

# THE STATE OF CHILDREN AFFECTED BY HIV/AIDS IN ECONOMICALLY CHALLENGED SOCIETIES

(A CASE STUDY IN KENYA, UGANDA AND TANZANIA)

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# The State of Children Affected by HIV/AIDS in Economically Challenged Societies: A Case Study in Kenya, Uganda and Tanzania

## Introduction

According to world statistics HIV/AIDS has wrecked havoc to families globally. Since researchers realized that HIV/AIDS was a major killer, some 20 million people around the world have died from the scourge and an estimated 40 million are living with HIV (UNAIDS, 2001). This situation is worse in Sub-Saharan Africa where many people have succumbed to the pandemic and many are infected.

However, one of the most devastating consequences of this pandemic is the huge number of children it has rendered parentless since its identification. Statistics has it that some 13 million children under the age of 15 have lost one or both parents to AIDS and most of these children live in Sub-Saharan Africa. Estimates have it that the figure will be jumping to some 25 million children orphaned due to AIDS by 2010. Once more Sub-Saharan African is the hardest hit with the pandemic regarding orphaned children.

The situation in East Africa is not different and countries like Kenya is reported will have some 1.3 million orphaned children due to AIDS by 2005 while Uganda and Tanzania will be having 790,000 and 1.1 million children respectively during the period (Ibid: 25). This is a situation that cannot be ignored and calls for a study to assess what is happening to so many children.

While this is happening, the most affected countries are also those countries, which are economically challenged. For example, the recorded GNI per capita for Sub-Saharan African in 2002 was a mere US\$ 460. The situation is even worse when the GNI per capita for Kenya, Uganda and Tanzania are considered. Thus, in 2002, the GNI per capita for the 3 countries stood at US\$360 (Kenya), US\$ 250 (Uganda) and US\$ 280 (Tanzania). This demonstrates that countries with high numbers of children affected by HIV/AIDS are also the same countries where most people live below poverty line i.e. with less than one US dollar a day. With such eroded economic power or the ability to spend, one wonders, how children affected with HIV/AIDS get protected and cared for in these countries.

During its activities in Kenya, the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) came across devastating cases of children rendered orphans because of AIDS, both in rural and urban Kenya. These cases required urgent response to the situation. For example, in one of the largest slums in Nairobi, ANPPCAN was able to identify orphaned children through its programme on Early Childhood Education. The 60 children who are now sponsored for their education had

lost both parents and were living with distant relatives who were themselves; economically challenged.

In a rehabilitation programme run by an NGO dealing with domestic child workers, once more, three children were identified to have been orphaned due to AIDS. The children brought from rural community by an uncle who sent them to work. The uncle collected all the money earned by the children. One of the girls had been raped and was suffering from sexually transmitted infection. On interview, the girls were not happy with the rehabilitation programme because they did not have proper shelter. The programme still forced them to go back to their employers, who according to the girls were abusing them.

In one district, ANPPCAN through its child labour programme came across many homes deserted because the owners died of AIDS. Some of the schools use the homes to grow crops for their schools as part of income generation for schools. None of the heads and project teachers of these schools ever knew where the children left behind by the parents went. The only answer coming from the local leaders accompanying the project team monitoring the projects was “their relatives took them.” These relatives often came from maternal side of the children. Nobody knew what happened to the children and the family property, some of which were being used for income generation.

It is these anomalies that have made ANPPCAN to consider conducting a study to assess the situation of children affected by HIV/AIDS with the aim of initiating a programme for action.

## **Problem Statement and Justification**

### **The Magnitude**

Available information indicates that HIV/AIDS is a threat to any gains made in Sub-Saharan Africa, including, Kenya and other countries in East Africa. The pandemic is not only causing so many deaths, but is also rendering very many children parentless. For example, in 2001 the scourge rendered some 11,035,000 children parentless in Sub-Saharan Africa. During this period there were some 892,000 children in Kenya, 884,000 children in Uganda and 815,000 children in Tanzania orphaned due to AIDS (UNAIDS, 2002:22). While, the impact of loss of life varies from group to another, one thing is truly clear; a child's life falls apart when a child loses a parent as demonstrated by the cases ANPPCAN through its activities has come across. The huge numbers involved calls for urgent attention.

