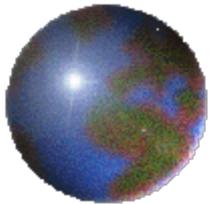


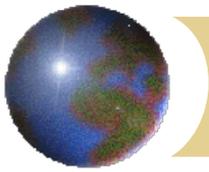
*Achieving EFA Goals through Quality
Basic Education for OVCs: A study of the
Implementation of the HIV/AIDS
Education Sector Policy in Kenya*



The Research Findings:
Bondo District

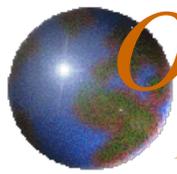
Presented at the AA Dialogue hosted by
Makerere University, Kampala

15th November, 2006



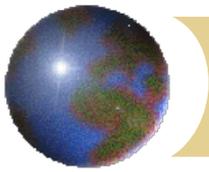
Presentation Profile

- ⊕ Introduction
 - ⊞ Background
 - ⊞ Objectives of the study
- ⊕ Methodology
 - ⊞ Study design
 - ⊞ Informants
 - ⊞ Research Experience
- ⊕ Research Findings



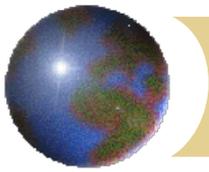
Orphans: The Scale of the Crisis

- ✦ SSA accounts for 10.4% of world's population, but 71.3% of all HIV infection and 78.6% of AIDS orphans
- ✦ Before AIDS, 2% children orphaned
- ✦ By 2000, 12% orphaned in Africa
 - ▣ Compared with 6.5% in Asia, 5% in Latin America
- ✦ By 2003, 15 million children under 18 orphaned worldwide. About 12 million live in sub-saharan Africa.
- ✦ Projection by 2010 – 18 million orphans



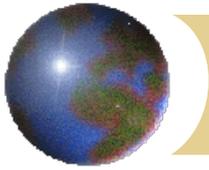
HIV/AIDS in Kenya

- ✚ Population in Kenya is 32 million of whom 13.5 million or 43% are children under 14 years
- ✚ By 2004, HIV prevalence rate was 6.7% (9% women, 5% men)
- ✚ Approximately 2.5 million adults and 220,000 children (under 14) live with AIDS

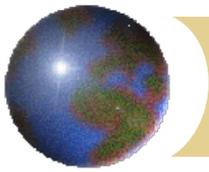


Orphanhood in Kenya

- ✦ By 2001, 1,659,000 orphans
 - ✦ 12% of all children
- ✦ 892,000 (or 54%) had been orphaned by AIDS
- ✦ Projection: By 2010, there will be 2,099,000 orphans of whom 73% will be because of AIDS
- ✦ In Sub-Saharan Africa, Kenya ranked
 - ✦ 5th After Zimbabwe, Botswana, Zambia and Swaziland in terms of Orphans due to AIDS as % of children
 - ✦ 4th after Nigeria, Ethiopia, DRC Congo in terms of having highest numbers of orphans due to AIDS

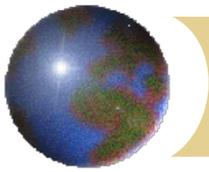


- ❖ Key concern as regards education is the impact of HIV/AIDS on the quality of basic education provision and the achievement of EFA objectives



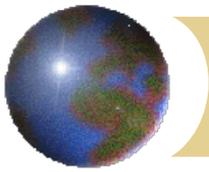
Current Government Response in Policy Making

- ✦ 2005-2010 National HIV/AIDS strategic plan



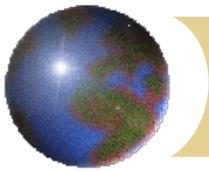
Education Sector Policy on HIV/AIDS

- ✦ Under the HIV/AIDS strategic plan, the MoE is mandated to mainstream HIV/AIDS education into the school curriculum in order to curb the spread of AIDS to young people and children
- ✦ Education viewed as a social vaccine to save the nation from further infection
- ✦ In 2004, the Education Sector Policy on HIV and AIDS is issued



