

**THE CHURCH RESPONSE TO THE SITUATION OF CHILDREN
ORPHANED BY HIV/AIDS IN KERICHO COUNTY, KENYA**

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DECLARATION

I declare that this thesis is my original work and has not been presented for a degree in any other university.

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DEDICATION

To my husband Tom and our children Polly, Brian, Esther, Marion and Lauren.

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Definition Of Operational Terms

Church: A Gathering Of Believers Who Come Together To Participate In Fellowship With One Another As They Worship God, Glorify Him By Striving To Be Like Christ And Hear From His Word, The Bible And Help Those In Need And Share His Love With Others.

Double Orphan: A Child Who Has Lost Both Parents To Hiv/Aids.

Orphan: Child Under 15 Years Whose Parent(S) Died Of Hiv Or Aids.

Single Orphan: A Child Who Has Lost Either A Mother Or A Father To Hiv And Aids.

ABBREVIATIONS AND ACRONYMS

AACC	All Africa Conference Of Churches
ACK	Anglican Church Of Kenya
ADRA	Adventist Relief Agency
AG	Abundant Grace
AGC	African Gospel Church
AGM	African Gospel Mission
AIC	Africa Inland Church
AIDS	Acquired Immune Deficiency Syndrome
ANPPACAN	African Network For The Prevention, Protection Against Child Abuse And Neglect
APF	Annual Report And Financing
AOO	Agape Orphans Organization
ARVS	Antiretroviral Therapy
ACC	Aids Clinic Chapter
CACC	Constituency Aids Control Committees
CBO	Community Based Organization
CHAK	Christian Health Association Of Kenya
CHRISCO	Christ Co-Workers Fellowship
CORAT	Christian Organization Research And Advisory Trust
COU	Church Of Uganda
CTC	County Technical Committees
CUEA	Catholic University Of Eastern Africa

DC	Deliverance Church
FBO	Faith Based Organizations
FGM	Female Genital Mutilation
FPFK	Free Pentecostal Fellowship Of Kenya
GFATM	Global Fund For Aids, Tuberculosis And Malaria
GOK	Government Of Kenya
HC	Happy Church
HIV	Human Immunodeficiency Virus
IGAS	Income Generating Activities
IRCU	Inter Religious Council Of Uganda
KAG	Kenya Assemblies Of God
KCDP	Kericho County Development Plan
KDHS	Kenya Demographic And Health Survey
KHI	Kids Home International
KMBSS	Kabokyek Mixed Boarding Secondary School.
KNHSP	Kenya National Hiv/Aids Strategic Plan
KPLC	Kenya Power And Lighting Company
MAP	Medical Assistance Programme
MCC	Motobo Catholic Church
MDGS	Millennium Development Goals
MOH	Ministry Of Health
NACC	National Aids Control Council
NCKK	National Council Of Churches Of Kenya

NASCOP	National Aids And Sexually Transmitted Infections Control Programme
NBBU	National Blood Bank Of Uganda
NGOS	Non-Governmental Organizations
NHC	Nsambya Home Care
NPGO	National Programme Guidelines On Orphans
ODA	Japan's Official Development Assistance Scheme
OVC	Orphans And Vulnerable Children
PAG	Pentecostal Assemblies Of God
PCEA	Presbyterian Church Of East Africa
PLWHAS	People Living With Hiv/ Aids
PEPFAR	Presidential Emergence Plan For Aids Relief
RCB	Religious Coordinating Bodies
SCC	Small Christian Communities
SCIF	Scottish Catholic International Foundation
SDA	Seventh-Day Adventist
SDAUU	Seventh-Day Adventist Uganda Union
STDS	Sexually Transmitted Diseases
TB	Tuberculosis
UC	Unilever Company
UASO	Uganda Aids Support Organization
UEAB	University Of Eastern Africa Baraton
UMSC	Uganda Muslim Supreme Council

UN	United Nations
UNAIDS	United Nations Aids Programme
UNGASSA	United Nations General Assembly Special Session On Aids
UNICEF	United International Children's Emergency Fund
URC	Uganda Red Cross
URT	Uganda Research Institute
USA	United States Of America
USAID	United States Agency For International Development
VCT	Voluntary Counselling And Testing
WCC	World Council Of Churches
WHO	World Health Organization

ABSTRACT

The global statistics for HIV/AIDS adults and children were 34 million. Sub-Saharan Africa has 12 million orphans, with Kenya hosting about 1.2 million of them. Kericho County had 2262 orphans. Accessible population was 296 children orphaned by HIV/AIDS. Drawing on the theory of functionalism by Radcliff Brown on the mission of the church to help the needy, this study sought to explore the needs and challenges of children orphaned by HIV/AIDS, the response of the church to these orphans and the challenges the church was facing in its endeavour to help the orphans, in Kericho County, Kenya. It was conducted in four churches with programmes geared towards assisting the orphans and five others with no such programmes. The former included, Motobo Catholic Church (MCC), the Free Pentecostal Fellowship of Kenya (FPFK), Christ Co-workers Fellowship (CHRISCO) and the Seventh Day Adventist Church (SDA). The latter were, Deliverance Church (DC), African Gospel Church (AGC), Anglican Church of Kenya (ACK), Presbyterian Church of East Africa (PCEA) and Pentecostal Assemblies of God (PAG). Orphanages set up by private individual Christians to assist children orphaned by HIV/AIDS were visited. They were: Kids Home International (KHI) and Agape Orphans Organization (AOO). One school which admitted children orphaned by HIV/AIDS who were brought to the school by local churches was also visited. The school was Kabokyek Mixed Boarding Secondary School (KMBSS). These institutions have been lettered A, B, C, D, E, F, G, H, I, J and K for confidentiality purposes. The main assumption in this study was that, the church was expected to play a major role in helping children orphaned by HIV/AIDS. The study used descriptive design. Purposive and simple random sampling were used to select the participants. The target population included pastors/priests, church members, founders of private Christian homes, orphans and teachers. Data was collected using an interview schedule, questionnaires and observation. Validity of instruments was checked through expert opinion and reliability by test-retest method. The field work was done from July to September 2007 in Kericho County. Basing on Maslow's theory of the hierarchy of needs the study established that the church response to children orphaned by HIV/AIDS in Kericho County was positive. The four churches under consideration offered services to the orphans such as, food, shelter, clothing, education and health care. The church however was dogged by financial constraints, lack of concerted effort in its programmes, lack of trained personnel and disinheritance. The orphans' challenges were: lack of basic needs, disinheritance, stigma, child-headed households, among others. The challenges of the church were: lack of finance, lack of cooperation from other churches, lack of trained personnel, lack of follow up and disinheritance. It was recommended that the church should focus more on orphans by including them in the church's structure and constitution, encourage community and home-based care, among others.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Problem

Human Immuno-deficiency virus (HIV) and Acquired Immuno-deficiency syndrome (AIDS) constitute a major healthy challenge globally. The first case of AIDS in the world was diagnosed in 1981 in USA. In Africa the first case was reported in Uganda in 1983 and in Kenya 1984 (Gitome 1999).

The global statistics for HIV/AIDS at the end of 2014 were 38.1 million adults and children. Those who had died of AIDS related illness were, 25.3 million. Sub-Saharan Africa had 15 million orphans. Kenya was hosting about 1.2 million of them National AIDS Control Council (NACC, 2013). Kericho County had 2,262 orphans (Kericho County Development Plan, 2002 – 2008). Accessible population was 296 orphans. Some of these orphans were not going to school. They provided cheap labour in households. Others were street children in Kericho County. The situation of these orphans needed redress.

Orphans and Vulnerable Children (OVCs) have existed from time immemorial. They result from parents' deaths due to war, natural disasters, illness among other factors. Owing to the strong extended family system in Africa, family members have often willingly and easily adopted orphans, meeting their needs (Mbiti, 1969).

The number of children orphaned by HIV/AIDS, has rendered traditional systems of support insufficient to meet increasing demands for long term childcare. In addition, orphans may not find homes owing to fear and discrimination by relatives. The relatives think that AIDS is brought by immorality and prostitution or any behaviour deemed unacceptable by others (Prebble, 1994).

Adoption by relatives or non-relatives is becoming difficult with the economic constraints in Africa. In addition, movements from rural areas to urban centres and modern education have changed the way traditional families look after the surviving members. There are now households headed by children. These are called children-headed families or children- alone families. Children orphaned by HIV/AIDS are left on their own to fend for themselves when their parents die. These children dig the land and try to plant food crops to feed themselves. They also struggle to get some income for the basic needs, including school fees. However, if they have to succeed, such 'children-headed' families should be assisted by relatives or the community. These should offer social, emotional and psychological support (Jackson, 2002).

According to the Convention of the Rights of the Child as spelt out by the United Nations Charter, children have rights, regardless of their circumstances. These rights are more than twenty two, covering aspects such as survival, development, education, information, protection against any form of exploitation, child labour,

separation from parents and siblings. They should also have the highest standards of health and medical care. In the context of HIV/AIDS, these rights should be respected (United International Children's Emergence Fund (UNICEF), 2005).

The Church by its very nature as the body of Christ calls its members to be healing communities. The Church is a communion of one body with many members, each distinct (1Corinthians 12:24-27). She has a mandate and a responsibility to love, nurture and care for the needy members of the community. This is a requirement, not an option. She emphasises on the equality of humankind. There is neither Jew nor Gentile. God created all people in His image and likeness (Genesis 1-2). This is in line with Jesus' mission of preaching to the poor, proclaiming release to the captives and healing the sick (Luke 4:18). Children orphaned by HIV/AIDS have needs such as food, shelter, clothing a sense of belonging, among others. These should be responded to.

Wood and Dietrich (1990) echo the same sentiments. They observe that, OVCs are a major concern worldwide. The detrimental socio-economic effects of HIV/AIDS on these children include; lack of the basic material needs, for example, food, security, shelter, clothing, schooling, access to health services and parental care. These children may be mistreated and disinherited by their guardians. Loss of these rights means that in essence, many children orphaned are made vulnerable to HIV/AIDS.

Efforts are being made by the government to draw up a policy on the OVC to integrate, protect and promote their active participation in economic, social and political processes of national development and ensure enjoyment of their full rights. This was demonstrated when the Government of Kenya (GoK) set up the Children's Act in 2001, revised in 2010. The Act stated in part that, strategies would be implemented for creating a supportive environment for orphaned girls and boys infected and affected by HIV/AIDS. In addition, the GoK had come up with the cash transfer programme to assist the OVCs. However, financial resources for the OVCs have been limited; those available do not reach the beneficiaries directly (National AIDS and Sexually Transmitted Infections Control Programme (NASCO), 2005).

As already noted, there were about 2,262 orphans in Kericho County (Kericho County Development Plan (KCDP), 2002-2008). These were the reported cases. Unreported cases may even be higher. The plight of these orphans was becoming precarious, a situation that deserved attention and redress.

Some studies, for example, (Onyanha and Shorter, 1998), Gitome (1999) and Samita (1999), focused on how the Church has responded and should respond to HIV/ AIDS as well as orphans. Onyanha and Shorter (1998:16) explain how church- related bodies have empowered others to respond to people living with AIDS (PLWAs) and the challenge of orphans. Some of these bodies include: the National Council of Churches of Kenya (NCCCK), Anglican Church of Kenya (ACK) as a member of NCCCK at Kibera, among others. These are based in Nairobi. Gitome

(1999:191) and Samita (1999:175) observe that individual churches should establish more community centres for PLWAs and orphans. The response of the Church to the orphans in Kericho has not hitherto been subjected to scholarly investigation.

It is in this context that the study attempts to assess the situation of the orphans and the response of the Church towards them. This was done through visits to the churches which have programmes for the orphans, individual Christians who have started homes for them, one school which has orphans from local churches and for control purposes, selected churches which do not have such programmes.

1.2 Statement of the Problem

In the world today, millions of orphaned and abandoned children are in orphanages. In Kenya in particular, orphans who are needy are at the mercy of people who are unable to support them (NACC, 2010). The Bible has it that, “The Lord knows the hopes of the helpless and listens to their cries and comforts them. He will bring justice to the orphans and the oppressed so people can no longer terrify them,” (Psalms 10:17-18). The GoK in partnership with the civil society, Non-Government Organizations (NGOs) and Faith Based Organizations (FBOs) have made significant efforts to address the plight of orphans in Kenya in general and in Kericho in particular. For instance, the Government has passed specific legislations such as, the Children’s Act of 2001 and its revised edition of 2010. The Act established the Children’s Department within the Ministry of Home Affairs which advocates for the

children's rights. The NGOs have also provided financial help to institutions catering for the needs of the AIDS orphaned children.

Despite the concerted efforts of the government and other bodies, the role of the Church is crucial. Being part of the FBOs, the Church is looked upon as an agent of healing and caring in the community. Therefore, its role in addressing the plight of HIV/AIDS orphaned children cannot be underestimated. She has created awareness and prevention about HIV/AIDS and has put children orphaned by HIV/AIDS in homes such as Nyumbani Children's Home in Nairobi (Onyancha and Shorter, 1998)

To the best of the researcher's knowledge, no study has been carried out on the response of the Church to children orphaned by HIV/AIDS in Kericho County. It is on this basis that the study is being done to determine the needs and challenges of the children orphaned by HIV/AIDS, the response of the Church to the orphans and the challenges it is facing in its effort to help them in Kericho County.

1.3 Objectives of the Study

1. To examine the needs and challenges of children orphaned by HIV/AIDS in Kericho County.
2. To discuss the Church's response to the orphans' needs in Kericho County.
3. To find out the challenges the Church is facing in its endeavor to help the orphans.

1.4 Research Questions

1. What are the needs and challenges of the children orphaned by HIV/AIDS?
2. What is the Church in Kericho County doing to support the children orphaned by HIV/AIDS?
3. What are the challenges the Church is facing in its endeavour to help the orphans?

1.5 Research Assumptions

It was assumed for the purposes of this study that:

- Children orphaned by HIV/AIDS lack basic needs and are prone to suffering.
- There are children orphaned by HIV/AIDS in Kericho County.
- The Church should play a major role in helping children orphaned by HIV/AIDS in Kericho County.

1.6 Significance of the Study

The study has highlighted the needs of children orphaned by HIV/AIDS in Kericho. This is of benefit to the GoK and other interested bodies in their endeavor to help the orphans financially, materially and in other appropriate ways.

By highlighting the role played by the Church in Kericho in responding to the plight of orphans, the study poses a challenge to other churches in other areas that do not have programmes in helping the orphans to consider doing so.

It is hoped that the findings of this study will form part of the literature regarding the orphans' plight and the Church response to them. This may be a source of reference to scholars and researchers. It may also provide new avenues for further research.

The results of this study are expected to provide a basis to the government for formulating a policy for managing children orphaned by HIV/AIDS and their needs.

1.7 Literature Review

The literature has been reviewed under four themes. These include:

First, is the perspective of children and orphanhood in traditional African society, the contemporary society and the Bible. Second is a historical review of policy responses to curb the spread of HIV/AIDS. Third is the impact of HIV/AIDS in various sectors. The fourth one is the care for the orphans by the community and the Church.

1.7.1 The African Traditional Society's Perspective on Children

In traditional African society, children are highly valued. This is because, they embody a long and a proud history of the society, as well as a symbol of help for the future. The present is represented in one's own life and the future generation is preserved through child bearing. Mbiti calls children the buds of society and every birth is perceived as the arrival of spring when life shoots and the community thrives (Mbiti, 1969). In societies where epidemics killed thousands, it was necessary for a community to renew itself through the birth of a baby (Mugambi, 1976).