While in some countries, infection rates have fallen, in most countries in Sub-Saharan Africa, the infection is still rising and adults continue to succumb to the pandemic. In Kenya, for example, reports have it that some 700 Kenyans die daily due to AIDS, an indication that HIV/AIDS will continue to cause large

scale suffering among children for some time to come. This has clearly caused an orphan crisis, which calls for concerted efforts if the affected children have to be effectively protected and cared for. This indeed calls for national, regional and community responses, which is only possible with sound information on the situation.

Of all the affected countries, Sub-Saharan Africa so far bears the greatest burden where it is reported that 12% of all children in the region are orphaned due to AIDS compared with 6.5% in Asia and 5% in Latin America and Caribbean (Ibid:5). These figures increase to unprecedented proportions by 2010 where Kenya is supposed to have some 1,541,000 children orphaned due to AIDS while Tanzania will be having 1,167,000 children. This calls for immediate action through assessment of the current situation to proactively respond.

The estimates being provided are an estimation of the numbers of children affected by HIV/AIDS given the number of parents dying. Many children participate in the care of their ailing parents. In some situations, children have to abandon learning to either take care of their sick parents or produce food for the family. Thus, many children become providers to their families before their parents die. It is important that a study like the one being proposed looks into how these children are coping.

According to studies coming from Uganda, the support that comes from the extended families is often not adequate because the families themselves do not have enough to feed extra mouths. Those in rural areas characterised by subsistence agriculture require extra cash to be able to take care of the orphans. Those in the urban setting while depending on wage earnings need extra cash to extend their generosity to extra mouths. Thus, given the poverty in most households in Africa, Kenya included, the extended family system may not be the most effective way of protecting and caring for orphaned children due to AIDS. This is supported by some of the experiences at ANPPCAN where an uncle was found to send his 3 nieces to work for wages. Yet when he was removing the 3 girls from their rural home he promised to take them to school and look after them. The uncle was himself a casual labourer in Nairobi, earning some KShs.3,000/= (US\$39) per month. His own two sons were in the streets as street children. Thus, the need to assess the ability of different systems that are supposed to take care of children affected with AIDS.

Apart from, children orphaned by HIV/AIDS, and those children, who may be caring for ailing parents, there are many children in Sub-Saharan Africa, including countries in East Africa, who are infected by HIV and are suffering in silence. Most of these children also suffer double tragedy that they are orphaned. Apart from few homes that have been created to take care of some of these children, very little is known about these children and about the few institutions that have been set to take care of them.

The protection and care of children affected and those infected with HIV/AIDS raise many questions than answers. In situations, where policies and

legislative measures are hard to come by, it is paramount that studies like the one being proposed are undertaken to provide a clearer picture of the situation.

The economic performance in most countries in Sub-Saharan Africa has been continuously recorded in most official reports as very poor. As such, the incomes are very low and poverty levels at household level are unfortunately very high. A significant number of populations living in Kenya, Tanzania and Uganda live below the poverty lines or are simply poor. Poverty, has been defined by Human Rights groups as “*a human condition characterised by the sustained or chronic deprivation of resources, capacities, choices, security and power necessary for the enjoyment of an adequate standard of living and other fundamental civil, economic and social rights*” (World Population Foundation, 2004). Thus, poverty exacerbates the situation of children affected by HIV/AIDS and hence the need to conduct well thought studies to provide vital information for guided planning and appropriate action.

## Impact

The impact of HIV/AIDS on children is indeed complex and multifaceted, especially given the economic challenges faced by countries, where the prevalence is also high. In the majority of these countries, the health services are not only inadequate, but the few that exist, are paid for as a result of a policy of sharing costs of services being provided. This simply means that for the many dying parents, the place of care is at home. Home care for HIV/AIDS patients, has been advocated for by most stakeholders without knowing who provides such care at home. Often the children are the care givers for their ailing parents, a very heavy responsibility for a young child who by and large is never prepared for such roles.