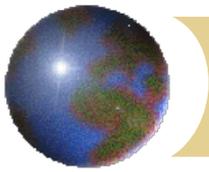
Guiding Principles

- ❑ Access to education for all including OVCs
- ❑ Access to relevant and factual information
- ❑ Equality of rights to education, responsibilities and opportunities
- ❑ Privacy and confidentiality
- ❑ Access to care, treatment and support
- ❑ Safe workplace and learning institution
- ❑ Gender responsiveness
- ⊕ Under “support an care” teachers supposed to care, educate and provide psychosocial support for OVCs



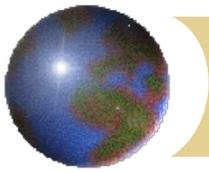
The Research Problem

- ✦ There are apparent gaps in the HIV/AIDS Education Sector Policy with regards to empowering teachers to respond to the needs of OVCs in pursuance of EFA Goals



Research Objectives

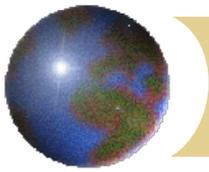
- ✦ Identify gaps in the current policy on HIV/AIDS Education sector policy with regards to OVCs
- ✦ Establish how education practitioners interpret the policy in relation to life skills education
- ✦ Analyse school level practices related to the teaching of HIV/AIDS education
- ✦ Explore how OVCs compared with other children experience schooling
- ✦ Examine teacher preparedness to teach HIV/AIDS and life skills education



Methodology

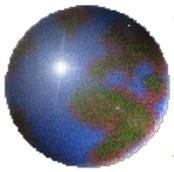
✚ Study Design

- ✚ Case study methodology
- ✚ Central and focal point of study the child
- ✚ Multi site strategy
- ✚ School entry point
- ✚ Study fell within the qualitative research paradigm

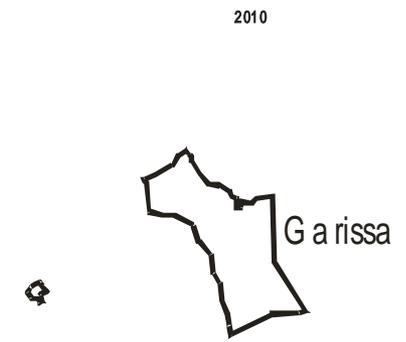
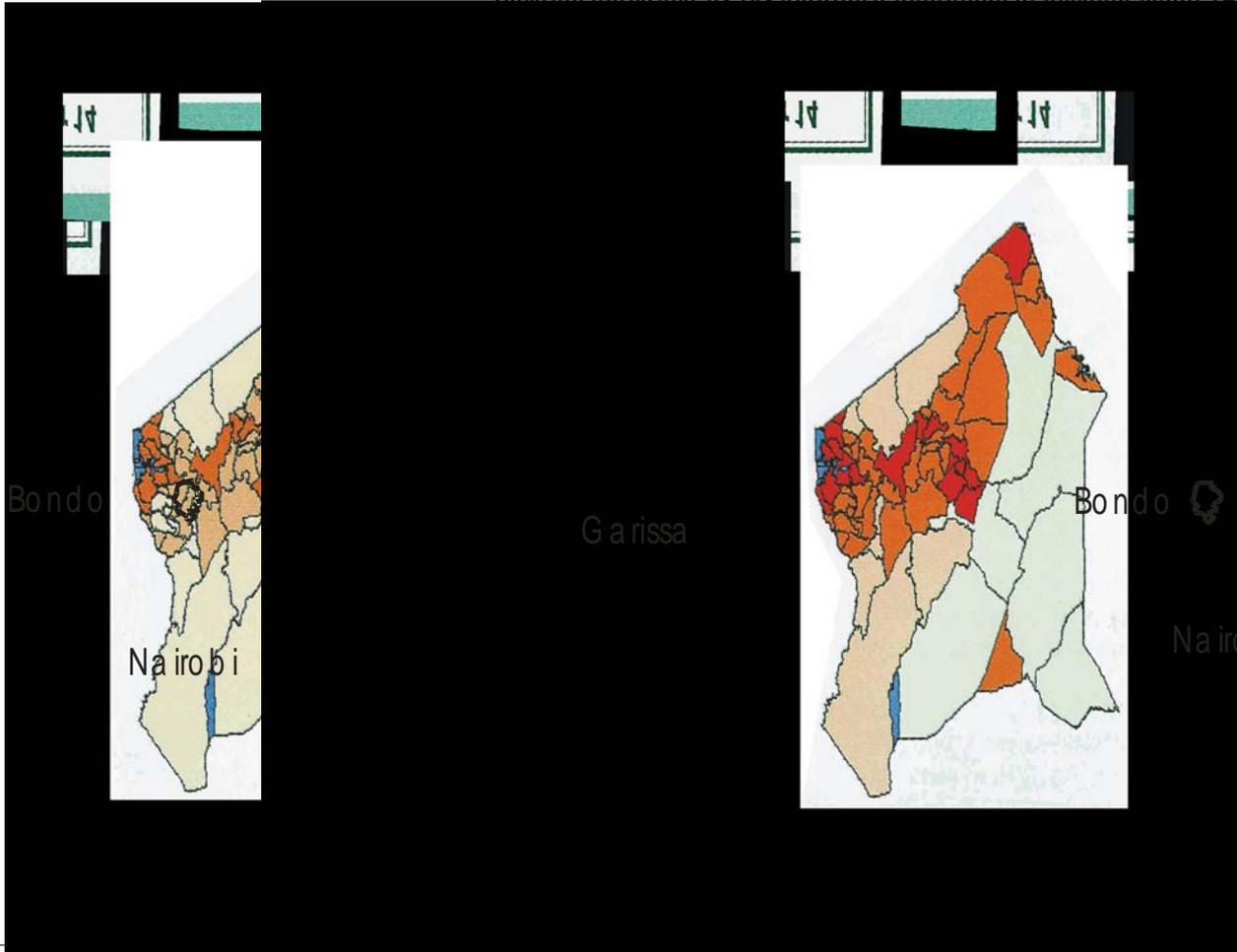