The importance of a child in traditional African society is evidenced by the rejoicing and the precaution taken to ensure normal gestation and delivery. When a woman gets pregnant, sacrifices and prayers are offered for the health of the mother and the baby. There are taboos which protect an expectant mother from harmful influences. For instance, in some communities she should not eat certain foods. She is supposed to wear protective amulets which have the virtue of helping delivery, among others (Parrinder, 1962). The child is also protected from all kinds of harm by performing certain rituals (Mbiti, 1969). This observation puts more emphasis on the value of children in a society.

Children have a religious significance. They are a link between the past, present and future societies. They are also considered as inheritors to boost one's status; they are a source of labour, security, among others. The wealth of a family was judged less by its material assets than by the strength of its lineage. Mbiti (1969:120) observes that, "A child not only continues the physical line of life, being in some societies thought to be a re-incarnation of the departed, but also keeps the parents in their state of personal immortality. Changwony (1996:194) notes that, parents are remembered in the children. This implies that even though the parents die they are considered alive in their children.

Traditionally, children are socially significant. They would cement a marriage. Thus, in some African communities a marriage without children is understood as a bad omen and it would bring unhappiness to couples. Mbiti (1996:120) remarks that

without procreation, marriage is incomplete. The husband and wife are reproduced in their children, hence the family tree is sustained.

Parrinder (1962:62) supports the above assertion by observing that, childlessness is a curse and may be attributed to the anger of an ancestor. It blocks the channel of reincarnation. The rebirth of an ancestor has some religious undertones. This is because, it ensures the traditions are followed and the heritage preserved. Thus, the role played by children in marriage life and for the community survival cannot be underestimated.

Kenyatta (1978:175) writes that a society without children is not a society. According to him children are the salt of the earth. They play the most sacred duty of creating and rearing future generations. They are viewed as a link between the past, present and future societies, both visible and invisible. This is a religious significance. As already noted earlier, in traditional African society the wealth of a family is judged by the strength of its lineage. Children offer a lineage of security and continuation.

An adult without children finds it difficult to manage alone in his/her old age. This is because children offer security and care for the aged parents. They are the ones who perform death rituals when their parents are dead. Blum (1975:110) also observes that children represent a form of insurance for their parents, they could assist parents in sickness and old age.

Waithanji (1999:36) informs that children enhance the social status of their parents and families. Boys have the potential for extended lineage. Girls are viewed as a resource to their family; they could get married and attract bride wealth. This means that having many children is a sign of wealth and prestige.

The traditional setting also perceives children in the light of economic significance. Many children mean a big working force and accumulation of wealth. Children look after cattle, dig farms, draw water and fetch firewood. They also provide political security. Boys are recruited as warriors after undergoing circumcision. Children are an important resource to the community. As such the society is bound to protect, feed, bring up, socialize and initiate the children into the wider community. The extended family ensure that under normal circumstances, no child goes hungry or is homeless. It provides safety nets for the children's protection and care.

Speaking about the importance of children among the Bakiga of South West Uganda, Benoni (1983:16) observes that women who could not bring forth children, suffered enormous ridicule in the Bakiga society. If a wife was found to be barren, the husband would either divorce her or remarry. Barrenness is attributed to offended ancestral spirits. Children acted as security for their parents when they became old. They were an economic asset in terms of doing work quickly and growing plenty of food. This would help one to dispense patronage over one's relatives. Mbula (1982) emphasizes the importance of children among the Nandi. She recounts that, children were seen as a blessing from God (*Asis*). A childless mother was pitied. Children kept the fire burning in the family.

Usabutey (1990:89) sums up how important children are, upholding that whoever has a wife and children has given hostages of fortune; for they are impediments to greater enterprises either of virtue or mischief. This implies that children may bring happiness or worry. He goes on to argue that the philosophy of a group of families banded together naturally constitutes the philosophy of the village, town, city, tribe or nation. This philosophy, whatever nature it takes on, treads about life and one of the ways in which it is demonstrated is in marriage.

Children as discussed above are an important resource rather than cost on parents. It is the obligation of society to take care of its children. Thus, bring them up, educate, feed, protect and initiate them into the wide community

The three approaches show the importance of children in the society and the difficult circumstances they find themselves in. Thus, the Church response to children orphaned by HIV/AIDS in Kericho County cannot be underestimated.

1.7.2 The Traditional African Perspective on Orphanhood

In traditional African culture, orphans are cared for within systems (Jackson 2002, Onyango and Kayongo, 1984). African marriage commonly linked not only two individuals but also two families. Indeed, their resources extended to family groups pooling economic resources and pulled together in times of crisis or tension. The family members ensured that orphans had maximum care, protection and love. They

knew that the children had already suffered enough grief and did not need to be reminded of those sufferings.

The orphans would be brought up by their aunts and uncles just like their own children. It was understood that orphans must not be mistreated because it was an abomination to God. This meant that children were given equal chances to grow and develop to be responsible adults. They were given property by their parents because it was their birthright. Hence, the feeling of communal solidarity and togetherness ensured child survival. The popular feeling was that there was no child neglect and abuse in traditional African society (Ibid).

However, in some African traditional communities, the treatment of orphans was not always glorious. There were taboos about who to support. This brought a barrier to caring of orphans in the community. Children whose parents die of stigmatized causes such as suicide or other abomination ailments such as leprosy are socially marginalized from the rest of people and other children.

Among the Teso of Kenya, people suffering from terminal illnesses like leprosy and tuberculosis among other abominable diseases were taken to the bush and tied to a tree firmly and left there for the hyenas and other animals to feast on. Their children were taken in by the relatives of the dead people. However, the whole family of the deceased was socially marginalized (Pastor O.I 17.9.2007).

Among the Abagusii, such a family suffering from terminal illnesses was counted as an outcast. There were elements of ostracism. No one would marry from or get married to such a family. Children from such families would never mix freely with others in the community. The children were raised by the members of the stigmatized family. Such families were despised. No family would readily support children from such families. There was the fear that doing so would attract the wrath of the ancestral spirits to such people and even the whole community. In addition, if any misfortune befell the family in future the blame would be on the children who had such sickness (Pastor O.I .17.9. 2007).

Goffman (1963:8) notes that moral transgression is one of the causes of stigma. Such moral transgressions include: suicide, rape, bestiality among others. He notes that the moral transgressions create a special group in the community which is looked down upon. This is passed on to generations to come. This means that all the members of this lineage will be despised. He also notes that the stigmatized often accept the labels which society has given them. These are labels which impact negatively on them. They may accept poor and unequal treatment. The ultimate effect of stigma is the reduction of the life chances of the stigmatized through discriminatory actions. This implies that orphans who came from such families often suffered.

The study found out that there were cases of stigmatisation. The testimonies from some pastors and children orphaned by HIV/AIDS attest to this. Two pastors

observed that three orphans insisted on being given their own utensils and even beds and bathrooms to use. A founder of a Christian home revealed that five of the orphans under his care did not go for holidays because they experienced distress and social isolation from their relatives. Some orphans testified that friends at school laughed at them.

1.7.3 The Contemporary Perspective on Children

The contemporary African society faces a lot of socio-economic challenges that have changed the traditional outlook to the modern one. There is a breakdown of traditional value systems amid rapid urbanization. Above all, there is the devastating impact of HIV/AIDS on children. The number of orphans is increasing daily while there are a few support systems for them outside the family.

Preble (1994) explains how children orphaned by HIV/AIDS are a tragic manifestations of the worldwide pandemic. They are joining those now referred to by UNICEF as children in extremely difficult circumstances, including children endangered by armed conflict and other disasters, those exploited through child labour, street children and those who are victims of abuse and neglect. Thus, the future looks bleak since they do not get any social support.

The children orphaned by HIV/AIDS are increasing by the day. The traditional African society's ways of taking care of the orphans and orphanages are not enough

to cater for the increasing number. These unique challenges have drawn the attention of global organizations such as, World Health Organization (WHO), United Nations Children's Fund (UNICEF), and other human rights groups to come up to speak for the contemporary child (Ibid).

Children have basic needs and rights which ought to be addressed for normal growth and development. These include food, shelter, and protection, to feel loved and cared for. These would help them develop a positive self-image. This promotes self-construction of individual children. These needs ought to be met within a family set up, meaning a child needs a home and both parents. Children who do not have a home are disorientated, insecure and rejected. This kind of insecurity and rejection may come as a result of divorce or death of the parents. The study revealed some of the children orphaned by HIV/AIDS have faced insecurity and rejection as a result of the death of their parents. A few pastors have adopted some orphans.

Bayley (1996:110) observes that all children expect their parents to be there for them, show concern for their safety and well being. They should be available with food, or a hug or a sympathetic ear or a bicycle or a book or money, according to the need at the moment. This expectation that parents will be there persists well into adult life, until the demands of their own children open their eyes to the realities of parenthood. If parents are able to meet these needs well enough, then a child develops a basic trust in the goodness of the world which is the natural foundation for trust in God.

However, children who are deprived of the fundamental security of a reliable and present parent particularly in the first three years of life, are as seriously disabled as children who suffer from malnutrition and just as likely to show long-term stunting growth. At the end of life, expectations are reversed, as ageing parents hope, that middle-aged children will be attentively present to their own needs as they approach physical death (Ibid).

Children's nutritional needs should also be met. They require food for the supply of energy for their very active lives and also for growth and development. These nutritional needs should be met within a family set up. Children who are orphaned by HIV/AIDS feel uncertain, insecure, abandoned and unprotected. Children also want to feel loved, cared for, valued and respected in order for them to develop a positive self-image, to value and to respect themselves. This enhances self-construction of individual children (Waithanji, 1999).

It is important to prioritize the needs and rights of children. This is because children represent tomorrow's world. Any society which does not care about its children is under a threat, however well it may seem to function.

Children should have parents especially in their early years of life. The parents are the primary attendant figures and role models for children's learning. Marsland (1989:115) laments that, some parents abdicate their responsibility towards their children at a tender age, creating a vacuum which schools and special organizations

have also failed to adequately fill. Parental authority and guidance are an important need for children during their formative years. The need for new experiences, relationships with their peers, formation of values and a proper worldview call for adequate parental guidance. This is a prerequisite for youth and adulthood.

The study found out that some children orphaned by HIV/AIDS lacked parental guidance. In addition, they do not relate well with their peers. This means that they are not well prepared for adulthood. The Church, however, is making some effort to assist a few in the study area.

The modern society's provision of basic needs to children is inadequate. It does not cater for the social, emotional, intellectual and spiritual survival of children. In late 1989, the General Assembly of the United Nations unanimously adopted the Convention on the Rights of the Child. The Convention aims at setting universal standards to defend children against injustice, neglect and abuse. The Convention addresses four areas of children's rights: survival, development, protection and participation in society. The intention is that the best of the interests of children shall be the guiding principle for all decisions affecting their health, well-being and dignity.

Survival covers the children's right to life, access to health care, including immunizations and curative care, adequate standards of living, food, clean water and a place to live. Each child also has a right to a name and a nationality.

Development entails the right to education, rest and leisure. The Convention of the Rights of the child seeks to protect children from economic, sexual and other forms of exploitation. Each child has a right to freedom of expression, information, thought, conscience and religion. Participation stipulates that parents and guardians should give due weight to the views of children when making decisions in accordance with their case and maturity. They are to raise children to be able to play an active part in society at large. Thus, the normal growth and development of children will depend on the observance of their rights.

Any person or conditions that deny or prevent children from realizing these rights constitute an abuse. The concern for children orphaned by HIV/AIDS is essentially that of the protection and promotion of the children's rights and not just satisfaction of their basic needs such as food, shelter and clothing (Waithanji, 1999).

Jackson (2002) underlines up the importance of children evoking that caring properly and fully for children today is the best investment a nation can make for national stability and prosperity. Good care entails catering for physical, emotional, social, educational and material well-being. This is essential for HIV prevention and care as it is for long-term, social stability and development.

From the foregoing, children's needs should be holistically addressed. If they are not addressed especially at childhood, their physical, intellectual and emotional development will be impaired. The study found out that children orphaned by

HIV/AIDS do not do well at school. They are easily provoked and are aggressive towards others.

1.7.4 The Contemporary Perspective on Orphanhood

In the contemporary society, globalization has had an impact on relations in the family. The advent of civilization and westernization has changed cultures and traditions. Traditionally, people cared for one another. In the modern society, conflicts among the family members stretch their oneness beyond measure. When a family member dies their togetherness ends at the grave site. Our sisters' or brothers' keeper as was in the past is no longer there. The gloomy circumstances have further been compounded by the advent of the HIV/AIDS in the African continent which has claimed many lives leaving behind many more orphans and miserable families, (www.africare.recovery.org).

African governments are trying to develop and implement solutions to the plight of HIV/AIDS orphans. Some have created new laws and policies to protect and help children defend their inheritance and rights to property. They are trying to provide child advocates to help children redress exploitation and they are trying to offer adoption and fostering stipends, public welfare assistance, access to education and health services for the poor children and families. However, only a small percentage of needy families have access to such government safety nets. Governments still rely

on communities and volunteers to provide the bulk of social services for children orphaned by HIV/AIDS (Hunter and Williamson, 2000:192).

The scenario about the suffering of the children orphaned by HIV/AIDS today is vividly given by Lewis, a UN special envoy. He describes the scenario in Zambia as follows:

“We entered a home and got the following; to the immediate left of the door sat the 84 year old patriarch, entirely blind. In the hut sat his two wives, visibly frail, one 76, the other 70, between them, they had given birth to nine children, eight were now dead and the ninth was clearly dying. On the floor of the hut jammed together with barely any room to move or breath were 32 orphaned children ranging in age from two to sixteen. It is common place that grandmothers are the care givers of orphans” (www.africarecovery.org).

Additionally, Bellamy (2005:2) stated that, the silence that surrounds children affected by HIV/AIDS and the inaction that results is morally reprehensible and unacceptable. If this situation is not addressed now with increased urgency, millions of children continue to die and tens of millions more will be marginalized further, stigmatized, malnourished, uneducated and psychologically damaged. This means that the contemporary circumstances in which children are orphaned by HIV/AIDS beckon on the Church to be more actively involved in their welfare.

The children orphaned by HIV/AIDS are left poor when their parents die.. Poverty is a primary cause for lack of basic needs. The basic needs are: food shelter and clothing. There is also lack of health care. This is because they are unable to meet medical care costs or sometimes it is assumed that they are infected with HIV and

their illnesses are untreatable. They are exposed to myriad of ill-health problems including malnutrition and stunted growth. They can't concentrate in school because they are hungry (Nyambedha, 2001).

Preble (1994), Bayley (1996), Bauley A. (1996), Paterson (1996), Onyanha and Shorter (1998), Jackson (2002), UN (2004), NASCOP (2005) and Bellamy (2005) agree that orphans lack proper care and supervision and that they are often placed under the care of the extended family, especially the grandparents who are elderly and lack the resources and capacity to look after them. Some orphans, as young as ten or twelve years, have become “heads of families”. Orphans assume parental role including, care for ailing parents and younger siblings, food production and income generating activities. This has robbed them of their childhood and has forced them to take on adult roles at a tender age.