ANPPCAN's limited experiences has been devastating when finding that actually children are the ones who take care of their ailing parents, especially where one parent is already dead or is singly heading the household. As such, in a large number of countries including Kenya, it seems children are forced to abandon their education to take care of the ailing parent. The reverse of roles is indeed devastating to the children. This situation actually puts the children at risk of being infected, as they might have never been prepared to handle HIV/AIDS patients. The study will show some light on how children are prepared to care for their dying parents and the risks they face when performing the noble task.

ANPPCAN's experience is being confirmed by few studies that by and large AIDS patients are taken care of by their immediate and extended families. Given the stigma still associated with this scourge, most relatives will have the tendency to keep away, once more living the children to provide the care. Given the limited resources and sustained scarcity, characterised by poverty, children with ailing parents will also have to provide food and if in urban areas, money to pay rents, water, school fees, uniforms and any other thing that the ailing parent provided. It is not therefore, surprising that, some of the children

have been reported to go to work in domestic service, into prostitution, while others simply run away from home into streets. This study will unveil the real picture of these children either when parents are ailing or after they have died.

When parents die, the tendency is for the relatives to take the children. Often no one relative can afford to take all the children. Consequently, the children are divided among relatives like left property. Perhaps, this is the worst part of the impact of AIDS on children. The loss and separation stand to create real challenges to the mental and sexual health of the affected children. There is enough evidence to show that children who go to stay with distant relatives or even immediate relatives suffer abuse. These are the children who end up being sexually molested or abused by other members of the household. Often they suffer differential treatment and experience total exclusion. The children stand to suffer even more knowing that parents are not alive to protest. These children simply have no one to turn to in case of abuse. The created vacuum calls for concerted efforts.

Then there is the issue of discipline and other risks of getting to situations of exploitation. Some of the children after losing their parents turn into streets where they do not only get any form of discipline or guidance, but are subjected to abuse of all sorts as studies show in Kenya. These children are subjected to poor socialization, which in turn puts them at risk of getting infected by STIs and above all HIV. Therefore, it is important to find out where, majority of children affected by HIV/AIDS are. Their numbers and social costs are too many to be ignored.

In most countries in Sub-Saharan Africa, including Kenya, HIV/AIDS infection has been associated with promiscuity. This has eroded the usual sympathy dying people and subsequent orphans are often accorded as demonstrated by the following case. Jane lost her father who was a great artist. After two years her mother also died. The burial of her mum was very low keyed and she noticed that there were few speeches compared to her dad. The grandfather ordered the 4 orphaned children to go and stay with their uncle in Nairobi to avoid "shame." As narrated by Jane, "I do not want you here because people will know that your parents did not behave well sexually." Reaching Nairobi, the uncle's wife, who is a professional, found Jane too much sexually provoking in her dressing and her talks. Thus, "I told her if she does not behave she will end like her promiscuous mother and father as nobody knows who had it first!" The children were so un-welcomed and found themselves excluded. They run away and scattered themselves into the relatives of their mother and Jane ended up getting pregnant and approached their uncle to help her secure an abortion. Jane claims this is the time she knew that her parents died from AIDS. It is apparent that Jane and her siblings might have gone through spells of depression unattended. The professional auntie also has this to say "no one bothers about those who take these children. The family taking them in really needs support, financially and psychologically to cope." A real demonstration of the trauma the would-be care providers also go through unattended.

There could be many cases like Jane where children left behind suffer discrimination and isolation, which in turn puts them at risk of all sorts. This situation is compounded by the fact that many of these children would have been caused to drop out of school, a situation that curtails their opportunity to develop their skills, which further subjects these children to unemployment having no skills to sell. The end result is marginalization and the likelihood of involvement in criminal activities as adults to survive. This situation can be prevented with programmes based on solid information obtained from studies like the one being proposed.