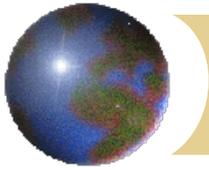
Study location

- ✚ North Eastern Province: Garissa district:
 - ▣ Low prevalence
- ✚ Nairobi Province
 - ▣ Capital city, heterogeneous population
- ✚ Nyanza Province: Bondo District
 - ▣ High prevalence



Children orphaned by HIV/AIDS as a proportion of children under 14





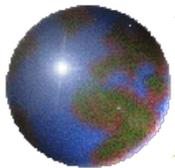
Bondo District: The Study institutions

- ✚ 4 Primary schools:
 - ▣ Bondo Township (urban)
 - ▣ St. Lazarus (urban)
 - ▣ Namonye Pri (Special unit for physical disabled)
 - ▣ Otuoma Pri (situated near the lake)
- ✚ 1 Teacher training college
 - ▣ Bondo TTC



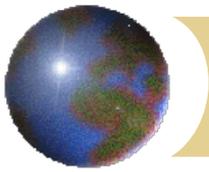
Bondo District learner Population by Gender and Orphanhood

Institution	Enrolment		Total Orphans		Partial orphans		Total No. of Orphans	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
ECD	6656	6624	1672	3411	1320	2221	2992	5623
Primary	37328	36215	8421	11243	7853	9245	16274	20488
Secondary	5833	3710	733	654	1605	1113	2338	1767
Sub-Total	49817	46549	10826	15308	10778	12570	21604	27878
Grand total	96,366		26,134 52.8%		23,348 47.2%		49,482 51.7%	



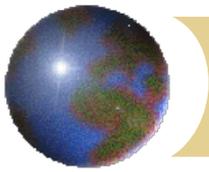
Study Primary Sch. Statistics summary

Institution	Pupil Population		Orphans and Disabled			Teachers		Teacher: Pupil Ratio
	Female	Male	Partial	Full	Disabled	Female	Male	
St. Lazarus	354	318	154	75	15	11	03	1:48
Bondo Township	443	384	171	80	-	15	05	1:44
Namonye Primary	304	267	137	53	32	04	05	1:63
Otuoma Primary	145	138	206	79	2	06	05	1:26
Total	1255	1107	668	287	49	36	18	1:42
%			28.3%	12.2%	.02%			



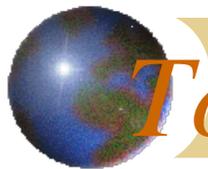
Institution Summary

- ✦ 4 primary Schools studied
- ✦ School Summary
 - ▣ Teacher: pupil ratio 1:42
 - ▣ Female enrolment 53%
 - ▣ Orphans 40.5%
 - ▣ Challenged .2%