These children are ostracised. They are neglected, marginalized, discriminated upon and stigmatized. Some of them fall prey to criminal acts. Such acts include: child trafficking, child labour, child abuse, drug abuse and neglect. The relatives have taken away the land left by parents of the children orphaned by HIV/AIDS. The orphans have been left helpless, in misery and abject poverty (United Nations AIDS Programme (UNAIDS), 2007)

The situation has worsened because, young girls are the most affected. They are sexually exploited. They become single mothers at the age of fourteen. At this age,

they do not have knowledge on how to take care of babies and even themselves. They are not experienced in matters of responsible parenthood. These children born to premature mothers are subsequently abandoned to themselves and the vicious cycle of misery repeats itself (Ibid).

As AIDS consume a large share of the family's income, there is a likelihood that the orphans' education could be interrupted because costs go to care for sick parents. This dropping out of school severely diminishes their career prospects. Consequently the orphans are not able to realize their rights to education. For those who manage to be in school they often have to endure the stigma and ostracism resulting from the rumour or suspicion on the part of the pupils or staff that their parents are HIV positive or died from it (Mtize, 2000).

The KBC Television News Bulletin Friday January 12, (2007) talked of a six-year-old orphaned HIV positive girl who was denied entry to nursery school because of her status. This is in contravention of a child's rights since every child has a right to education, survival, development and protection (NASCOP 2005).

The orphans subjected to discrimination and the stigma associated with AIDS, are either considered potential AIDS carriers or judged by society according to the perceived sin of promiscuity of their parents. All these strongly affect their self-esteem. Due to this discrimination some extended family members shun from adopting them. They are ridiculed by peers and denied access to health care facilities

and social services. Some of these children end up in the streets, while others are exploited for labour or for sex in exchange for shelter, food and other basic necessities. This form of exploitation further exposes them to HIV/AIDS and other diseases (Ann, 2001).

Daily Nation Friday 18, (2006) observed that orphans were a common target for abduction. The abducted orphans from Busia are taken to Nairobi, Mombasa and Malindi. Others are shipped to the United Kingdom and the Middle East. They are employed here as domestic workers. The conditions here are intolerable. They are treated as slaves.

A survey conducted in Siaya, Suba and Busia Counties revealed that relatives are involved in trafficking. They lure the orphans out of their rural homes with promises of better life and education in towns. These orphans are denied parental love, and affection. The orphans become withdrawn and some show anti-social behaviour for which they are punished (Peter Ngare, Daily Nation Friday 18, 2006).

Children orphaned by HIV/AIDS risk violations of property and inheritance rights. There is property grabbing before authorities can ensure that assets are distributed to the rightful beneficiaries. Many children become homeless and take to the streets. All these burdens come at a time when orphans are trying to overcome emotional pain and grief of losing their parents (Joane, 2002).

Often the orphans are emotionally vulnerable and financially desperate. They are likely to be sexually abused and forced into exploitative situations such as prostitution, domestic chores and manual labour as a means of survival. They participate first in household level and outside the household. Exploitative child labour is common outside the household (Sithole, 2000).

Sibling separation results in the orphans suffering separation, trauma, loss and emotional stress, instead of the intended goal of lightening the burden of those who take the mantle of care. In addition, there is situational trauma in which orphans in urban areas are largely taking care of themselves, hence cannot afford service bills such as, water electricity and rent rates (Ibid).

In the study area, children orphaned by HIV/AIDS are facing a lot of problems such as unmet physical needs, disinheritance, and stigma, among others. The study revealed that some orphans depend on well-wishers for the basic needs. A good example is orphan (Orphan1 O.I.17.9.2007). A director of one orphanage observed that once the orphans are in the institution relatives divide their property among themselves leaving the orphans in the institutions out. Once they leave the orphanage they do not have a home to go to (Director O.I. 21.7. 2007).

The orphans are also stigmatised, for instance they are given their own utensils to use and sleep separately. Some relatives refuse to take in some orphans because they

fear that the orphans may be infected and may pass the disease to their children. The orphans lack adequate parental love and protection (orphan 2 O.I. 17.9. 2007).

The studies above provided a platform for inquiry into the situation of children orphaned by HIV/AIDS in Kericho County and determine what the Church was doing to assist them. In addition, the studies gave a better understanding of some of the problems affecting children orphaned by HIV/AIDS. This formed a bedrock for the study.

1.7.5 Biblical View on Children

In the Bible, childlessness is considered a curse which springs from one's own sins. "They shall bear their sins; they shall die in childlessness," (Leviticus 20:20). Children are important; they give meaning to life. Jacob's wife Rachel in her words to him 'give me children or I shall die shows this (Genesis 30:1).

Children make a mother sure of her fertility which brings her joy, pride and happiness (Psalms 113). The Law of Moses dictated that, "If a man dies without having children, his brother should marry the widow and raise up children for the brother,"(Matthew 22:24). This shows that children are heirs to their parents and fulfil their lives. They help in continuity of life. Parental care, concern and responsibility towards children are expressed in the Bible.

Children are a gift from God to the parents (Psalms 127:3), thus, it is a divine blessing to have children. The case of Abraham begetting a child in his old age is evidence of divine blessing. Having many children is, therefore, understood as abundance in blessings (Psalms 127:3). Children are valued before they are born, (Jeremiah 1:5). This shows that God knows human beings when in the mother's womb. He can mark them for His service before they are born.

The children are accorded respect and recognition as evidenced by the healings of Jesus. Examples of these include; the raising of Jairus' daughter in (Mark 5:22) and exorcism of the boy with an evil spirit in (Mark 9:17-27). Parents have a duty to teach their children God's word (Proverbs 1:8). Timothy is a good example of the positive impact a godly home can have on a person, "I know that you sincerely trust the Lord, for you have the faith of your mother Eunice and your grandmother Lois" (Timothy 1:5).

There should be no racial or ethnic discrimination upon children. They should be treated equally. The story of the Canaanite woman attests to this. The woman came to Jesus to ask him to heal her daughter possessed by a demon (Matthew 15:21-28). Jesus healed her child.

When children are treated fairly, it is seen as service to God. Indeed, "whoever welcomes a little child like this one in my name welcomes me. If anyone should cause one of these little ones to lose his faith in me, it will be better for that person to have a large milestone tied around his neck and be drowned in the deep sea,"

(Matthew 18:5-6). However, spare the rod and spoil the child, Proverbs 13:12, has been considered by some people as encouraging violence against children. Some scholars agree that this was not a sanction from God but one made by Solomon. Thus, violence against children is not willed by God. This implies that children should be duly taken care of.

In the Bible, Jesus takes seriously the importance of saving children from death. He walks with a desperate parent to see a dying child. He arrives at the bedside of the dead child and calls her from death to life (Mark 5:21-43). The story gives us a good example for parenting in the HIV/AIDS era, where children live under the threat of death. It particularly calls for caring fathers, men, mothers, guardians, among others, to protect children from HIV/AIDS and death (Dube, 2003). The Church in the study area is supporting children orphaned by HIV/AIDS.

Jesus faced a lot of criticism because he spent time with the wrong people. These were: children, tax collectors and sinners. The disciples also felt that, Jesus should be spending more time with prominent people to improve his position and avoid criticism. On the contrary, Jesus wanted to speak to those who needed him most. He commands his disciples to leave the children to go to him. "let the children come to me, do not hinder them, for the kingdom of God belongs to them," (Mark 10:13-16).

The contemporary society in which children find themselves, beckons the Church to be more actively involved in their welfare. This is because many communities and

families are still not used to or open to the concepts of children's rights. The rampant abuse and exploitation of children underlines the need for Church involvement. In particular, children are raped by men and relatives who believe that they are cleansing themselves, of HIV/AIDS. This shows that there is urgent need to protect the rights of children. The Church can seek to become a parenting church, which insists on calling children from death to life. It can become advocates for children's rights. Like Jairus was concern with his daughter's well being, the Church should take a leading role in protecting children in vulnerable situations (Jorge, 1990).

The scriptures mentioned above provide theological basis for the protection of children in the wider society, especially in this HIV/AIDS era. The Church in the study area has put some effort in assisting children orphaned by HIV/AIDS. Some Churches have programmes to that effect.

1.7.6 Biblical Perspective on Orphanhood

Various theologians including Mitchel (1901:612), and Elwell (1996:585) observe that an orphan is a person who has been deprived of either both parents or one parent. Elwell (1996) asserts that in the Bible, orphans and widows are usually mentioned together as an epitome of the poor and deprived of society.

In the Old Testament, the Lord passionately desired the protection of the orphan. We read in part, 'do not take advantage of a widow or an orphan. If you do and they cry out to me, I will certainly hear their cry, my anger will be aroused and I will kill you

with the sword, your wives will become widows and your children fatherless” (Exodus 22:22).

To have compassion on the powerless represented by the orphan, is to bear the same zeal as God who is known especially as the helper of the fatherless and helpless, (Psalms 10:14). Consequently, the yardstick by which an Israelite society measured in the prophetic critiques is its concern to protect and provide for the totally dependent such as the orphan. If the Israelite society did not take care of orphans it was regarded as a sin, (Isaiah 1:23) ‘Your leaders are rebels and friends of thieves. They are always accepting gifts and bribes. They never defend orphans in court or listen when widows present their case. The implication is that the, Israelites did not care about the needy, they exploited them. God would punish them. The Bible emphasises on the need to show compassion and take care of the orphans especially children orphaned by HIV/AIDS.

The Old Testament asserts further that, true repentance meant justice for the orphan. ‘Stop taking advantage of aliens, orphans, widows, foreigners and poor people, (Jeremiah 7:6, Zechariah 7:8-10). Isaiah calls people to make themselves clean and encourage the oppressed. ‘Wash and make yourselves clean. Take your evil deeds out of my sight! Stop doing wrong, learn to do the right, seek justice, and encourage the oppressed. Defend the cause of the fatherless, plead the case of the widow’ (Isaiah 1:16-17).

The Bible supports an organized system of caring for the poor. God told his people to use their tithes every third year for those who were helpless, hungry or poor. It was everyone's responsibility to care for the less fortunate. 'At the end of every three years, bring all the tithes that you produce and store it in your towns so that the Levites, aliens, the fatherless and the widows who live in your towns may come and eat and be satisfied. The Lord your God shall bless you in all the work of your hands, (Deuteronomy 14: 28-29). Some churches and individual Christians in the study area occasionally contribute materially and financially to assist the children orphaned by HIV/AIDS. God counts on the Church to provide for the needy. The mission of the Church includes thinking of ways to help the needy. The Church should not invent reasons for not helping them. She should respond to their needs, no matter whom or what was responsible for their condition.

The Church in Kericho County has made some effort to assist the children orphaned by HIV/AIDS. It has provided food, shelter clothing and education to some of the orphans. Some Christians have adopted some orphans.

A metaphorical usage of the word orphan occurs when Jesus Christ stated at the last supper that, he would not leave his disciples as orphans but come to them in the presence of his Spirit (John 14:18). It is this spirit that allows Christians to call out Abba, father (Romans 8:15). Howard (1901) agrees with Ewell: they observe that the fatherless orphans are included among the needy, who need mercy and

compassion. He quotes from Deuteronomy 10:18 ‘God makes sure that the orphans and the widows are treated fairly.’

James reminds the Church to provide for the needy, not just food and clothing but even emotional and spiritual needs. “If a brother or sister is without clothing and in need of daily food, and one of you says to them, ‘Go in peace, be warmed and be filled and yet you do not give them what is necessary for their body, what use is that?’” (James 2:15).

The Biblical perspective on orphanhood shows that, God loves and cares for the orphans and wants his followers to love and care for them too. This is a call to the Church to be more actively involved in their welfare.

The mission of the Church is based on the liberation action of Jesus as recorded in the scriptures. Jesus was sent to set the captives free and to free the down trodden from their oppressors (Luke 4:16-20). This involves the need to restore wholeness and dignity to the orphans, widows and sinners. The Church should serve the whole of humankind. For it to be relevant in the contemporary society, it has to make sense in its context. True and relevant religion involves visiting orphans and widows in their affliction and suffering (James 1:27). It is therefore a call for it to not only obey the great commission to go and make disciples of all nations baptizing them in the name of the Father the Son and the Holy Spirit , but also to offer assistance to the needy in their predicament (Mathew 28:19).

Today, the Church in Kenya has been on the forefront in trying to provide social services to the needy in terms of food, clothing, shelter, among others. In spite of the efforts by the Church, the problem of children orphaned by HIV/AIDS is still felt. This is what has necessitated a study like this one to determine what it has done for the children orphaned by HIV/AIDS in Kericho County

1.7.7 Historical Review of Policy Responses to Curb the Spread of HIV/AIDS

In Kenya, the Ministry of Health (MOH) instituted an AIDS Control Committee in 1987, when it developed the first 5 year strategic plan for AIDS control (1987 – 1991).

The second plan was for the period (1992-1996). Sessional Paper No 4 of 1997 on AIDS in Kenya marked an important change on the political front and outlined a new institutional framework. The GoK had it that the number of orphans were increasing yet institutions and extended family capacity to cope was frustrated (MOH 1997).

Increased public and political commitment was evidenced in 1999 when President Daniel Arap Moi declared AIDS a national disaster. A declaration of total war on AIDS was one of the first acts of President Mwai Kibaki. He encouraged Kenyans especially religious leaders to come together to fight HIV/AIDS. Prevention services were offered through these religious leaders. They held workshops, seminars and even Church services to sensitize people on HIV/AIDS. They also guided and

counseled those infected. Some HIV/AIDS orphaned children were identified and taken to Homes. Constituency AIDS Control Committees (CACCS) and County Technical Committees (CTCs) embody this multi-sectoral response.

Kenyans are involved in a comprehensive effort to confront all aspects of the disease, its spread and impact. The government has put in place policies and infrastructure to help implement programmes at all levels and has issued guidelines for conducting activities in all HIV/AIDS related areas (NAS COP 2005). The latest effort is the Kenya National HIV/AIDS Strategic Plan (KNHSP) (2009-2014).

The main aim of this Strategic Plan was to reduce risky behavior through education, encourage community participation in controlling the virus, educate young people about HIV prevention by using condoms, male circumcision, avoid multiple partners and to go for testing (NACC, 2009-2014). In addition it wants to eliminate new infections among children and reduce AIDS related maternal deaths. It also wants to reduce transmission of HIV among people who inject with drugs, prevention of mother to child transmission and treating people who are living with HIV with life saving antiretroviral treatment (Annual Report and Financing 2012).

Greater international and national commitment to address HIV/AIDS globally has been seen through the United Nations General Assembly Special Session on AIDS (UNGASSA), the Abuja Declaration and the Millennium Development Goals (MDGS). This commitment has led to increased resources allocation and

international support; the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), the US President's Emergency Plan for AIDS Relief (PEPFAR), among others.

NACC, identified activities to mitigate effects of HIV/AIDS on the OVC as a major component in their (2006-2010) strategic plan. Efforts were also being made by the Government and concerned bodies to draw up a policy. Despite the Government drawing up of policies, there were challenges in coordination to maximize efficiency and minimize wastage, as well as lack of affordable treatment (NASCOP, 2005).

County Development Survey (2002 – 2008) shows that the Ministry of Health had put in place measures to sensitize the community on the prevalence of the disease and its consequences in Kericho County.

In Uganda, the 1980s and early 1990s created an urgent need for HIV status. The Ugandan bodies like, the AIDS Support Organization (UASO), Uganda Red cross (UR), Nsambya Home Care (NHC), the National Blood Bank of Uganda(NBBU), the Uganda Research Institute (URI) and the Ministry of Health (MoH) established the AIDS Information Centre in 1990 to provide HIV testing and counseling services with the knowledge and consent of the client involved (Peter, 2007).