The high numbers of parents dying and leaving very many children unattended puts major strains on families and governments, including communities, where the children live. This is a situation that needs concerted efforts by everyone. This is only possible, when information is available to be shared and to guide actions to be taken. The abilities of the affected families and communities need to be known if they have to be harnessed to effectively respond to the needs of the affected children.

With so many deaths, family roles and structures are bound to change and children are actually now heading households. There have been reports in the print media that some children orphaned due to AIDS have run from their homes and set themselves homes in urban areas. In some cases, according to reports, the children after experiencing mistreatment from the relatives have severed relationships with the relations. The children live alone without any support from adults. One would like to verify these situations with the ultimate goal of creating concern and a response to the plight.

The majority of orphaned children due to AIDS lose their parents while in school. Many leave schooling for varied reasons. It is very important that the views of schools are sort in addressing the problem of these children. This study will attempt to fulfill this, especially, with experience that schools supported by ANPPCAN's child labour programme to conduct IGAs are now supporting children affected by HIV/AIDS to stay in school. Some schools provide orphaned children with food from their produce. These are cases to be studied in order to advocate for replication.

Because, of the numbers involved, and the scarce resources in countries with the highest numbers of children affected with HIV/AIDS, heavy burden has been put on the extended family without ascertaining how this system now works in poverty stricken situations. There have been reports where members of the extended family have grabbed the property of the affected family before the dead is buried. Often, these members, who look for ways of generating income, irrespective of the method used, and the situation, are reportedly delighted when the orphans leave as they get the opportunity to acquire the property which they could readily sell and get money. This study will throw light on the policies and legislative arrangements available to protect the rights of children orphaned by AIDS.

## Responses and Programmes Available to Orphaned Children

There are pointers from the information available, that the extended family and the immediate families of the affected children cannot cope with the situation. The families themselves are too poor to provide services to extra mouths. The safety of these children therefore, depends on the ability of these families. It is therefore, important to assess the abilities of the families and the affected communities in order to develop programmes geared to strengthening and supporting capacities available to enable the families and communities protect and care for their children affected with the pandemic.

Available information has it that, orphaned children due to AIDS are left under the care of grandparents who are often not only old, but are also poor. The grandparents, for the most part, suffer loss of the material support they received from the dead parents prior to death. According to experience at ANPPCAN, the grandparents offer stability for the orphaned children and if supported materially, they ensure that the children attend school. Studies like the one being proposed will be able to identify variety of situations where grandparents are supporting children. The study stands to identify some good practices that could be scaled up for the benefit of the many children left without the protection and the care of children.

Some orphaned children find themselves into orphanages. The orphanages are not only expensive to run but most of them in economically challenged countries are also poorly run. Often, the orphanages cannot afford trained staff and can only be able to afford few numbers. In Kenya, there have been reports of cases of abuse in these institutions. These institutions are not only bad places for normal growth and development of children, but are also used for sale and trafficking of children. There is need to assess the situation of some of these orphanages with the aim of advocating for family care.

In Kenya, orphanages have become venues to obtain children for local and international adoptions. This has created a lucrative business for some lawyers and quack service providers to children. Many of the children who get adopted to totally unknown destinations are children orphaned by AIDS. Situations where lawyers handling international adoptions being paid US\$10,000 per child are being reported in Kenya by the Child Welfare Society of Kenya. The fee for local adoption is US\$1,800 per child. This is a situation that needs redress and a study like the one being proposed will facilitate the process, as data is needed to validate the observations currently being made.

Ideally, communities are better placed to protect their children. In Kenya, little attempts are being made towards this. According to experiences at ANPPCAN in two slums in Nairobi, the potential of communities getting in child protection does exist, but needs to be tapped and developed. There is need to mobilize and strengthen the capacities available in the communities both in rural and urban to effectively respond to the plight of children affected by HIV/AIDS.

The affected children have also demonstrated that they can do it by themselves. These cases need to be documented and shared as good practices that can ensure protection and care of children affected by HIV/AIDS.