The Informants: Pupil Summary

- ⊕ F: 38, M: 34 =72
- ⊕ 22 or 31% partial orphans
- ⊕ 39 or 55% full orphans
- ⊕ 10 or 14% have parents
- ⊕ 10 or 14% live with their parents
- ⊕ 20 or 28% live with a parent (mainly mother)
- ⊕ 42 or 58% live with extended family

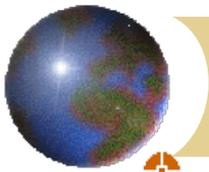


Total Informants: Bondo District

✚ Pupils: 72
(44%)

✚ Others: 92
(56%)

	Female	Male	Total
Pupils	38	34	72
Teachers	18	14	32
T.Trainees	11	10	21
Tutors	3	3	6
Head Teacher	2	2	4
Guardians	2	2	4
Community	7	13	20
Heads of orgs	-	3	3
Ed. officer	1	1	2
Total	82	82	164



Research Instruments

✚ Pupils

- FGD Guide
- Interview guide
- Essay Writing
- Drawing

✚ Teachers

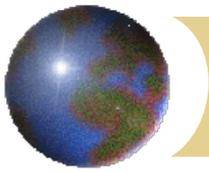
- Interview Guide
- Interview guide for HT
- FGD guide
- Classroom observation followed by interview

✚ Other FGDs Guide

- Teacher Trainees
- Community

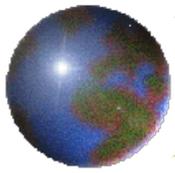
✚ Other Interview Guide

- Care Givers
- Education officers
- Heads of organisations



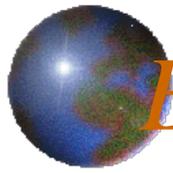
Researching with Children

- ✚ Sensitivity in identification and selection
 - ▣ Voluntary
 - ▣ Children informed that they have a right to stop process when they feel like it
 - ▣ Session followed 3 step pattern
 - Participation in drawing or essay writing
 - FGD
 - Interviews with orphaned children
 - ▣ First day more of rapport building