In 1992 a multi-sectoral AIDS control approach was adopted and development of a national HIV/AIDS policy was done. The promotion of condom use and abstinence

was advocated for. In addition birth control practices and safe infant feeding counseling was done by MoH. In 2000, 41,000 women received mother to child transmission prevention services (Baryarama, 2004).

In the USA, there was provision of funding to address global HIV epidemic in 1986. In 1999 president Clinton announced the initiative to address HIV in fourteen African countries and India. In 2002 president Bush announced the international mother to child HIV prevention initiative focused on 12 African and 2 Caribbean countries.

The creation of the President's Emergence Plan for AIDS Relief (PEPFAR) in 2003, brought significant new attention and funding to address the global epidemic as well as tuberculosis and malaria. In 2008 PEPFAR was reaffirmed for an additional of 5 years at up to 48 billion pounds. In 2013 the PEPFAR Stewardship Oversight Act of 2013 extended a number of existing authorities and strengthened the oversight of the program through updated reporting requirements. In 2016, Congress appropriated a total of 5.2 billion for bilateral HIV/AIDS and 1.35 billion pounds for the Global Fund totaling 6.6 billion. The president's 2017 budget request for bilateral HIV project is 5.2 billion (UNAIDS, 2015).

In Japan, the government has taken effective measures to promote prevention and awareness-raising regarding sexual transmission of the disease. Fighting infectious diseases has been given top priority in Japan's Official Development Assistance

Scheme (ODA). There is also civil society's involvement. The 100 community-based organizations involved in HIV/AIDS, are run on voluntary basis by medical experts. They have been effective in conducting prevention programs and offering care and support, (Fiedman, 1999).

In 1977, the AIDS Clinical Chapter (ACC), the health and labour sciences were established in order to provide the latest treatment and promote clinical research on potential cures and new treatment. The health and labour sciences research grants also designated funds to support research on HIV/AIDS.

There is advocacy for voluntary HIV testing in order to gain a better grasp of the spread of the epidemic. There is also AIDS education, awareness and campaigns centred on the world's AIDS day on 1st December and education programmes organized at school from primary to senior high school levels. Assistance has been extended to provide training for policy makers and medical experts in the areas of HIV testing, diagnosis of STI's and HIV /AIDS. A good example is the AIDS managerial course for staff from Japan and Indochina. Japan uses documentary photography. These are exhibitions being held on HIV/AIDS. They relay the reality of the epidemic in a visual form that can have a strong impact on the public, making it a very powerful means to convey a message (Kihara,2003).

This information is useful to the study due to the fact that it shows the efforts governments both nationally and internationally are making to control the spread of HIV/AIDS which may lead to an increase of children orphaned by HIV/AIDS. This

is the backbone of the study. In addition, the report has not shown what churches have done to help the children orphaned by HIV/AIDS. The present study assessed the role of the Church in providing for the needs of children orphaned by HIV/AIDS in Kericho County.

The churches also have policies for combating the pandemic. Since the first AIDS cases were discovered in 1980, the Catholic Church has directed her efforts at its prevention. The Church has brought awareness about the disease, its nature, modes of transmission and its social and spiritual consequences. It has also provided facts about HIV/AIDS such as, various types of risk behaviour that increase its transmission and education for responsible living (Gerald, 1992).

Other bodies such as the National Council of Churches of Kenya (NCCCK), All African Conference of Churches (AACC), and Map International, among others, offer seminars for Church members on HIV/AIDS. The churches are fully involved in producing and distributing HIV/AIDS materials as an integrated part of prevention campaigns. These include: posters, audio visual cassettes, handbooks and booklets for counseling. They also give counseling services and prepare manuals on HIV/AIDS. They promote AIDS awareness and its prevention to the public (Onyanha and Shorter, 1998).

The Church distributes food, clothing, medical facilities and beddings for patients and orphans. Grandparents who are taking care of children orphaned by HIV/AIDS and whose economic conditions cannot meet these basic needs are taken care of.

They offer compassionate care to the infected and affected that NGOs or governments cannot give (Ibid).

This study is in tune with the above observations, that the church has a role to play in sensitizing people on the AIDS pandemic and also caring for the needy. The study sought to find out what the Church in Kericho county was doing to help the children orphaned by HIV/AIDS.

1.7.8 Impact of HIV/AIDS on Various Sectors

Zylista (1984), Day (1991), Paterson (1996), Jackson (2002), Odundo and Owino (2004), UN (2004) and NACC (2005), explain that half of the reported HIV/AIDS cases occur among the economically active and productive segment of the population viz 16-55 years.

The pandemic is associated with low rates of investment because of high dependence ratio, increase in the cost of health care because of the rising number of people seeking health care services, overstretched hospital facilities and diverted investment attention. This is because the GoK and the stakeholders channel funds to income generating activities (IGAS) and other social welfare facilities at the expense of the care for the infected and the orphans.

HIV/AIDS has a great impact on agriculture. There is low income from farming. This is because of illnesses, absenteeism and death of farmers. In many cases, it means switching from cash crops to subsistence farming. AIDS-affected families are

forced to make irreversible decisions to sell livestock, equipment and land over AIDS related expenses leaving family members in poverty from which it is hard to escape (NACC, 2005).

On education, teachers' participation and performance in the learning process is adversely affected by HIV/AIDS pandemic due to teachers' absenteeism. Teachers dying of AIDS are not being replaced and this compromises the quality of education. School attendance by both infected and affected pupils is poor. Poor attendance and dropping out of school is attributed to impoverishment of the affected families and death of parents (NACC, 2005). The observations above helped the study to assess the plight of children orphaned by HIV/AIDS in Kericho County.

1.7.9 Care of the Orphans by the Community and the Church

Jorge (1990), Roy and Bebaw (1990), Onyanha and Shorter (1998) and Jackson (2002) observe that, it is important to start programmes that can help the orphans cope with the challenges that face them. They note that the extended family is supposedly reasonable and more human than sending them to institutions of one kind or another. Care programmes involving the extended families should therefore be started early instead of sending them to orphanages. The study looked at the Church's programmes geared towards assisting the children orphaned by HIV/AIDS in Kericho County. Some of the programmes have employed extended family approach.

Jackson (2002:279) further concurs with Onyancha and Shorter (1998:16). He observes that support efforts must be primarily community driven and owned, or community supported with external assistance. This means that, support should start at the local level with county level coordination within a provincial and national policy framework. The idea of helping orphans brings communities together. This can help them to discuss other issues related to, health, sanitation, nutrition, and support for home-based HIV/AIDS care. It also helps them to address other shared concerns such as, education and prevention activities.

The above studies have suggested ways in which orphaned children can be taken care of by the individuals, the community, NGOs and the government. They propose that church organizations should sensitize extended family members about the need to love and care for the orphans. These observations have also helped the researcher to understand the community based approach. The study in Kericho County established how the Church had responded in sensitizing the community on the care for the orphans.

Shepherd and Moreland (1990), Clarke (1994) and Dertzbach (1998) observe that, one of the chief modes of transmission (which is promiscuity) should be discouraged by church leaders. Church leaders should impress on people to abstain from sexual relations before marriage or remain faithful within a monogamous marriage as supported in (Exodus 20:14). They add that, the Church should establish counseling

centres and ministries for orphans. It should also encourage individuals to establish their HIV/AIDS status by going for Voluntary Counseling and Testing (VCT).

Gitome (1999) notes that the Church should admonish their followers to recognize HIV/AIDS as a problem which needs urgent attention. Church leaders' influence should trigger changes on attitude and behaviour in order to curb the spread of HIV/AIDS. Individual churches should also help to fight stigmatization of HIV patients. Jesus' association with despised groups shows His fight against common stigmatization, tax collectors and prostitutes found refuge in Him (Matthew 21: 31-32). The story of the widow and the judge shows that widows may be neglected. In this story Jesus showed that justice should be done to the helpless (Luke 18:7-8). The Church should therefore strive to help those affected and infected by HIV/AIDS.

Samita (1999) observes that there is need to address the root problems of AIDS. Such problems include failure to discuss biblical approaches on sexuality in the Church and in families with the youth, lack of family life education for spouses and scarcity of local church based AIDS counseling classes. There is also lack of ministries for people living with AIDS, orphans, widows, widowers and lack of authentic Church approaches to persistent indigenous practice. These are; female genital mutilation (FGM), funerals, hair shaving and wife inheritance in the context of HIV/AIDS.

Samita (1999:177) gives reasons why the Church should actively involve itself as an effective body in helping the needy, especially those affected by HIV/AIDS. He observes that, historically and traditionally by their nature and mission, churches are community-centred and service oriented, preaching and practicing love, compassion and care for the disadvantaged and underprivileged in the society. Dealing with AIDS and its implications at a personal and communal level would be in consonance with its very divine essence and call. It should be in the forefront in proclaiming Christian hope, values and compassion.

Secondly the Church is closely connected with individual families and the community. It is also available in remote areas. This has put it in the centre of caring for the needy. The study revealed that, CHRISCO catered for the basic needs of orphans as already mentioned, such as food, shelter and clothing. It also catered for health care and the orphan's education.

Thirdly most church ministers have a considerable knowledge of those who need help because they are in contact and often interact with individuals and communities. In addition, the church ministers have some form of training or experience, handling difficult situations in life.

Furthermore, most Christian leaders both ordained and lay are generally regarded as role models. The Church in essence is an established active institution in Kenya with

structures, personnel, large membership facilities and activities throughout the country.

It should mobilize human material and financial resources channelling them towards effective strategies for helping the needy especially those affected by HIV/AIDS (Ibid).

Chauke (2003) observes that, churches in Zimbabwe took a detached stance in HIV/AIDS programmes. She therefore suggests that they need to be further educated and sensitized on HIV/AIDS. Though some try to get involved in trying to help the affected and infected, the stigma placed on the disease makes them retreat. The present study is intended to provide details of what the Church is doing to practically assist children orphaned by HIV/AIDS in Kericho County.

Onyancha and Shorter (1998:17) note that church related bodies have responded to the HIV/AIDS pandemic and the orphans in particular. In Nairobi for instance, they observe that the Christian Health Association of Kenya (CHAK), Christian Organization Research and Advisory Trust (CORAT), NCKK, AACC, the Presbyterian Church of East Africa (PCEA) and MAP International, among others, are at the forefront in promoting awareness on the AIDS pandemic and its prevention.

These organizations aim at reducing risky behavior through training, providing information on education and communication awareness in hospitals and health centres. The bodies also operate home care programmes for AIDS patients. The patients are visited and given counseling and treatment for opportunistic diseases associated with AIDS. They provide training of trainers and HIV/AIDS counseling manuals. They also empower citizens to help people living with AIDS. Others, like NCKK, broadcast programmes like 'the honey that kills,' targets youths, pastors, teachers and opinion leaders (Ibid).

The PCEA church runs a magazine 'Jitegemee' and has dedicated a column to AIDS talk. Individual projects such as Eastlands Deanery of the Nairobi Catholic Archdiocese, St. Mark ACK church, Holy Trinity, ACK church at Kibera and MMM Riara Health Project are out to create AIDS awareness and its prevention. Infected orphans are identified and placed in crisis centres or children's homes for example Nyumbani orphanage in Nairobi. This is in line with the mandate of the Church to care for the needy members of the society (Mark 1:40-4).

The above are planned responses to HIV/AIDS catastrophe in Nairobi. This is vital for the present study because it sought to find out the response of the Church to orphans' needs in Kericho County.

In conclusion, four categories of literature have been reviewed in this section. First, the perspective of children and orphanhood in traditional African society, the

contemporary society and the Bible. Second, the historical review of policy responses towards the HIV/AIDS pandemic. Third, general work on the impact of HIV/AIDS in various sectors and fourth, care of the orphans by the Church and the community. An in-depth research and scholarly exploration on the response of the Church to the orphans in Kericho is timely because it compliments what has previously been done.

1.7.10 Theoretical Framework

The theories used in this study include that of Functionalism and the Hierarchy of Needs. The proponents of the theory of functionalism include: Radcliff Brown, Auguste Comte, Bronslaw Malinoski and Emile Durkheim. The theory of functionalism stipulates that, every element of a system has a function that contributes positively to the continued operation of that system or negatively to its disintegration and change. The theory sees society as comprising of social institutions which govern human activity. What has no function therefore ceases to exist (Radcliff Brown, 1952).

The theory generally looks at the function of various structures in the social system. In relation to this study, it focuses on the contribution of religion to social system. Durkheim observes that, religion provides social cohesion to help maintain social solidarity through shared rituals and beliefs, social control, enforce religious-based

morals and standards of behaviour to help maintain order in society (Durkheim, 1997).

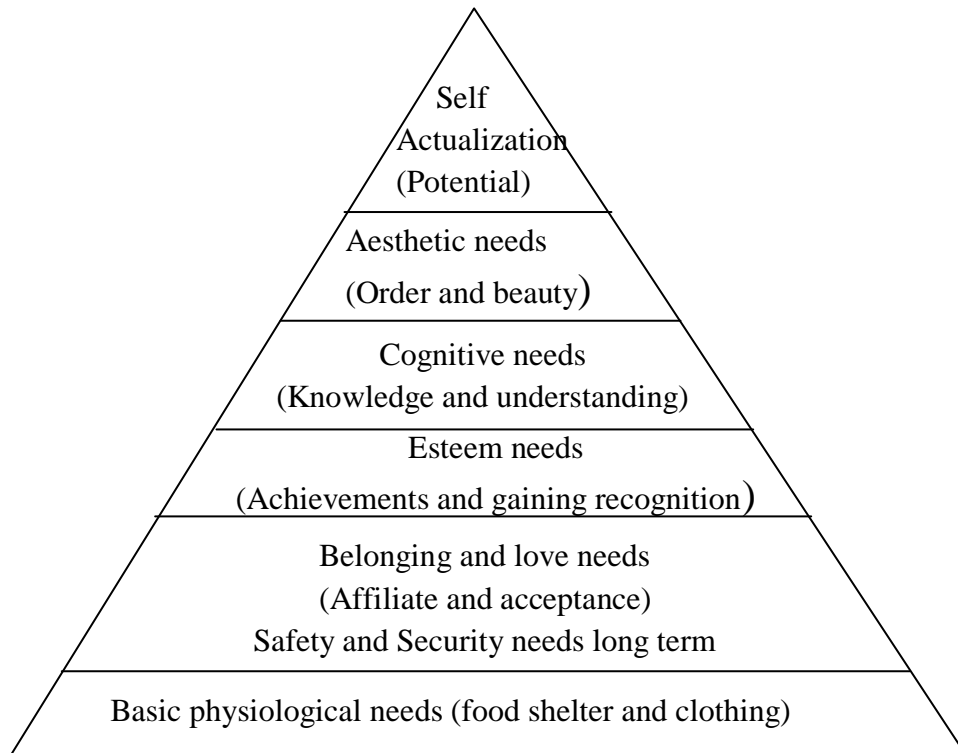
The theory is relevant to the present study because, religion has a big role to play in satisfying the needs of an individual in the society. It is necessary because society achieves its unity chiefly through upholding of certain values by its members. These values include honesty, love, reliability, faithfulness, among others. These values influence behaviour and their integration enables society to operate as a system.

The theory underscores that the Church (which represents religion) plays an integral function in the society. Her perceived role is to care for and nurture the needy members of society. Chauke (2003) observes that it is an agent of healing and compassion. It caters for the needy, the sick and the dying. It is, above all, a pool of human resources, which is willing to reach out to the needy such as, children orphaned by HIV/AIDS. Chauke underlines need for practical Christianity, one that stands up for the needy. The response of the Church to children orphaned by HIV/AIDS is the basis of the present study, hence the relevance of the functional theory.