## **Justification of the Study**

To begin with, the number of children affected by HIV/AIDS according to available information is too huge to be ignored and warrants attention. Predictions, further have it, that the number is bound to increase, especially, in countries like Kenya. It is only fair, for the many children affected, that their situation is revealed by studies like the one being proposed.

The few studies that have been done observe that the extended family is not coping well in performing the traditional role of extending support to children in need. Yet, this seems to be perhaps, the only system such children can depend on. The study being proposed will shed some light on how best this system can be strengthened to better serve the children affected, especially, considering that different forms of families are also emerging in African Societies.

Having no parents to depend on exposes children to many risks. The risks include separation of children and shifting residence. This arrangement denies the children guidance, protection, opportunity to grow up according to expectations and norms of any society. The study will assist to determine the input such separation and shifts have on children affected by HIV/AIDS.

The UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, accord children in Africa with rights. Death denies these children their rights as most of these children may abandon their education to fend for themselves. This scenario forces the affected children to depend on other systems to have access to basic needs. This study therefore, provides an opportunity to look into the systems (programmes) available and assess the efficacy of these programmes in meeting the basic needs of the children.

The experiences of ANPPCAN, through its activities, clearly show that there are major gaps in providing for children affected by HIV/AIDS. The few cases that have been encountered indicate inadequate protection and care. In some cases the children did not like the programmes that were serving them, while in others, some of the children were getting abused. In one case the teenager got pregnant after being forced into marriage in order to take care of her siblings and died from meningitis. While, support was being sought to assist the remaining siblings, the relatives removed the children to unknown destination in the rural community. These cases reached ANPPCAN too late an indication that the public needs education to raise levels of awareness.

This study will provide an opportunity for sharing and collaboration with other stakeholders including the affected children in designing and developing an

action programme to address some of the anomalies that have been observed. The involvement of communities in addressing the issue of children affected by AIDS has been minimal. The study being proposed is a participatory in methodology. The participatory approach stands to bring in views from different groups in the community on how to address the problem. Apart from generating information, which will be used in formulating the action programme, the study itself will be a source of information to raise awareness of the plight of children affected by HIV/AIDS.

ANPPCAN has a wealth of experience in working with communities both in urban and rural areas mainly addressing the issue of child labour and access to affordable quality education to children. ANPPCAN has a network whose strength can be harnessed to effectively respond to children orphaned due to AIDS. However, for ANPPCAN to respond effectively there is need for information on which to base the response. Thus, the need for this proposed study.

Schools are secondary socializing agents in any society. In a situation where the primary socializing agent i.e. the family becomes disrupted because of death, the schools become very important in ensuring proper socialization of children. For this to happen it requires that the children must attend school. In Kenya and Uganda primary education is free. But there are myriads of things which will prevent an orphaned child attend school. This study provides an opportunity to determine factors that would enhance children affected by HIV/AIDS attend school. It will also assist in identifying what schools themselves can offer.

## **Objectives**

- ▣ To determine how children affected by HIV/AIDS are surviving.
- ▣ To examine the risks these children are exposed to.
- ▣ To review the emerging family and community structures and networks and their ability to respond to the needs of children affected by HIV/AIDS.
- ▣ To examine the effectiveness and adequacy of the existing policies and legislative arrangements to protect the affected children.
- ▣ To solicit views from children and communities affected by HIV/AIDS for action.

## **Methodology**

Participatory research approach principles will be followed in collecting data for the proposed study. The study will mainly utilize both qualitative and quantitative techniques in collecting data on the state of children affected by HIV/AIDS, in economically challenged societies.