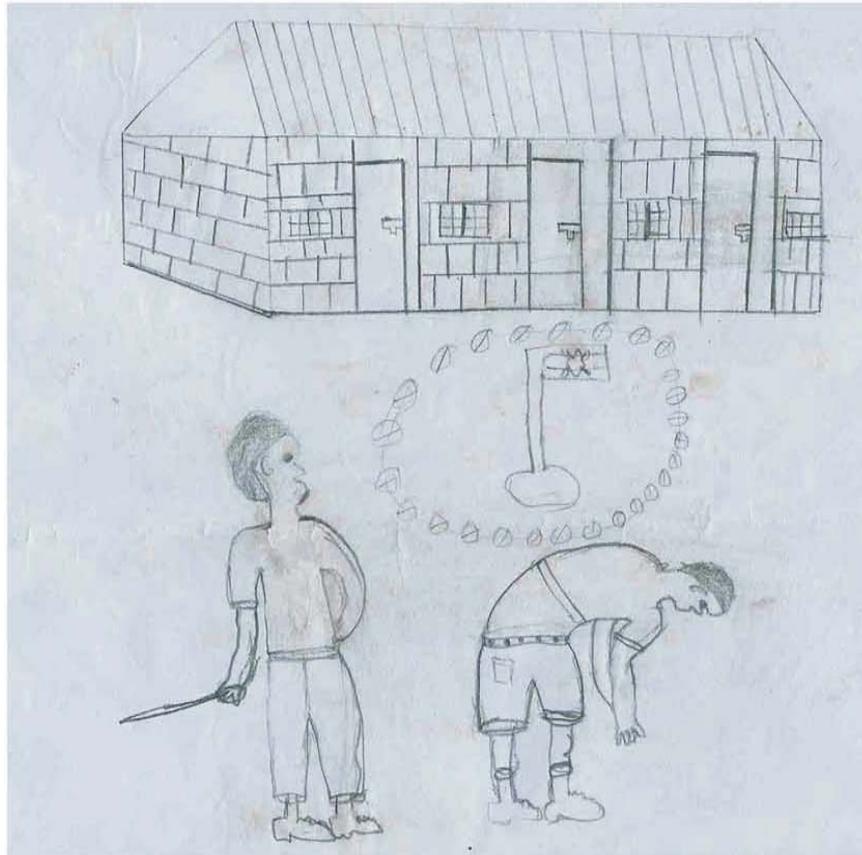


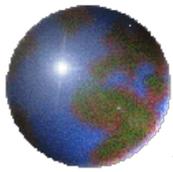
Bullying, 14 year Old male





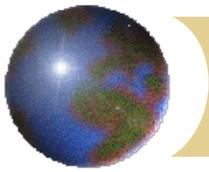
Brother being beaten, 14 year old girl





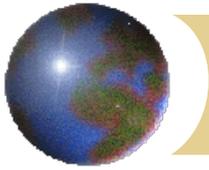
Research experience and Lessons Learnt

- ✦ Use of drawing: Has dual advantage: children enjoy the activity and Good in drawing out issue
- ✦ Interviewing children: Can be tedious. Verbalising experiences not often easy
- ✦ Specific requests for assistance by learners
- ✦ Request for details on HIV/AIDS
 - ❑ Mosquitoes and spread of AIDS
 - ❑ Mother to Child transmission
 - ❑ Transmission via saliva
 - ❑ Lesson: Be prepared



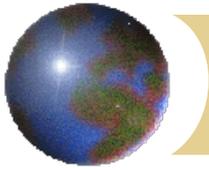
Analysis and Presentation of the data

- ✦ Information captured via tape
- ✦ 52 transcripts analysed
- ✦ Used MAX qda for descriptive data
- ✦ Excel for statistical data
- ✦ "voices"



The Findings: Themes

- ✦ OVCs: School experiences and policy implications
- ✦ HIV/AIDS Education Sector Policy: Practitioners Understanding
- ✦ Teaching of HIV/AIDS Education
- ✦ Teacher Preparedness



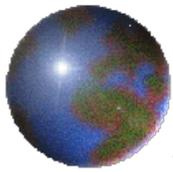
Who is an OVC?

✦ Perceptions an orphan

- ✦ a child without either or both parents
- ✦ from a single parent
- ✦ Absentee parents

✦ Vulnerable children

- ✦ those undergoing financial or psychological problems
- ✦ those whose parents had been imprisoned
- ✦ Parents are unemployed
- ✦ those from divorced or separated homes
- ✦ girls