The functional theory helps in the understanding of religion's social significance. Religion is defined in terms of what it does for the individual and society. The social function of the Church towards the needy children orphaned by HIV/AIDS in Kericho County, underscores the relevance of the functional theory of this study.

Abraham Maslow's theory of Hierarchy of Needs (1970) stipulates that, the key to human development and growth is the gratification and actualization of basic needs. He designed a theoretical pyramid of human needs showing two types of needs; the physiological and psychological. The physiological needs are the physical requirements for human survival. If these requirements are not met the human body cannot function properly. Air, water and food are essential for humans and animals. Clothing and shelter provide protection from elements of nature. The basic needs must be met before attaining psychological or higher needs. The higher needs are love and belonging, esteem and self-actualization. The diagram below represents Maslow's Hierarchy of Needs.

Maslow's Pyramid of Needs



In the diagram above, higher needs in the pyramid represent progressively less basic needs. Generally, humans progress upwards in the hierarchy when lower needs have been met. Maslow was aware of some people getting stuck on just one set of needs. Millions of them would live out their lives at the bottom of the pyramid. They would barely keep themselves and their families alive hence, would make no effort to actualize the potentialities they are born with. This is an impediment to their full human development.

Orphans have needs just like any human being. If these needs are not met, many of the children would lead unproductive and dependent lives. If the Church meets the needs of children orphaned by HIV/AIDS, it may allow the orphans to climb higher on the ladder of needs. They may experience self-actualization thereby, lead satisfactory lives. The study wants to find out the response of the Church to the plight of the children orphaned by HIV/AIDS in Kericho County.

The function of the Church in attempting to meet the needs of children orphaned by HIV/AIDS and enabling them to experience personal growth towards self-actualization is the main objective in this study. Therefore the two theories are relevant.

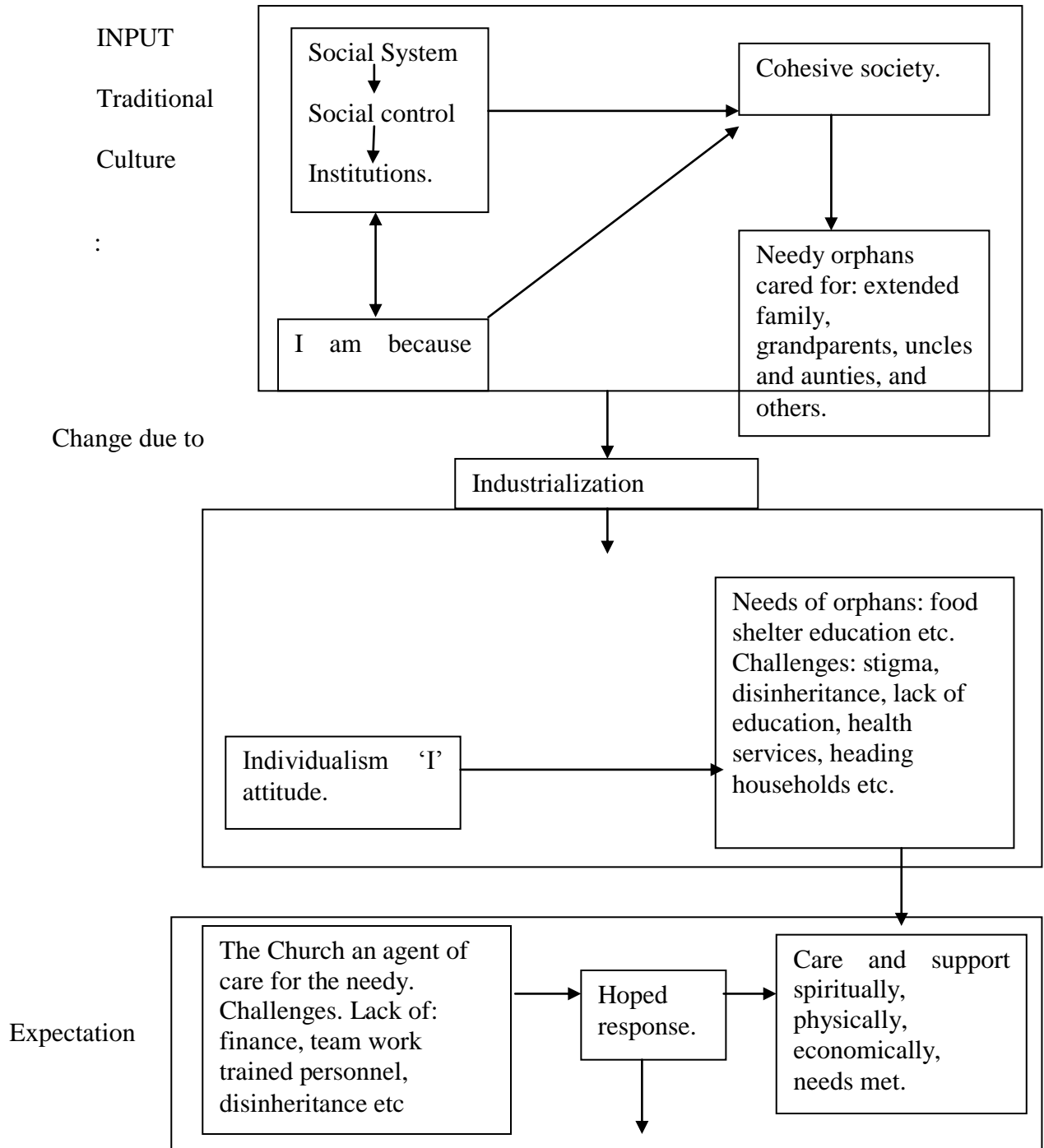
Maslow stresses that the basic needs should be met. Mbiti (1969) observes that clan systems provided closer human cooperation especially in times of need. Traditionally, orphans were absorbed into the extended family network, where their

needs were met. Orphans may suffer or be subjected to some kind of unfulfillment because of the changing systems. This calls on the Church to assist the children orphaned by HIV/AIDS.

The two theories in this study were used as a tool by which to assess the response of the Church to the orphans in Kericho County. Drawing on the two theories above, the findings showed that some churches have a program geared towards helping the children orphaned by HIV/AIDS. These are: A, B, C, D. In addition, some individual Christians have set up homes for these children. These are: E and F. Some pastors have also paid school fees for some of these orphans. This implies that the Church is making effort to assist the children orphaned by HIV/AIDS in Kericho County.

Conceptual Framework using Functionalism Theory, Maslow 1970 and Mbiti

1969



Source: Own source

Hope for the AIDS orphans.

The study found out that some children orphaned by HIV/AIDS were staying with their relatives. Such relatives included grandparents, uncles, aunts and older brothers and sisters. Customarily, orphans were in the custody of an extended family unit so that illness or death of parents meant a relative taking over responsibility for the child (Mbiti, 1969). This implies that communal solidarity and togetherness ensured child survival.

The modern society, however, faces many socio-economic challenges that have changed the African societies' outlook. Some of the children orphaned by HIV/AIDS in the study area reported that they were mistreated by their relatives. They were made to overwork; were woken up earlier than the rest of the family members to make breakfast, wash utensils, were the last ones to sleep among others. Some were heads of households while others had been disinherited.

Urbanization, westernization and industrialization have had adverse effects on the lives of children. Urban families face undue socio-economic stress because, they lack resources to meet individual and family needs. Thus, the emphasis is individualism, the 'I' attitude. The concept of the extended family is weakening due to urbanization. Furthermore, urbanization has led to the absence of members of the extended family who would care for the orphans. This is because they have moved from the rural areas to urban centres to look for employment. Therefore, the contemporary circumstances in which children orphaned by HIV/AIDS find themselves, calls on the Church to be more actively involved in their welfare.

The study established that the Church was actively involved in helping the children orphaned by HIV/AIDS. The Church cares and supports these children providing hope for the children orphaned by HIV/AIDS.

In the conceptual framework above, the indigenous social control institutions ensure cohesiveness in the society. They stress on the oneness of the society. One cannot exist in isolation hence "I am' because 'we are," (Mbiti, 1969). The cohesive society takes care of orphans. The care and support of the orphans is a community affair. Although westernization, urbanization and industrialization have brought individualism, the Church has the concept of oneness because it cares for all. This concept as underscored by the theories was adopted in this study to assess the situation of children orphaned by HIV/AIDS and the response of the Church to them in Kericho County.

1.8 Research Design

According to Trochim, (2005) a research design provides the glue that holds the research thesis together. It structures the research to show how all of the major parts of the research work together to try and address the research questions. It is like a recipe. Just like a recipe provides a list of ingredients and the instructions for preparing a dish, the research design prepares the components and the plan for successfully carrying out the research. It gives researchers the ability to look at whatever is being studied in many varying aspects and provides a bigger overview as opposed to other forms of research. Observational element is involved.

The research design for this study was descriptive survey. This is a survey in which information is collected from the environment. The variables are not manipulated as the research is carried out in a normal environment. This was ideal for this study because, in-depth data was collected from the respondents within a short time. It also strengthened the presentation and analysis of obtained data.

1.9 Area and Scope of the Study

Kericho is one of the eighteen Counties of the Rift Valley Province. The County is bordered by Uasin Gishu to the North, Koibatek to the North East, Nandi to the Northern West, Nakuru to the East and Bomet and Buret to the South. It also borders Rachuonyo and Nyamira County to the South West and Nyando County to the West. The County occupies a total area of 2,110.6 km² (KCDP 2002-2008).

The County has seven sub-counties namely; Ainamoi, Belgut, Sigowet, Soin, Chilchila, Londian and Kepkelion. It has four local authorities. Kipsigis County Council with twenty seven wards, Kericho Municipal Council with fifteen wards, Londiani Town Council and Kipkelion Urban Council with six and seven wards respectively (Ibid).

The Kipsigis people live in Kericho County which is their hometown. They are part of the Kalenjin community. Other Kalenjin communities are: the Nandis, Elgeyo, Marakwet, Pokot, among others. Different communities also live here. These

include: Akamba, Abaluyia, Luo, Agikuyu, Kipsigis, Bakuria, Abagusii, among others. The Kipsigis are the majority. They are naturally conservative in nature. Discussing matters on sex is forbidden. Genres of oral literature are used to teach topics on sexuality. They include: oral narratives, proverbs, riddles, tongue twisters and songs. Their staple crop is maize. They eat ugali with vegetables and meat. This is accompanied with sour milk. This is called 'Mursik' (KCDP, 2002-2008).

A large proportion of people in the County do not understand the dynamics of HIV/AIDS and hence they do not know how to protect themselves. The most affected age group is between 15 and 45. This is mainly the most active population as it provides the required working force. The multinational companies' tea estates have a lot of unskilled labour which is composed of single mothers. These women cohabit with single male counterparts. Due to multiple partnering, high rates of spread of HIV/AIDS in the tea industry in Kericho may occur. The issue of orphans and its associated problems is becoming a problem as those infected are still young mothers (KCDP, 2002-2008).

In Kericho, 60% of the people live below the poverty line, (KCDP, 2002-2008:18). The most affected categories include, unemployed youth, women and the disabled, women headed households, the landless, orphans, street families and displaced people. The poor are scattered all over the County, but most of them are in the urban areas. Due to poverty, negative social behaviour is on the increase in the County. These include petty crimes, child labour, prostitution and alcoholism. As a result,

the County is experiencing an increase in school dropout rates. Access to health is becoming difficult. People are easily succumbing to HIV/AIDS. There also is housing problem and many families cannot afford to buy food. The County's contribution to poverty is about 2 percent (Ibid).

The study focused on two sub-counties; Ainamoi and Soin. Ainamoi was selected because it covered Kericho Town, which has a diversity of cultures and urban balance. Churches which have programmes geared towards helping the orphans are centred in this sub-county. Soin sub-county was included in the study because it also has churches which have programmes for helping the children orphaned by HIV/AIDS.

Kericho County is facing a major challenge in combating HIV/AIDS. This is because of the conservative nature of the Kipsigis. It is a taboo to discuss matters on human sexuality. Such topics are done in whispers as already mentioned in chapter three. In addition, the influx of migrants who are seeking employment in the multi-national companies especially in the tea industry is another challenge (KCDP, 2002 – 2008).

The tea plantations which are centred in Ainamoi sub-county have contributed to high HIV/AIDS prevalence, leading to an upsurge of children orphaned by HIV/AIDS. There is poor housing and low income for the tea plantation workers. The composition of the workers include men and women, who have left their

families at home because it is expensive to stay with them in town. There are also many single parents, widows and widowers. The temptation for infidelity is very high (Ibid).

Kericho County is an agriculturally high potential area. The urban centre is along the Nairobi – Kisumu Busia Highway and is a stopover for long distance truck drivers who come to collect tea from the estates and transport it to Nairobi, Mombasa and outside Kenya for export. It is in such towns that they occasionally refuel, eat, drink and sleep. In addition, transport workers, other travellers, local populations and sex workers congregate in these places making them vulnerable. This in turn leads to increased HIV/AIDS infections (KCDP, 2002 – 2008).

1.10 Study Population

The research population in the study was made up of pastors/priests, church members, founders of individual homes, orphans and teachers. There were nine pastors/priests, one hundred and eighty church members, two founders of Individual homes, ten committee members of individual homes, one hundred and seventy two orphans, one head teacher and ten teachers. The total number of the target population was three hundred and eighty four respondents.

1.10.1 Sampling Procedures

The study used purposive and simple random sampling. Purposive sampling is a sampling technique in which a researcher relies on his or her judgement when choosing members of a population to participate in the study. It is a non-probability sampling method (Black, 2010).

Simple random sampling is a method of choosing a sample among a population for a wide range of purposes. In simple random sampling, each member of a population is equally likely to be chosen as part of the sample. It has been stated that the method removes bias from the selection procedure and should result in representative samples (Gravetter, 2011). The following categories of the target population were sampled.

Pastors/Priests

The study purposively selected nine churches from Ainamoi and Soin sub-counties. There were four churches with a programme for children orphaned by HIV/AIDS and five churches without a programme. From every church, a pastor/priest in charge was sampled using purposive sampling. This was because it was thought that they possessed information that could shed light to the research questions and thus provide sufficient data (Ulin et al, 2002). There were nine pastors from the nine churches already sampled. The pastors/priests being spiritual leaders gave information concerning the response the Church has towards the orphans and their beliefs and practices towards them. They also highlighted the situation of the orphans and offered a theological basis for the Church intervention.

Church Members

The Church members were identified with the help of the pastors using simple random sampling. From every Church twenty members were selected out of forty members. The researcher cut forty pieces of paper. Twenty had a 'Yes' and the remaining had a 'No'. The papers were put in a container and shuffled up. The respondents picked them randomly. Those who picked a 'Yes' were selected. This made a total of one hundred and eighty respondents. They gave information on the Church response to the orphans, among others.

Founders of Private Homes

There were two homes founded by two Individual Christians. The founders of these homes were identified using purposive sampling. They were two in number. There were ten committee members from each home. Using purposive sampling, five committee members were picked from each home. This made a total of ten respondents.

The total number of respondents from individual homes were twelve. The founders of the homes gave information on the response of the Church to orphans, the problems the orphans experience and the challenges the Church got in their endeavour to assist them. The committee members gave information on the response of the Church to the orphans and any other relevant information.