## **Study Site**

The proposed study will be conducted in three East African countries namely; Kenya, Uganda and Tanzania through ANPPCAN Chapters in Uganda and Tanzania. The three countries are at more or less the same levels of socio-economic development characterised by high levels of poverty, rising unemployment, poor social service and physical infrastructure, weak governance structures and rapid urbanization. Although majority of the population in these countries still lives in rural areas, increasing rural-urban migration has led to rapid growth in urban populations which has far exceeded the capacities of governments and other actors in providing social services. As a result, large sections of urban populations in urban centres live in non-formal or squatter settlements characterised by unplanned and low quality housing, lack of basic amenities, including health care, education, water and sanitation and high levels of insecurity. Unemployment, poverty, social exclusion and deviance characterise the life of the majority of populations living in urban, non-formal settlements in cities and towns in East Africa and oftenly slum residents comprise over 60% of the total urban populations.

Rural life in these countries is mainly maintained on subsistence agricultural activities and unemployment and under-employment are high. Due to poor infrastructure and historical deficiencies in planning, most of the rural communities are denied basic services and information including on HIV/AIDS. Literacy levels in rural populations are low and due to the close knit nature of these communities, traditional cultural practices and value, many of which, have negative effects on their well being predominate.

As a result, HIV/AIDS prevalence has been high among rural and urban populations of all the three countries, resulting to high mortality, mainly among the sexually active cohort of the population. Mortality, resulting from HIV/AIDS has been compounded by the lack of effective health care systems and cultural attitudes and beliefs that substitute scientific explanations of HIV/AIDS and its management.

Within each of the three countries, study sites will be purposively selected based on the levels of HIV/AIDS prevalence. To ensure HIV/AIDS implications on children are captured, communities with the highest levels of HIV/AIDS prevalence over time will be selected. An attempt will be made to capture both rural and urban dimensions of the problem through site selection.

## **The Study Sample**

The study sample will mainly comprise of the different groups that have the mandate or responsibility of dealing with children at the community level and the affected children themselves. To ensure that all dimensions of the problem are captured in data collected, heads of households that are providing support to children affected by HIV/AIDS, including, children heads of households, will be included in the sample. Children who are affected by the HIV/AIDS pandemic will form a prime component of the sample. Additional

information will be gathered by including leaders, service providers and policy makers from the affected communities in the study sample.

To ensure representativeness in the sample selected, initial mapping of the study sites selected will be conducted, before determining the actual sample sizes for the study. Mapping will ensure that the different characteristics of the selected communities are taken into account in allocating numbers to specific sample categories.

### **Sampling Procedures**

Sampling of respondents for the proposed study will be done using both random and non-random methods. In selecting respondents to survey questionnaire, stratification of the study population will be conducted and within each strata respondents will be selected using systematic random selection technique.

Non-random methods mainly purposive sampling will be used in selecting participants in focus group discussions and key informants. To ensure quality data through participation in the focus group discussions, participants in each set of group discussions will be selected based on common characteristics and experiences based on the themes of the study.

### **Techniques of Data Collection**

The following techniques will be utilised in the proposed study in collecting data:

- ***Literature Review and Content Analysis of Secondary Services of Information.***

The study will utilise secondary sources of information mainly books, journals, reports, institutional records and government policy documents. These documents will be reviewed and analysed to establish trends, examine past interventions and identify gaps. The information generated using this technique will supplement data gathered using primary techniques.

- ***Structured Interviews***

Structural interview schedules will be administered to randomly selected respondents following the survey method. The structured interviews schedules will contain both open and closed ended questions addressing different aspects of the problem of children affected by HIV/AIDS. The interviews will be administered to heads of households and affected children. To enhance proper statistical analysis of data respondents in each category won't be less than 30 respondents.

- ***Focus Group Discussions***

Focus group discussions following well selected themes will be conducted with different categories of the study sample. These will mainly target affected children, service providers, community leaders and policy makers within the selected communities. A total of ten (10) focus group discussions

will be conducted in each country case study, with affected children and 5 with adults. Each focus group will comprise of between 8 and 12 participants and cognisance will be taken of gender and age in grouping participants.

Focus group discussions will provide the much needed information on the communities own perception of the problem, their experiences and recommendations for action.