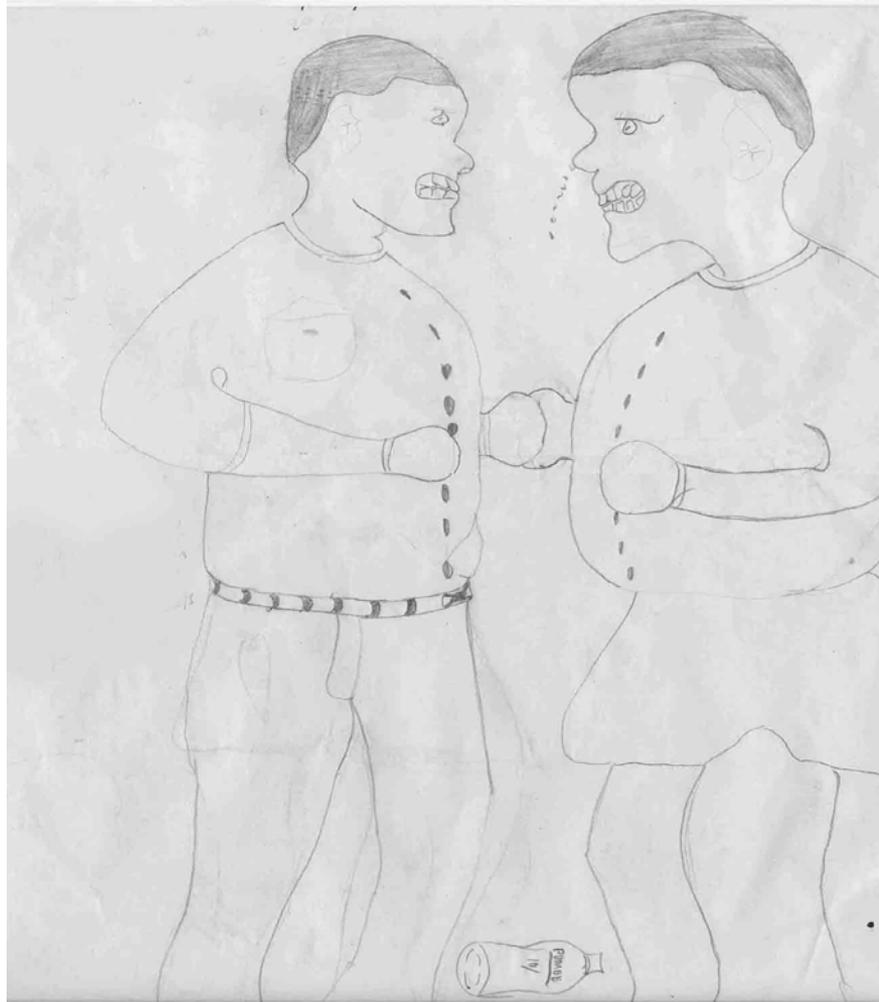


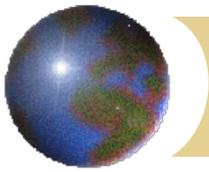
Comparing definition:

- ✦ In agreement with National Policy on OVC
- ✦ Vulnerable children from unstable socio-economic backgrounds
- ✦ Important not to ignore Vulnerable children from homes with both parents, and salaried (stable economically)



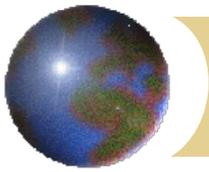
Parents Fighting: 14 year Old Male





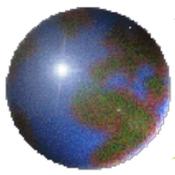
Being Orphaned

- ❖ Evidence from Children's Narration:
 - ❖ "Serial Orphans": When one guardian after another dies
 - ❖ Repeated tragedy: Loss of parents and siblings
 - ❖ Insensitivity of adult community: Do not inform, or talk with child about death
- ❖ POLICY acknowledges need for psycho-social support. No evidence of any being given
- ❖ Policy Gap: Need for "home assessments" to protect orphans from repeated orphanhood experiences



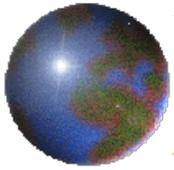
Grandmothers as guardians

- ❖ Most cited as perpetrators of verbal/psychological violence to orphans
- ❖ Stressed by new role as primary caregivers
- ❖ POLICY GAP: Need to be considered for psycho-social support mechanisms



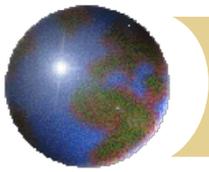
Care, Treatment, Support: The Policy

- ☉ “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” (P11)



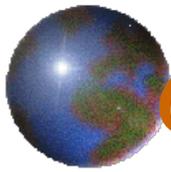
The Findings

- ❖ Lack of food.
 - ❖ “Morning you can reach here, even if you are reading you cannot think...sometimes you are tired, dark you cannot read. If you miss lunch, even in the evening when we are going back to preps, you cannot read, you just see darkness...all...” (Bon: Girl 28-2006)
- ❖ Lack of uniform; Results in feelings of exclusion
- ❖ Medical needs
 - ❖ “the education sector will establish partnerships with other line ministries and service organisations to facilitate access to treatment and related services” (P 19).
- ❖ Weak health care system. NGOs helpful



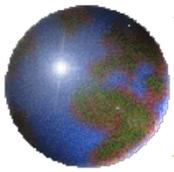
✚ Psychological/Emotional needs

- ✚ Easy to ignore in the face of more physically obvious needs
- ✚ HIV label and stigma. Learners prefer not to identify as orphans and do not apply for bursaries
- ✚ Main onus lies on teachers and guardians
- ✚ Lack the skills to deal with emotionally scared and traumatised children
- ✚ Guardians resorted to “spiritual nourishment”
 - “So they will believe that we pray the blessing of God will always fall upon you and then you will be blessed you will not suffer anymore. So they believe that way” ((Bon: CG Female 45-2006).



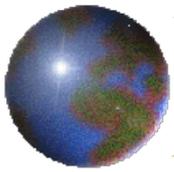
Gendered differences

- ❖ Social role allocation results in difference experiences
- ❖ Girls more vulnerable to forced marriage, sexual violations
- ❖ Orphaned girls need special mention in Policy document
- ❖ Gender neutral referencing may result in their special circumstances being overlooked.



