulnerable communities. However there are certain gaps in terms of translating this policy into reality and instituting mechanisms of ensuring that teachers, learners, parents and the school community at large understand the children's rights as articulated in the policy. The study has demonstrated five implementation gaps of the 2004 HIV/AIDS Education Sector Policy. Firstly, because of their condition, and the lack of social responsibility on the part of the schools and communities, many orphaned children are not able to exploit their full potential in schooling due to lack of basic provisions such as food, clothing and medication. Secondly, the sector policy has left the provision for OVC to be "in line with available resources" (p.11). Thirdly, while the policy document is clear that it is the education sector that will initiate contacts with various line ministries or organisations, the findings show that it is organisations and concerned head teachers who have taken it upon themselves to seek solutions regarding the plight of OVC in the schools. Fourthly, while the policy is clear that schools are responsible in the institution of services like feeding programmes, it was found wanting in many of the schools in the study. Finally, the policy is silent on core concerns of the OVC, namely, how to treat infected children, provision of psychosocial support of the OVC guardians, especially grandmothers; protection of OVC with regard to their family connection and the likelihood of further orphanhood.

Generally, the findings reveal that most of the education practitioners have low or non-existent knowledge of the content of the policy document. Personal initiative and interest played the biggest role in determining those who had educated themselves. While the policy provided guidance on how to treat teachers who had HIV infections, the issue of frequent sick leave seemed to contradict the laid down rules by the employer, Teachers Service Commission. However, it was notable that the policy allowed for the human face to prevail in the case of ailing teachers. Guidance on how to deal with infected pupils was lacking resulting in school administrators using a variety of personal decisions.

The findings confirm that teachers are knowledgeable on the MoE preferred approach of infusion of HIV/AIDS education. While infusion is possible in all subjects, it seemed more easily applied in certain subjects like Science and CRE. Learners openly preferred HIV education in Science, which sought to explain as opposed to CRE that stressed on moral issues. There was evidence that HIV/AIDS education was not limited to classroom instruction but embraced club and other non-formal activities.

In view of the findings and ensuing conclusions, the following recommendations are made:

- Capacity building of education managers and teachers should be addressed with the aim of facilitating full implementation of the policy
- Locate the OVC at the core of planned school response such as the School Feeding Programmes.

- Make current policies and provisions such as the free primary and secondary plans responsive to children who are orphaned
- Harmonise the TSC regulation on ailing teachers with that of the HIV/AIDS education Sector policy.

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