▪ ***Key Informant Interviews***

Key informant interviews will be conducted with individuals selected based on their knowledge of the problem. A key informant discussion guide with selected themes will be selected for this purpose. Key informants will be drawn from leaders, experts and people in authority in the communities targeted by the study. A total of 50 key informants will be conducted in each country case study.

▪ ***In-depth Case Studies***

Life histories of selected children and case studies of families affected by HIV/AIDS will be constructed using the indepth interviews. Children and families whose in-depth case studies will be done will be selected purposively. In-depth insights into the lives and challenges of children and families affected by HIV/AIDS.

▪ ***Community Conferencing***

Community conferencing will be done in the communities where the study will be conducted after data gathered has been collated and summarized. Community conferencing will provide an opportunity for giving feedback to the respective communities on the findings of the study and also for community to validate the same. Deliberations during the community conferences will generate further recommendations and plans for action among community members.

## **Data Analysis**

Two main techniques will be utilised in analysing data from the proposed study. Qualitative data generated in the study will be collapsed, summarised and presented in descriptive manner. Data gathered from qualitative methods will be analysed using the computer programme, Statistical Package for Social Sciences (SPSS). Appropriate cleaning and coding of data will be ensured before data entry and analysis. Presentation of data collected using quantitative techniques will take the form of simple statistics and correlations.

## **About the Organization**

The African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) is a Pan African organization formed in 1986 during the first African Conference on Child Abuse and Neglect in Enugu, Nigeria, in 1986. The theme was on Child Labour. The formation of the network was a

culmination of dissemination activities on a study, which was conducted by some of the founding members of the network.

ANPPCAN has its headquarters in Nairobi, Kenya better known as the Regional Office. The study will be conducted in Kenya coordinated through the Regional Office. ANPPCAN has Chapters in 19 countries in African. In Kenya, The Regional Office has targeted promotion of enjoyment of children's rights and enhancing child protection through building the capacity of existing structures, particularly within government departments and civil society organizations in delivering services to children in need of care and protection. This is often done after conducting studies on the identified areas needing interaction.

In pursuit of this purpose, ANPPCAN Regional Office has conducted major studies which led to the development of action programmes geared towards awareness creation and sensitization of policy makers, service providers and the general public through advocacy, training and strengthening coordination among different government departments and civil society organizations dealing with children. The organization has also evolved a strong advocacy strategy through active coalition building that has been instrumental in lobbying for effective legislation and policies as well as implementation of the same. The organization's advocacy strategy was instrumental in the formulation and enactment of the Children Act 2001 in Kenya and the African Charter on the Rights and Welfare of the Child in 1990. The Regional Office through its Child Rights and Child Protection programme has strengthened Area Advisory Councils, formerly the District Children's Advisory Committees in 30 districts in Kenya. This has resulted in the formation of child protection teams in 29 districts in Kenya. The child labour programme created what is better known as District Child Labour Committees. These committees strive to keep children from dropping out of school. It has targeted districts, which highest number of children dropping out of schools. This approach has been identified as the best practice and has been replicated by ILO/IPEC in other countries where it operates. ILO/IPEC has been supporting the programme in Kenya.

Through its Community Organization Training Programme supported by Misereor Germany, ANPPCAN Regional Office has been able to create 7 Community Based Organizations (CBOs) with very many followers in 2 large slum communities in Kenya. These CBOs have tremendous potential to address the issue of children affected by HIV/AIDS.

The Regional Office has also targeted provision of direct support to children in a variety of areas. The organization's Child Labour Programme has pursued a strategy of direct support for children at risk of joining the worst forms of child labour and those withdrawn from work. Through the District Child Labour committees that have been constituted by Regional Office as sub-committees of Area Advisory Councils, Regional Office has supported over 5,000 children with school levies, books and uniforms in 11 districts in Kenya.