Infected Children

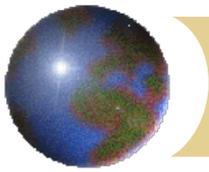
- ❖ Section 9 devoted to HIV/AIDS in the work place. Wording targets adult population
- ❖ No specific statements on infected children. Practitioners therefore “use their experience”
- ❖ Issues
 - ❖ Isolation especially when ill
 - ❖ Confidentiality: Who ought to be privy to the child’s status?
 - ❖ Informing the child: Who? When? How? Where?



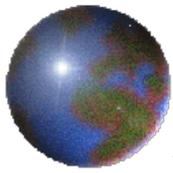
Conclusions and Policy

Implementation Gaps

- ❖ OVC may not exploit full potential in schooling due to
 - ❖ Lack of basic provisions like food, clothing medicine
 - ❖ Psychosocial support
 - ❖ Secondary school progression prospects
- ❖ Gaps in Policy Document
 - ❖ Statements on infected children within learning institutions
 - ❖ Psychosocial support for Guardians, especially grandmothers
 - ❖ Protection of OVCs e.g. institution of home assessments to reduce possibility of serial orphanhood
 - ❖ A more gender specific wording to ensure that gendered concerns are addressed

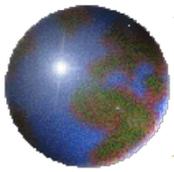


- ❖ Non proactive education sector, and back up of cautiously stated statements (e.g. in line with available resources) has resulted in ad hoc services to OVC
- ❖ Measures MoE needs to undertake:
 - ❖ Take lead as identified in Policy document
 - ❖ Planned and holistic approaches e.g. SFG to OVC, FPE kitty responding to special needs
 - ❖ Institution of Free Secondary Education for deserving communities
 - ❖ District based responses



The Policy: Practitioners Understanding

- ✦ Mixed awareness of existence of HIV/AIDS Education sector policy
 - ❑ Head teachers/Education officers aware. Most had a copy or access to one.
 - ❑ One 1 (of 7) conversant with details
 - ❑ Relied on own experience to guide operations
 - ❑ Most teachers neither seen nor read the document
 - “I don’t know... I don’t know what I would say. I know there are policies but may be we have not taken our time to study them” (Bon: HT 41-2006).
- ✦ Personal initiative and interest most determining factor



Policy Relevance and Gaps

☩ Relevance: Infected teachers

- ☩ “You know the policy book gives me power to have a humane face when dealing with infected teachers” (Bon: HT 40-2006).
- ☩ TSC regulations guiding administration hot in tandem with policy

☩ Gap: Infected Children

- ☩ No mention. Heads rely on personal decisions
- ☩ Rights of infected children dependent on empathetic teacher



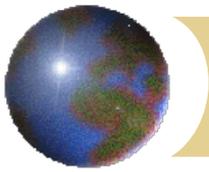
Conclusion & Policy Implementation Gaps

- ✦ Lack of knowledge by TTC: Impacts on recommended training
- ✦ Contradictions o teachers. Harmony in policy documents needed



Teaching HIV/AIDS Education

- ❖ Section 7 identifies learning institutions as being key in educating learners on HIV/AIDS through curricula and o-curricula activities.
- ❖ Primary school teachers aware of recommended infusion method
- ❖ Learners confirmed that HIV/AIDS “is taught in another subject”



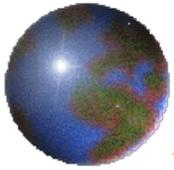
Methods of teaching/Learning

- ✦ Explanations, Q & A, Discussions
- ✦ Interactive methods: Song, Poem, Plays
- ✦ Observation in the community

Example of a Song

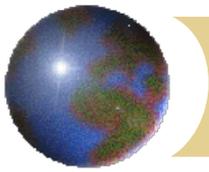
"AIDS is a killer disease,
It killed mum and dad,
It killed brothers and
sisters

My friends and everybody
AIDS has no cure".