HIV/AIDS Orphaned Children

There were two hundred and ninety six children orphaned by HIV/AIDS in the two sub-counties. Fifty seven orphans were too young to be interviewed, therefore observation method was used. The fifty seven orphans were from the two individual homes. What was observed included: the place/site name notable features, safety, day and time, health, shelter, overall impression about the orphans: number, age, gender and clothing.

Simple random sampling was used to determine the sample size for mature orphans. The population of mature orphans were two hundred and thirty nine. From

institution A a 'Yes' symbol was placed on twenty pieces of paper out of forty seven orphans. The twenty who picked a 'Yes' were included in the sample. From Church B using the same method forty of them were picked out of eighty. Fifty of them were picked out of one hundred from Church C and five out of twelve picked from home D thus making a total of one hundred and fifteen mature orphans. The total sample size was one hundred and seventy two orphans. The mature orphans gave information on the problems they experienced as orphans and how the Church had helped them.

The teachers

The head teacher of a Secondary School was interviewed. He was included because his school had orphans supported by the local Churches. The head teacher gave information on the number of orphans the school had and the problems the orphans experienced and what the church was doing to see to their welfare.

Simple random sampling was used to select the teachers. The teachers were twenty. An 'S' was placed on ten pieces of paper out of twenty of them and put in a container and mixed well. Each of the twenty teachers picked one piece at a time. The ten teachers who picked an 'S' were included in the sample. The teachers gave information on the academic performance of the orphans and the problems they experienced. It was found out that the children orphaned by HIV/AIDS did not perform well in school mainly because of their many challenges such as stigma and loneliness, among others.

Table 1 Target Population

RESPONDENTS	NUMBER
Pastors/priests	9
Church members	180
Founders of individual homes	2
Committee members of individual homes	10
Orphans	172
Head teacher	1
Teachers	10
Total	384

1.11 Data Collection Instruments

Three Instruments were used to gather information for this work namely: interviews, questionnaires and observation.

1.11.1 Validity

This is the extent to which an account accurately represents the social phenomena to which it refers (Hammersley, 1990:57). Kirk and Miller, (1986:69) defines validity in qualitative research as the interpretation of the observations whether or not the researcher is calling what is measured by the right name. Bryman takes validity as the integrity of the conclusions that are generated from a piece of research (Bryman, 2008:31).

Validity was ensured by going through the research objectives to generate the questions. All the questions were made clear to elicit the required data. Secondly experts were used in the religious studies department and philosophy to evaluate the content and structure of the study items.

1.11.2 Reliability

The extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability. If the results of a study can be reproduced under similar methodology then the research instrument is considered reliable (Joppe, 2000:1). Test developers have the responsibility of demonstrating the reliability of scores from their tests (Crocker and Algina, 1996: 106).

To determine the reliability of the research instrument, a pilot study was conducted. This involved seven individuals who were not part of the sampling frame. This included one member from the individual Christian homes, one orphan, three church members, one committee member and one teacher. The reason was to test sample questions. Some questions were vague, sensitive and difficult, hence did not elicit the wanted responses. Such questions were reviewed.

1.12 Challenges Encountered in the field

During the course of the research, the researcher encountered various challenges. The researcher was denied access to one of the children's home. This means that she did not get information from some of the targeted informants. There was no other alternative home to replace the targeted one. Therefore, the Churches with programmes that were targeted were four.

Secondly, the study was done in one County in Kenya. The findings of the study should be used carefully when projecting to other Counties.

1.13 Sources of Data

Both published and unpublished materials were used. The following libraries were visited: Bible Highlands University in Kericho, Tangaza College Library, Kenya National Library services in Nakuru and Kenyatta University Library in Nairobi among others. Journals, text books and the internet were also used. Further review of local dailies, educational journals, Bulletins and periodicals were used. Bodies dealing with HIV/AIDS for instance NASCOP, UNAIDS and Map International were visited for literature review purposes. The rest of the study was carried out in the field.

Interviews

Interviews aim is to identify the participant's emotions, feelings and opinions regarding a particular research subject. The main advantage of interviews is that they involve personal and direct contact between interviewers and interviewees as well as eliminate non-response rates. (Fisher 2005, Wilson, 2003).

The researcher conducted oral interviews. The churches, homes and a school were the targeted places where the interviews were conducted. Key informants were, Pastors/priests, the head of Kabokyek Secondary School, some orphans and founders of private homes.

Questionnaires

Open-ended and closed-ended questionnaires were used to collect the data.

Questionnaires are preferred for their suitability and easy administration. Kombo and Thromp (2006) give the advantage of questionnaires as follows: Information can be collected from a large sample, confidentiality is upheld, saves time, and provides no opportunity for bias. Teachers, Church members, committee members of individual Christian homes and mature orphans were given Questionnaires to fill. The above gave information on the academic performance of the orphans, the Church response to them and the needs of the orphans and challenges they faced.

Observation

This was non-participant observation. Non-participant involves observing participants without actively participating. This method is normally used with other data collection methods. It can offer more nuanced and dynamic appreciation of situations that cannot be easily obtained through other methods (Liu, 2010).

The researcher visited homes for the orphans who were too young to be interviewed. The order of actual activities taking place in the orphanage was carried out. The researcher observed their health, their manner of dressing and shelter. These observations gave the researcher first-hand information concerning the welfare of the orphans.

1.14 Data Analysis

The data were cleaned by solving any differences in the transcripts and translations before analysis was done. Analysis was manually done. Guidance from the literature on the theories of functionalism and that of the hierarchy of needs, (Radcliff, 1952) and (Maslow, 1970), were used to identify the data. It was then grouped according to themes based on the research objectives. Codes were assigned before it was grouped accordingly. Through description, comparison, and interpretation as analytical methods, the data was put into projected chapters. Conclusions were drawn from these analyses. Suggestions and recommendations were also made.

1.15 Ethical Considerations

The purpose of the study was clearly explained to each respondent so that they could make informed decision whether to participate or not. Privacy and confidentiality of the information obtained was assured by not compelling them to write their names, if they should not wish to. Permission to carry out the study was sought from the relevant authorities.

CHAPTER TWO

THE NEEDS AND CHALLENGES OF CHILDREN ORPHANED BY HIV/AIDS IN KERICHO COUNTY

2.0 Introduction

The chapter has discussed the factors which have led to the increase of the children orphaned by HIV/AIDS and the categories of Children orphaned by HIV/AIDS. It has analyzed the needs and challenges of children orphaned by HIV/AIDS in Kericho County. The institutions where such challenges have been experienced have been given. These have been given the letters of the alphabet: A, B, C, D, E and F for confidentiality purposes.

2.1 Factors Which Have Led to the Upsurge of Children Orphaned by HIV/AIDS

There are several factors that have contributed to an upsurge of children orphaned by HIV/AIDS. The study of the factors is important and relevant because it gives proper understanding of the root cause of the rise of the children orphaned by HIV/AIDS. This can also be of help to the Church in its endeavour to help the children orphaned by HIV/AIDS.

1. Poverty

This is the root cause of HIV/AIDS in Kericho County. The study found out that in the multinational companies especially in the vast tea estates, a lot of unskilled labour is composed of single mothers and both men and women divorcees. These people do not have enough financial or emotional support. Consequently, they cohabit with one another to make ends meet. Prostitution gives them some income to secure clothing, food and shelter for themselves and their children (Pastor O.I 18.9.2007).

Barozi (2000) and Bahati (2003) researching on the 'Church Response to AIDS in Uganda' and 'Accompanying the Terminally Ill at Korogocho in Nairobi' respectively observe that poverty has contributed immensely to the spread of the epidemic resulting to the increase of children orphaned by HIV/AIDS.

2. Ignorance

The proverb has it that 'a little knowledge is a dangerous thing'. The Bible says that people die for lack of knowledge, (Hosea 4:6 and Isaiah 5:13). AIDS itself and its modes of transmission is public knowledge in most parts of Kenya but far too many ignore these facts. The study found out that some people in the study area believe AIDS to be an outcome of witchcraft or punishment from God for unfaithfulness. In addition, some people do not know they have the virus hence pass it on (Church member O.I. 20.9. 2007).

3. Long Distance Truck Drivers

Kericho Town is situated along the Nairobi Busia Highway. It is a stop-over for long distance truck drivers, who come to collect tea from the tea estates to transport it in and outside Kenya. They refuel, eat, drink and sleep here. Other transport workers, travellers, local populations and sex workers congregate to meet the demand for transactional sex. This has led to an upsurge of children orphaned by HIV/AIDS (Ibid).

4. Alcoholism

Kericho County is an area where illicit brews abound. Women are the key players in this business. Drunkenness makes the women vulnerable to immoral advances by men who may be infected. The virus thus does spread fast. This may lead to increase of children orphaned by HIV/AIDS (Pastor O.I 19.9.2007)

5. Social and Cultural Practices

Locals in the area under study respect their customs. They practice widow inheritance. If the inheritor is HIV positive, he can infect his new wife. Circumcision and clitoridectomy are valued in the County. This is done by local surgeons who may use unsterilized knives. Transmission of HIV/AIDS may be enhanced (Ibid)

6. Shame, Stigma, Fear and Denial

It was found that when people learn they are infected with HIV/AIDS, they get embarrassed, to the extent of denying their illness and hiding it from others. This is

because of the shame attached to HIV/AIDS. Therefore no one admits that AIDS caused the death of a relative. They therefore continue as before, infecting others by their lifestyles. People continue to die and children orphaned by HIV/AIDS increase (Pastor Op.cit 19.9.2007)

Akukwe (2001:137) Although the UN estimates that 1.7 million Nigerians have died of AIDS, it is hard for one to identify the families of the dead, as the thick wall of silence extends from hospitals, that will not identify AIDS related illness as the cause of death in death certificates. The family members will advertise that their loved one died after a brief illness. This culture of silence extends even to the children orphaned by HIV/AIDS in Nigeria’.

In the study area, there is also a culture of silence with regard to matters of sex as already discussed in chapter1. This implies that if one died of HIV/AIDS no one will admit it was the disease. They will rather say it was malaria, tuberculosis, typhoid among others.

7. Conservatism

As already mentioned, the community in the study area is conservative in nature. Disclosing matters touching on sex is not accepted; it is a taboo to do so. For instance, such topics on sexuality are done using the genres of oral literature: songs, oral narratives, proverbs and riddles among others. Metaphorical means of communication may be used. If sexuality is a taboo topic then the discussion of

HIV/AIDS is even more forbidden and if spoken at all, it is done in hushed tones (School Head 13.9.2007). This may imply that people will die of HIV/AIDS, and children orphaned by HIV/AIDS will keep increasing. The children orphaned by HIV/AIDS in the area of study fall under two categories. These categories are discussed below.

2.2 Categories and personal details of Children Orphaned by HIV/AIDS in Kericho County.

Two categories were found in the study area. First were children who had lost one parent, a mother or a father. Secondly were those others who had lost both parents hence double orphans. Their ages ranged from 2 to 18 years.

The researcher considered personal details of the orphans. Issues of concern included the gender of the children, their age, level of schooling and whether they were single or double orphans. The distinction of the above is important because it would influence the kind of services to be offered to the children. It is also good for planning. For instance, orphans who were in secondary needed school fees. Information was got through questionnaires and interviews. The results were as follows: Single orphans were 130 in total; 60 males and 70 females. Double orphans were 42 in total; 22 males and 20 females. The ages of the orphans ranged from 2 to 18 years. It was found out that many children orphaned by HIV/AIDS are barely adults. It was also found that most of the orphans are in primary school.

Non-participant observation was carried out on the children orphaned by HIV/AIDS in their natural environment. Unobstructive observation, where the children or the child observed does not know they are being watched for the purpose of collecting data on their behaviour was used. Observation produces textual descriptions about the study populations and daily events. (Mugenda, 1999). The observations made were as follows:

1. Health

The health of the children orphaned by HIV/AIDS was observed. Some of the orphans had brown hair and their stomachs were extended. They also looked emaciated, a sign of malnutrition. Their fingernails were dirty and unkept. Their noses were caked with mucous. In addition, some looked scared and withdrawn: a sign of mistreatment. Jackson (2002:287) observes, "the deep insecurity of children in residential care is only too clear when strangers visit. Some children vie to hold one's hand and gain attention, others remain silent and withdrawn, monosyllabic if addressed".

However, in other institutions, others looked well fed. Their hair looked natural and their fingernails were clean and well kept. They portrayed a sense of well being. This was an indication that they were well looked after. Children taken to a well-resourced residential care do gain certain benefits materially and with regard to education. For the most part they emerge well dressed, well fed healthy and well educated (Ibid).

2. Dressing

Majority of the orphans had worn out clothes. Some wore clothes which were dirty, too short and tight. This may mean that there were no finances to cater for soap and clothing. Some orphans did not have shoes and those who had, their shoes were worn out. This may suggest poverty. In contrast in another home the orphans had decent and clean clothes. This may translate to adequate funding to cater for the orphan's needs.

3. Shelter

The orphans were living in permanent rented houses. In one of the homes there were three bedrooms. One bedroom was for the caretaker and the other two bedrooms were for the children orphaned by HIV/AIDS. The bedrooms were small compared to the number of orphans occupying them. The home had 37 orphans; 20 girls and 17 boys. Another home had 20 orphans; 12 girls and 8 boys. It had two bedrooms. The bedrooms in the two homes were congested. This implied that the homes did not have finances to cater for adequate shelter.

4. Verbal behaviour and interaction

In one home, some of the orphans looked scared and withdrawn. This might have implied mistreatment. A three year old boy followed the researcher asking to be given (*mandazi*) a suggestion of hunger. In another home, the orphans were cheerful and played happily. This implied that they were well taken care of.

Table 2: Distribution of Children Orphaned by HIV/AIDS by Gender and Category.

		Single orphans	Percentages	Double orphans	Percentages	Total %
Sex	Number					
Male	82	60	73.17	22	26.83	100
Female	90	70	77.78	20	22.22	100
Total	172	130	75.58	42	24.42	100

Source: Field Data n=172

The table above shows that at the time of the research there were 82 male orphans and 90 females in the institutions under study. There were 60 (73.17%) male orphans and 70 (77.78) female ones who had lost one parent (single orphans). There were 22 (26.83) male orphans and 20 (22.22) female orphans who had lost both parents (double orphans). This may imply that in Kericho County, the number of single orphans is higher than double orphans.

Table 3: Age of the Orphans

Age in years	2	3	4	5	6	7	8	9	10	11	12	13	15	16	17	18
Numbers	4	5	7	4	4	3	5	5	5	4	11	30	45	16	10	14

N =172

The general overview is that many of the children orphaned by HIV/AIDS are barely adults. Many orphans are in primary and a few in secondary. They are dependent on grandparents or relatives. Some were put in orphanages because they did not have anyone to look after them. Some were staying with one parent and others with relatives.

Mukoyogo and Glen (1991) observe that children orphaned by HIV/AIDS are children at risk. A family in which a parent is chronically ill with HIV/AIDS suffers from economic deprivation. Family food production falls and cash income dwindles. At the same time, as the family's food supplies and income fall, the need for money increases especially to pay for medical treatment and drugs. The Children will not attend school because of school levies, uniforms and school fees. It is not common for children eight to nine years to work for several hours in a neighbour's farm in return for a little cash. Children orphaned by HIV/AIDS drop out of school because of school levies.

The level of schooling of the children orphaned by HIV/AIDS was determined. The determination of the level of schooling attained by the orphans was important because, it can give those willing to help a starting point for the academic rehabilitation. The academic level was also important because it could help in the necessary skills, training and any form of employment opportunity.