The organization has also moved to support primary schools to start income generating activities to support needy pupils once ANPPCAN funding is exhausted. Income generating activities (IGAs) at school level were conceived as an effective strategy of supporting children at risk of dropping out of school and those withdrawn from work by district child labour committees in the 11 districts covered by the Child Labour Programme. So far, many children have benefited from support in the form of school uniforms, books and levies from the school based income generating activities. Besides, the schools with IGAs constructed classrooms and in some cases the entire administrative building due to these efforts. AIDS orphans have been targeted with the IGAs in schools and a significant number of children have benefited. In some of the schools, these children have benefited from the support they get from Child Labour Clubs where school children freely join. The teachers in selected schools have been sensitized to support AIDS orphans.

In addition, ANPPCAN Day Care Programme based in Korogocho slums in Nairobi through the support from Bernard Van Leer Foundation is supporting 120 Home Based Day Care Centres as a strategy in ensuring that young children from slum communities whose parents cannot access Early Childhood Education, are taken care of and prevented from joining the streets. The Day Care Centres with the capacity of 1,200 children any time has graduated many children who have joined primary schools. This programme has also supported a large number of AIDS orphans in Korogocho slums and shed some light on the plight of children affected by the scourge. Through the CBO operating in the area, the community members have been mobilized to respond to the needs of their orphans.

ANPPCAN recognized the contribution of HIV/AIDS in exacerbating the problem of abuse and neglect of children in Kenya. Over 60% of cases of children supported by ANPPCAN through Regional Office activities, in the last three years, have been reported to be orphaned. Importantly, ANPPCAN partners at district, national and international levels have repeatedly called upon the organization to move into directly addressing the problem of children orphaned by HIV/AIDS as a step in consolidating efforts of building a system of child protection. These partners consider ANPPCAN as a network with the potential to address the issue of children affected by HIV/AIDS in a larger scale, given the magnitude of the problem. Besides, these concerns have arisen in the face of the increased numbers of children orphaned through the HIV/AIDS pandemic in most countries ANPPCAN has Chapters. ANPPCAN Chapters in Uganda and Tanzania are strong organizations with programmes. The Chapters also has strong research sections capable of conducting such studies.

The proposed study intends to address information, which will be used to address the growing problem of HIV/AIDS orphans and enhance child protection in selected countries in Africa. ANPPCAN, through its Child Rights and Child Protection Programme in Kenya has managed to create child protection teams in 29 districts in Kenya. The teams are constituted of professional groups that bear the burden of child protection in the country. These are children officers, magistrates, police officers, doctors and nurses

working at district level. These teams have been trained on how to deal with cases of violation of children rights. These teams have the potential to address the issue of AIDS orphans effectively if equipped with appropriate information. The concept of team building to protect children affected by HIV/AIDS can also be replicated.

In conclusion, the capability available within ANPPCAN as a network, has the potential to responding to the needs, i.e. the protection and care of children affected by HIV/AIDS in a larger scale.

## Time Frame

### Research Activities

ACTIVITY	MONTHS											
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	
Consultation Meeting with Representatives from participating countries												
Review of Literature												
Preparation and Production of Research Instruments												
Site selection and Sampling												
Training of Research Team												
Conducting of interviews: Key informants, focus discussions, etc.												
Data cleaning and Entry Data Analysis												
Production of Draft Report												
Conducting validation workshop												
Workshop for dissemination (conference) and project formulation												
Designing and Development of Action Programme												
Publication of Case Studies												

## Budget

NO.	DESCRIPTION	AMOUNT (US\$)
1.	Consultative Meetings	3,000
2.	Review of Literature	2,000
3.	Production of Research Instruments	2,500
4.	Data Collection	5,000
5.	Data Cleaning, Entry and Analysis	4,000
6.	Production of Draft Report	3,000
7.	Community Conferencing at Study Sites	5,000
8.	Dissemination Workshop for Stakeholders	5,000
9.	Designing and Development of Action Programme	2,500
10.	Publication of 3 Case Studies	6,000
11.	Purchase of Computer and Software	3,500
12.	Administration	4,000
	Total	45,500
	<b>GRAND TOTAL FOR 3 CASE STUDIES</b>	<b>136,500</b>

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