Subject Infusion

- ✚ Possible in all subjects. Classroom observations failed to confirm this. Mainly occurred in science and CRE
- ✚ Open preference for Science approach
 - ▣ “I find science more interesting. Science will clearly tell me about the causes how to prevent it and when go back to CRE we refer to the Bible and the Bible will say that those are curses from God which I also believe they are myths” (Bon: Pupils FGD 24-2006)



Learners on HIV/AIDS

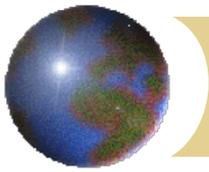
✚ Children

✚ demonstrated high knowledge

- “we can ask them what are some causes, what are some areas that if you touch are going to get HIV/AIDS, they will just chorus” (Bon: Female T 10-2006).
- “They seem to know more about it even better than me (Bon: Male T 11-2006).

✚ There is a craving for more depth to unravel contradictions

- E.g. How come virus is transmitted via deep kiss and not saliva? (Learners concerns: sharing of plates, communal eating)
- How come the mosquito transmits malaria and not the virus, yet there is blood contact?



Perceived Impact

- ✚ Behaviour change: Fewer pregnancies, learners “chilling”
- ✚ OVCs: Increased awareness and responsiveness to their needs
- ✚ Activitism: Children as emissaries to their parents on value of VCT



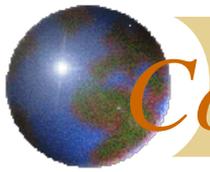
Myths and Misconceptions

✦ Myths

- ✦ Slender/thin persons are most probably infected while healthy people are not
- ✦ AIDS is a punishment from God or “some say maybe you have eaten something that is bad” (Bon: Male T 13-2006)
- ✦ Death is caused by “chira” or a curse which is also the “slim disease”.

✦ Cultural beliefs/practices

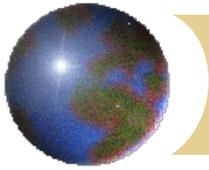
- ✦ “Serial wife inheritance” Sometimes practices by educators. Contradicts classroom based messages



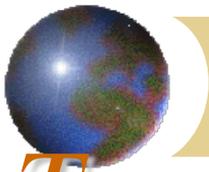
Concluding Remarks and Policy

Implications

- ✦ Evident that education sector conducting its role of offering education on HIV/AIDS
- ✦ Club activities complement in giving information and skills
- ✦ Infusion more apparent in science
- ✦ Areas to improve:
 - ❖ Breadth and depth seems consistent in all class levels. Need to go further
 - ❖ Content approach too fatalistic and threatening
- ✦ Which way forward?
 - ❖ Infusion into regular subjects
 - ❖ Teaching as a specific subject
 - ❖ Inclusion into a broader subject of Health education

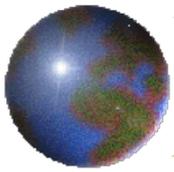


- ❖ Trend of teaching and reaching children in their formative years; that stage that offers a “window of hope” is strategic focus. Early awareness can and does result in behavioural change



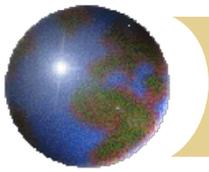
Teacher preparedness

- ❖ Section 7.1.5 “Teacher Education curriculum (pre and in-service) must prepare educators to respond to HIV and AIDS within their own lives and as professionals...”
- ❖ Teacher trainers not entirely aware of critical role the TTC ought to play
- ❖ Current teacher trainees not provided with methodology of how to teach HIV/AIDS education
- ❖ INSET on HIV rare
- ❖ Efforts mainly borne by organisations



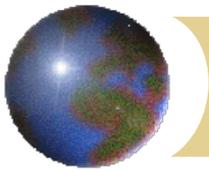
Training Status

- ✦ 36 teachers (20) teachers presented data
- ✦ 19 or 53% attended variety of trainings
- ✦ Organised by NGOs, Church
- ✦ Collaborated with MoE mainly to gain entry to the schools but not on content of training
- ✦ Training irregular often one off effort
- ✦ All head teachers trained.



Professional Approach: CfBT

- ✚ Only training that inculcated skills of teaching. Infusion/Integration
 - ▣ Others mainly provided information
- ✚ Teacher trainers used to reach teachers
- ✚ District wide (other NGO effort localised)



Conclusion

- ✦ Biggest implementation gap teacher preparation
- ✦ Resulted in a stagnated approach to teaching HIV/AIDS education.