Table 4: The Level of Schooling of the Children Orphaned by HIV/AIDS in the Study Area

Level	Number of orphans	Percentage
Nursery	21	12.21
Primary	81	47.1
Secondary	65	37.8
Never attended	5	2.91
Total	172	100

From Table 6 above it is noted that many of the orphans are at primary school level with some in secondary. The reason given for this is lack of school uniform, development funds and other levies such as lunch fee. This could mean that the orphans drop out of school at primary level. One orphan testified that he had dropped out of school and had become a street boy. When life became unbearable in

the streets he started selling polythene papers, (Orphan 3 O.I.17.9. 2007). The needs and challenges of the orphans are analyzed below.

2.3 Needs and challenges of Children Orphaned by HIV /AIDS in Kericho County

The study found out that children orphaned by HIV/AIDS had needs. These were: food, shelter, and clothing, lack of education, disinheritance, stigmatization and discrimination. Others included: child-headed households, lack of health services, emotional and psychosocial consequences.

1. Physical Needs

The basic needs constituted food, shelter and clothing. It was found that these children lacked these three basic needs. The orphans depended on well-wishers, some of whom channelled their contributions to the Churches in terms of food and clothing. The Churches in turn distributed what had been collected to some of the orphans.

A double orphan had this to report. "My parents died when I was ten years old. We stay with my grandmother who is 75 years old. Life is very hard. I have three sisters and one brother. We struggle to get food. Many times, we go without food. My grandmother's hut is old. It leaks horribly during rains. One time my younger sister got pneumonia. She nearly died. We lack clothes and shoes. Nobody cares whether we eat or not. I miss my mother and father," (Orphan 4 O.I.16.9.2007)

Another double orphan recounted the sufferings they were subjected to. He indicated that he was the first born. He had three brothers and three sisters. "They were literary starving. They went without food for days. He could not get employment. They

relied on well wishers whom he called Good Samaritans to give them clothing. He sold polythene bags to pay house rent (Orphan 5 O.I.17.9.2007).

Drawing from Abraham Maslow's theory on the Hierarchy of Needs which stipulates that, the key to human development and growth is the gratification and actualization of basic needs, the children orphaned by HIV/AIDS cannot be able to grow and actualise their potential because they lack the basic needs.

Mukoyogo and Glen (1991:7), Sonja Weinreich et al (2003:192) observe that, AIDS diminishes the families' capacity to grow food or earn some money to buy it even while both parents are alive. The death of a parent worsens the situation still further. The result is less food consumption which has less nutrition. Therefore, survival becomes a nightmare.

Sonja (2003:192) gives an example of Zambia where children suffer from malnutrition which leads to stunted growth and prevents them from attaining their full intellectual and mental potential in adulthood. He observes that AIDS has a devastating impact on families, threatening their capacity to feed themselves and to provide for the basic needs of the children. Shelter and clothing are acute problems. Widows and aged parents often cannot manage to keep the mud walls and grass-thatched roofs of their homes in good shape. It is common for children to sleep on sacks.

The study in Kericho County found out that some of these children had resorted to engaging in odd activities to make ends meet. These included running errands for people.

The children orphaned by HIV/AIDS lacked adequate shelter. In one of the homes, there were two bedrooms. One for boys and another one for girls. The bedrooms were small and congested. The mattresses were worn out. On two beds were half mattresses giving a suggestion of poverty. On the mattresses, two worn out blankets had been spread. The same could be seen on almost all the beds. The rooms had a strong stench. The researcher learnt that the bed-wetters were mixed with non-bed wetters, since they did not have another room to house them. The predicament was attributed to lack of money and sponsors. The founders depended on well wishers. This raises questions on whether or not institutional care is a good key response to the epidemic.

Jackson (2002:277) spells out the potential risks of residential care for children. There is poor quality care. These children get inadequate food and clothing, poor health care, little recognition, among others. Since there is no stable loving parent substitute, these children develop low self-esteem, self-blame, insecurity, lack of trust for others, needy approach to strangers who visit the Homes and are desperate for love and affection. Other risk factors include sexual abuse which leads to insecurity, guilt, low self-esteem and sexually transmitted diseases (STDs) and pregnancy.

2. Access to Education

As earlier noted in table 6, many of the orphans were in primary school with a few in secondary school. Those who managed to join secondary school had huge fees arrears. A good example is institution A which is a private institution. The Children orphaned by HIV/AIDS were taken by the local Churches to the school. These Churches were supposed to pay school fees for the orphans. However, they failed to do so. The principal of the school observed that the orphans had huge fees arrears. (The Principal O.I.21.9. 2007). An orphan testified at the time of the research. “I wanted to go to school so much. I dropped out of school because of uniform and other school expenses.” (Orphan 6 O.I. 21.9.2007).

In the questionnaire, the orphans observed that, what they would like the Church to do for them was to take me to school and buy them uniform. This shows some children orphaned by AIDS do not attend school. This is because they lack money for expenses such as development projects, feeding programmes in some schools, school uniforms, and examination fee. These present major barriers since many orphan caregivers cannot afford the costs. In addition, relatives see such expenses as a major factor in deciding not to take on additional children orphaned by HIV/AIDS. These children may also leave school to attend to ill family members or to look after their young siblings.

The foregoing depicts that some children orphaned by HIV/AIDS do not access education. This is because they live with relatives who are poor and who give their own children the first priority.

The study found out that some orphans had access to education with the help of local Churches. However, the teachers reported that some of the problems those children had were the inability to concentrate and they were aggressive and disobedient to teachers. This was because they were emotionally disturbed by the deaths of their parents. As a result, they did not perform well in school. This shows how important parents are in shaping the behaviour of their children.

Children orphaned by HIV/AIDS miss their parents' pieces of advice on how to prepare for life's challenges. Without such knowledge, orphans face social and economic problems as they grow up. The Church in Kericho County has encouraged its members to adopt some of the children orphaned by HIV/AIDS.

One orphan girl in the institution had this to say.

'My parents died of AIDS when I was seven years old. My father was the first to go. My mother followed barely a year. I went to live with relatives who mistreated me. I would be woken at 5 o'clock in the morning, do the sweeping, washing and make breakfast for my aunt's children before they went to school. I repeated classes because I couldn't catch up with my classmates. I was brought to this secondary school through my local Church's contribution. I am in form two. I am eighteen, much older than my classmates. I miss my parents.' (Orphan7 O.I. 21.9.2007).

The orphan continued to say that she feared going to her aunt's place because the aunt would beat her. This may explain what some of the children orphaned by HIV/AIDS undergo at the hands of their relatives.

The researcher established that, some orphans believed that nobody understood their experiences. The parents were dead and the grandparents who were taking care of them passed away also. Siblings no longer went to school because of school levies and uniforms. Some rebelled against those in authority. Some had taken to drinking and others had this urge to commit suicide.

The head teacher testified that, some of the orphans were easily provoked and often fought other children in school. They did not follow the school rules and they were rebellious. He observed that the rebelliousness might be associated with the teasing and taunting from peers and relatives. For instance, 'if your parents died of AIDS, you too have it and you will join them, he said.' The head teacher gave an account on how one of the orphans nearly died of taunting from her peers. She was taken to hospital and was guided and counselled. This implies that there is need to counsel the relatives and the peers.

It was noted that some of these children were susceptible to crying when slightly provoked and were fearless, which was a defence mechanism. One of the orphans recounted her story. After her parents' death, she lived with her relatives but the new family looked down on her because the parents died of HIV/AIDS. She never ate

with them and she was given heavier tasks than the relatives' children. Roy et al (2002) observe that children orphaned by HIV/AIDS suffer from emotional problems. These stem from the way they are treated. If for instance they are discriminated against, they may have low self-esteem and even perform poorly in school.

Hunter and Williamson (1998:7) observe that some children orphaned by HIV/AIDS feel unloved because they are mistreated by their relatives. They are overworked and at times denied food. There is documentation of extreme mistreatment. Some relatives agree to take care of orphans because of material benefits they get from these responsibilities. These include; disinheritance and some food or clothing given by AIDS organizations. The implication is that they do not have the orphans at heart. The main objective is what they can get from such institutions is to improve their lives not that of the orphans. This is the reason why the Church in Kericho has the duty of taking care of these children unconditionally. God sets his accusations against his people. One of their sins was failure to defend widows and orphans (Isaiah 1:17).

3. Disinheritance

This is the act of preventing one from receiving one's share of the property after a parent's death. Caregivers who may be relatives disinherit orphans of their land or property parents had left for them after they died. The law does not condone disinheritance; however, children sometimes may not know their rights. The orphans

must receive legal assistance (Mukoyogo and Williams, 1991). The study established that some of the orphans had been disinherited by their relatives. This was a testimony from institution A.

Once the orphans are in the institution, relatives or older siblings divide property among themselves and leave the orphans in the institution out. They think that homes can cater for the orphans. This is to say, give the orphans the basic needs which are food, clothing and shelter and even land for them. At the age of eighteen the orphans have to leave the orphanage. They have no obvious home or community to go to. This has worsened because there are no written wills. The relatives take advantage of this and disinherit them. The orphans are left in poverty and neglect (Institution Director O.I.21.7.2007).

The above testimony shows the challenges the orphans undergo in the hands of their relatives. This beckons the Church to intervene on their behalf.

One of the orphans gave an account on how her property was divided among the relatives of his father when his father passed away. His mother was chased away from the family land. She later passed away also. The orphan was disowned and called a bastard. He was rescued by one of the Church members. The local Church sent him to school (Orphan7 O.I. 21.9.2007)

Jackson (2002:276) observes that the relatives and neighbours charged with caring for a child frequently take the child's property or inheritance, leaving them more

vulnerable to mortality, illness and exploitation. He further asserts that, if a home has a higher standard of care and material provision, it may appear more attractive to take abandoned children or orphans there. The disadvantage is that the relatives of these children and the community may be unwilling to receive them. This in essence shows that orphanages may not be the best option. This is because the community becomes unwilling to take care of the orphans themselves.

4. Stigmatization and Discrimination

It was found out that children orphaned by HIV/AIDS in Kericho County suffered from stigma. Some testimonies from pastors and those who ran individual homes attested to this. A double orphan was staying with relatives after both parents died of AIDS. He was given his own cup, plate, glass and cutlery because the relatives thought he might be having AIDS (Orphan 8 O.I 17 9.2007).

He continued to testify that one relative commented, “One should not keep rotten tomatoes in the same basket with fresh ones because they will all get spoilt in the end.” The implication is that some children orphaned by HIV/AIDS may pass AIDS to members of the family they are staying with. They may use their own utensils, basins and even bedrooms. This shows that they are discriminated against.

A founder of a Christian home revealed that some of the orphans under his care refused to go home for the holidays because of the stigma imposed on them. The orphans experienced distress and social isolation by their relatives. They slept in the kitchen, far from other “normal” children. The relatives overworked them. They preferred staying at the home to going to their relatives during the holidays (Founder O.I. 19.9.2007).

The community stigmatises and discriminates children orphaned by HIV/AIDS in some cases. These orphans are barred from social events and even from school. This

leads to distress, emotional instability and loss of self-esteem. This makes them feel incapable and hence lose their identity.

(Website: <http://www.worldaidscampaign.info/index./wacwac>).

Dube (2003:125) agrees with this view. She defines stigma as negatively perceived characteristics used to set individuals or groups apart from the normalized social order. In other words, there are those who are regarded 'normal' and 'not normal' hence treated differently. Stigma promotes shame, poverty and isolation, leading to denial, silence, fear and prejudices. She notes that it is "a disease of the affected imposed on the infected." This is a form of discrimination and violation of human rights.

A testimony from some orphans interviewed showed the extent to which stigma can impact negatively on an individual. They confirmed that friends at school laughed at them because their parents had died of AIDS. They felt confused, isolated, had lost their self – worth, respect and were not good enough. Some felt they were not fit to live (Orphan 9 O.I. 21.9.2007).

In addition, other people abused these children and told them that they too had the virus. The children in turn internalized this. It was noted that they are blamed for their parents' behaviour. One pastor pointed out that a child regrettably admitted that it was his fault that he did not have parents. A founder of a Christian home, in the area of study, remarked that such mistreatment may lead the orphans outside there to

lead a life of helplessness and despair and continue getting infected (Founder O.I. 20.9.2007).

It was revealed that the children orphaned by AIDS are reminded that their parents died of HIV/AIDS when they do any wrong. They bear the blame bestowed on their parents by the community. This is fuelled by poverty.

UNAIDS (2003) report shows that stigma and discrimination undermine prevention efforts and have powerful psychological consequences for people and children living with HIV/AIDS. The report has it that stigma is a result of many factors: ignorance, traditional beliefs, prejudice, absence of widespread treatment or cure, irresponsible portrayal of the epidemic in the media, fears about death, deep rooted taboos about sexuality, illness and drug abuse. The remedy for this is education.

5. Emotional and Psychosocial Consequences

Emotional needs include the need to have love, security, encouragement, confidence, motivation and self – esteem. Psychosocial consequences can be defined as lack of meeting the social, emotional and spiritual needs which are considered essential elements for positive development. Mental needs refer to children's areas of mental growth. Formal and informal education are essential elements within the mental framework. Spiritual needs enable children to develop a hope for the future. The children also need to develop trust and security in their survival. (www.wool-matt.com/psychosocialsupport-html).

The study established that children orphaned by HIV/AIDS suffered emotional and psychological trauma. The founders who ran individual homes indicated that the children lacked visits from relatives. They, therefore, lacked that love and affection from relatives. As already mentioned, some of the orphans were from single parent families who had passed away. Therefore, there was lack of parental love and protection. The orphans in addition suffered from loneliness. This was because they had been separated from their siblings.

Mukoyogo and Williams (1991:17) assert that orphaned children have emotional scars caused by illness and death of family members and worsened in many cases by having had to care for ailing parents. When children orphaned by HIV/AIDS witness their parents dying of AIDS, they experience a sense of loss, helplessness and hopelessness. What they need is love, affection and a sense of security. If they do not get someone to guide and counsel them, they may become depressed. In addition, they may drop academically, engage in premarital sex and even indulge in crime.

The study concurs with Webb (1996:26) and Sonja (2004:32). These scholars indicate that children orphaned by HIV/AIDS are traumatized when one parent or both parents die of HIV/AIDS. Although accepted into a new family, sometimes they experience the same trauma again. Such trauma includes: anxiety, depression,

aggression, loss of self-esteem lack of confidence, poor performance in school and malnutrition. This can last for many years.

One orphan testified that after the parents died the orphans were distributed among relatives. 'I do not know where my two sisters and brother are. I do not know how they are. I really miss them. I was staying with a relative who mistreats me. I was brought to the orphanage by my local Church' (Orphan 10 O.I. 20.9.2007).

In support, (Jackson, 2002), and (Coombe, 2004) contend that when these children settle down and get their own families, they may tolerate all forms of abuse in order for their partners to stay with them. They may project their anger and frustration on others. They may become abusers of drugs and alcohol. Others may become sexual perverts among others. This makes successful adulthood harder to achieve.

6. Children Headed Homes

These are households run by children who have lost both parents. The study found out that some orphans looked after themselves and their younger siblings. The older ones dropped out of school to tend to the younger ones. These orphans were the ones who did odd jobs like selling polythene papers to fend for themselves and their siblings. When one of the orphans was asked with whom he was staying he replied that he stayed with his siblings.

'I am 18 years old and I am the one who is taking care of my siblings. I am the first born. I find it hard to take care of them. They always rebel. They do not obey me. I do not have money. I have no job. I do odd jobs to put a little food on the table.' (Orphan 11 O.I. 21.9.2007).

The study revealed that some orphans barely afforded the basics of life. They went without clothing and food most of the time. Others were moved from one relative to another as the number of orphans increased. The above observation shows that the situation of children affected by AIDS is grim.

The research findings concur with Sonja et al, (2003) Dube and UNICEF (2001). They observe that after the death of the parents in the event of the unavailability of other adult caregivers, children often as early as 8-10 years of age are forced to look after their younger siblings and themselves. The orphans- headed families do not have basic needs. These needs are: food, shelter and clothing. In addition, they do not have resources for education and training. The children drop out of school because of lack of school fees and fall victim of teenage pregnancies. Chances of getting HIV/AIDS are high.

Kelly (2000) supports the above observation. She observes that the relatives of children orphaned by HIV/AIDS cannot take in more orphans since they do not have the capacity to do so. In addition, the orphans do not want to be separated from their siblings. This leads to the establishment of children-headed households. In such families, the orphans cannot make ends meet. Regardless of international conventions on child labour, the head of that household and the young siblings must work to sustain themselves. What they earn from their work is (often pitifully small, because a child cannot negotiate or demand for more) not sufficient to meet their

needs for food, clothing, accommodation, and necessary medicines. We may begin to see an increasing number of street children, and youth gangs in the future.

7. Health Care

The health and medicinal needs are interrelated. They include nursing care or hospitalization and provision of drugs. Health care was another challenge AIDS orphans were facing. The poverty and social marginalization experienced by orphans put them at great risk of being denied preventative health services by their relatives.

The study found that children orphaned by HIV/AIDS were prone to malnutrition and infections and did not receive enough health care. Some of the children were looked after by grandparents who could not make ends meet. Some of the orphans found their way to institution B for treatment. The researcher found out that institution B was open for those who wanted treatment. However, only a few would manage to go there and receive the treatment. Some went to the clinic when it is too late to save them. In one home, some of the orphans looked emaciated and sick. When the researcher enquired about the state of the orphans, the response was that they did not get enough medicine for the orphans.

The findings concur with Veline et al (2001:14) who observes that most foster families are overcrowded and eat one meal a day. Children are taken to hospital if the illness gets worse. This is because of lack of transport, medical examinations and prescriptions. UNAIDS (2004), concurs with this view noting that, “children

affected by AIDS are missing out on measures to keep them healthy; such measures are like antiretroviral treatment and the antibiotic cotrimoxazole that has proved to be effective in decreasing child mortality in HIV-positive children.

Coombe (2004:11) also notes that children living in poor communities do not get enough to eat hence suffer from poor nutrition and ill-health. Where social services, hospital and home-care systems are stretched or absent, vulnerable children have inadequate access to health care. Infected children have to battle the symptoms of the illness, including diminished strength and advancing death. Common illnesses, for instance, measles, diarrhoea and respiratory infections are more severe, frequent and persistent.

In the homes under study, the orphans faced the same fate. This was because of inadequate funds to cater for their welfare. Institution F for the orphans who were infected had to get medication from institution B which was under the Catholic Church. Institution B supported adults and orphans. The founder of institution D observed that most times, there was no money to take the children to hospital when they were sick. "We depend on well wishers and pray to God," were the words of the caretaker (Caretaker O.I. 21.9.2007). The founder of institution E echoed the same sentiments. The home lacked funds to take the children to hospital and pay the nurse who occasionally came to attend for the health needs of the orphans.

Jackson notes that high death rates may occur in some homes catering for young children because of limited access to health services. There is poor quality care. The

outcome is inadequate food, clothing, no personal possessions, poor health care, low stimulation and little recognition as an individual (Jackson 2002).

Table 5: The main needs and challenges facing children orphaned by HIV/AIDS in Kericho County.

Challenges	Frequency	Percentage
Lack of basic needs	23	20
Lack of access to education	25	22
Stigmatization/discrimination	10	9
Disinheritance	10	9
Emotional/psychosocial consequences	12	10
Child-headed households	5	4
Lack of health services	30	26
Total	115	100

Source: Field data, n=115

From the findings, there were 23 (20%) of orphans who lacked basic needs, 25 (22%) lacked access to education, 10 (9%) who were stigmatized. Those who had emotional/psychosocial consequences were 12 (10%) disinherited were 10 (9%), 5 (4%) headed households and 30 (26%) lacked health services. It is therefore imperative that the Church's involvement in assisting children orphaned by HIV/AIDS cannot be under estimated.

Summary

The chapter has discussed the needs and challenges the children orphaned by HIV/AIDS were facing in Kericho County. These were: food, shelter and clothing. They also lacked adequate health services. Most of the orphans were unable to pay their school fees or training fees. Some had to work to support themselves or their younger siblings who were dependent on them. They carried responsibilities well beyond their capabilities as children. They ran child-headed households. Some of these children had been disinherited. The foregoing discussion above has shown that children orphaned by HIV/AIDS face some challenges. The next chapter focuses on the role of the Church in addressing these needs and challenges.

CHAPTER 3

THE RESPONSE OF THE CHURCH IN ADDRESSING THE PLIGHT OF CHILDREN ORPHANED BY HIV/AIDS IN KERICHO COUNTY

3.0 Introduction

The chapter discusses the Biblical perspective of the role of the Church in helping the needy. The Church-based programmes for children orphaned by HIV/AIDS have also been discussed. These are: S.D.A, MCC, FPFK and CHRISCO. The individual Christian homes' role has also been considered. These include KHI and AOO. Activities of the Churches in alleviating the plight of the children orphaned by HIV/AIDS have been analysed. The churches which do not have programmes for children orphaned by HIV/AIDS have been considered. These are: DC, AGC, ACK, PCEA and PAG. Activities of the former churches and homes have been collectively described. Churches without programmes have also been discussed.

3.1 The Biblical Perspective on the Role of the Church in Helping the Needy

The Church is God's messenger. A messenger means one who is sent by another as an envoy or an ambassador (2Cor 5:20), and (Ephesians 6:20). Christ's Great Commission to his disciples by implication is the Church, (Matthew 28:16-20). This is where Jesus sent the apostles to go and make disciples of all nations, baptizing in the name of the Father, the Son and the Holy Spirit.

This Commission is often interpreted by the Church as for the apostles alone. In essence, it is for the whole Church of Christ. This is also applicable to the Church in Kericho County. As God's messenger, God has equipped the Christian church for service. God has given to every believer spiritual gifts for the completeness of it, in order for Christ himself to be seen through His messengers in the Church. God loves all people of the world as they are. God's messengers should love the same way as God. The Church should be a vessel through which God channels His blessings. Each member of the Church should use whatever gift he/she has received to serve others, faithfully administering God's grace in its various forms (1 Peter 3:10).

The Church as God's messenger is called from the world to do good works. This is the good work which Jesus Christ had started Ephesians 2:10. If the Church is to be a true messenger of God, it should stand by those who are oppressed, regardless of who the oppressor may be. Jesus came to liberate the oppressed. The Christian church should exist to liberate those who are oppressed.

Jesus treated people equally regardless of class, race or gender. He preached among all classes of people; the poor and the rich. He told them of God's love. Accordingly, Christ's earthly ministry was characterized by healing all diseases unconditionally (Mark 1:29-34), forgiving sins (John 15:11-32). He broke stigma associated with leprosy by touching lepers and restoring them to physical and social health (Mark 1:40-45). In (Luke 17:11-19), he denounced self righteousness among believers and took sides with the poor and marginalized. In (Mark 9:10-13) he

prophetically denounced oppressive social structures. He triumphantly defeated the power of death through his resurrection (Luke 4:16-22).

In (Luke 6:36), the Church should have compassion. "Be compassionate as your father is compassionate." In (Matthew 25:41-46) Jesus stresses that the Church should care for the needy. When his followers feed, clothe and visit the needy, they are doing all these for him. The real evidence of our belief is the way we act. What we do to others shows whether we have taken in God's word. Dube (2003) defines compassion as, helping the needy by feeding them, visiting those in prisons and clothing those who are naked.

The real evidence of the Church's belief is the way she acts towards the needy. The parable of the Good Samaritan describes acts of mercy. Such acts do not depend on wealth, ability or intelligence; they are simple acts, freely given and freely received. A clear rebuke of the response to the wounded man is noticed. This rebuke is communicated through a contrast of the Levite and the Samaritan. It is as if Jesus is saying, "how good is your religion if it cannot reach out to a dying lonely person?" Jesus demands the Church's commitment in caring for others' needs.

" I want you to share food with the hungry and to welcome the poor wanderers into your homes, give clothes to those who need them and do not hide from relatives who need your help. Feed the hungry and help those in trouble. The study found out that

some pastors pay school fees for some children orphaned by HIV/AIDS (Isaiah 58:7-17)."

Before Jesus began his ministry, He proclaimed: 'The Spirit of the Lord is on me, for he has anointed me to bring the good news to the afflicted. He has sent me to proclaim liberty to the captives, sight to the blind, and set the oppressed free, to proclaim a year of favour from the Lord' (Luke 4:18-19). The mission of Jesus Christ is to preach the gospel and to deliver human beings from all situations of suffering.

The extraordinary Synod of Bishops Report of Bujumbura, Burundi (1989) observes:

The mission of the Church in relation to the world must be understood as an integral whole. Though it is spiritual, the mission of the Church involves human promotion even in its temporal aspects. For this reason, the mission of the Church cannot be reduced to a monism, no matter how the latter is understood. In this mission, there is certainly a clear distinction but not a separation between the natural and supernatural aspects. This quality is not dualism.

In line with the theory of Functionalism the Church in the study area, was involved in attending to the needs of children orphaned by HIV/AIDS. It had provided the basic needs such as food, shelter, clothing among others. The Church in Kericho however, had a number of constraints. Among the constraints was reluctance to cooperate. Some Churches dissuaded their orphans and members from seeking treatment at institution B. Some Churches feared that their members may be

converted to other denominations. This would have been a hindrance to ecumenism of Churches in Kericho County.

3.2 Teachings of the Church on Sex and HIV/AIDS.

The study found out that some Churches had set up their own AIDS awareness programmes to educate Church leaders, women fellowships groups and youths about AIDS. They taught that AIDS is caused by a virus not witchcraft or punishment directly from God. The modes of transmission include, having sexual intercourse with an infected person, from mother to child when the baby is in the womb, at birth or through breast feeding, through infected blood transfusion, sharing of needles and other sharp instruments.

The youth are cautioned and are given education on abstinence till marriage. This is because sexual activity before and outside marriage is the main reason why AIDS is spreading so fast. The youth are told that it is God's way when they abstain from sex till marriage (Institution Director, O.I.21.7.2007).

For instance, institution B had set aside some days for teaching people on HIV/AIDS. The youth, men and women met here and were taught human sexuality and HIV/AIDS by counsellors trained for this purpose. The young people were taught to respect themselves as unique and special. This is because God loves them and has plans for them, to give them a bright future. "For I know the plans I have for

you says the Lord. They are plans for good and not for disaster, to give you a future and a hope” (Jeremiah 29:11).

The research findings agree with Garland et al (2003: 290) that young people should be taught on HIV/AIDS. The scholars observe that in Nigeria, the Church has developed a curriculum which trains secondary teachers from all religions about AIDS. This means that teachers who are Muslims, Catholics and Protestants are included. This enables the teachers to teach their classes about AIDS. The young people are exposed to teachings on how to deal with peer pressure and sexual temptations. A testimony by one university student as witnessed by Garland (2003) shows how important these teaching on AIDS are.

“I do not want to hear any talk about the virus, she said. “You tell us how many people are dying and how we get AIDS, but no one is helping us to stop getting it! We need help to know how to have the strength to stop having sex when everyone around us is sleeping around. If you don’t do it you are weird. You have no idea how hard it is!”

Thus, Sonja Weinreich et al (2003:94) reinforces the teachings on HIV/AIDS. They observe that churches claim to have an impact on the behaviour of people. The objective of the Church is to impact values and ethical standards which are enhancing and life preserving. The Church adheres to the ideal of sexuality as having its rightful place in lifelong marriage.

One founder of a home observed that HIV/AIDS was real and it was in the church. This was because there were Christians in the study area who were living with AIDS. As already mentioned, Institution B guided and counselled adults and children infected and affected by HIV/AIDS. The Church was making effort to encourage and assist the children orphaned by HIV/AIDS (Founder O.I.16.9.2007).

Pan African AIDS network symposium (2003:285), observes that there are people of faith who believe in the power of the Holy Spirit to bring about positive life change. They provide care, support, hope and love just like Christ did.

A respondent observed that some churches taught that HIV/AIDS is for the immoral and that God's people should not worry about it (Respondent 17.9.2007). The implication is that Christians will not get HIV/AIDS. Sonja et al (2003:96) observe that AIDS and the churches is a complex theme. For many, the churches are more of the problem than of the solution. They are associated with rigid sexual morality and rejection of preventive measures. The implication here is that the Church needs to be sensitized that there are many modes HIV/AIDS infection as mentioned above.

The Church was advocating for pastoral counselling. For instance, Institution B which is under the Catholic Church had counsellors who guided and counselled the youth, men and women and children orphaned by HIV/AIDS. They taught the word of God for spiritual growth. According to Garland (2003) there should be good counselling in the area of HIV/AIDS so that people should be responsible for their

actions and decisions. Christians should take responsibility for their actions, and then repent for forgiveness.

It was found that some churches did not have elaborate teachings on HIV/AIDS. It is allowed to quote the words of one respondent, "I have never witnessed such teachings" (Respondent O.I. 16.9.2007). The observation may mean that some churches have difficulties in dealing with HIV/AIDS. The Church has done more to be passive than facilitate effective prevention efforts. WCC (1987) observes that, the reaction of the churches has been inadequate and in some cases, has worsened the challenge.

There was the view by some pastors that HIV/AIDS has come to punish the society for its sin of immorality. Their view was under the framework of disease as punishment. Some perspectives from the Bible show that when people disobey, God punishes them. For instance, it was as a result of disobedience that God struck the Egyptians with ten plagues (Exodus 1-12). Saul the king of Israel was removed from kingship because he disobeyed God (1Samuel 15:23). Garland et al (2003:105) remarks that, when pastors tell people about AIDS, they point out that those infected are reaping what they had planted. They say AIDS is sin. This observation makes other people not to be involved in fighting AIDS or caring for PLWHA.

The Church's teaching about HIV/AIDS is important because it provides a foundation for prevention. In principle, all areas in the fight against AIDS can be

dealt with by churches through, education, care in health facilities, addressing vulnerable groups, advocacy and lobbying. This would lead to a reduction of children orphaned by HIV/AIDS.

Concerning the Church's practices towards HIV/AIDS orphans, the Church offered support through prayer. It held the view that such children needed help care and support. The Church stood with them, taught them God's word and showed love to them. Garland et al (2003) observes that pastors need to preach more on AIDS. This will make the congregation to accept some of the responsibilities for children orphaned by HIV/AIDS in their communities. Some members of the Church felt that children orphaned by HIV/AIDS should be assisted because they were needy and were innocent victims of circumstances. They should be included in orphan care programmes.

The teachings of the Church on sex and HIV/AIDS as discussed above include: AIDS is caused by a virus, abstinence till marriage, AIDS is real and it is in the Church and it is for the immoral. Its goals for Children orphaned by HIV/AIDS is our next concern.

3.3 The Church's Goals for the Children Orphaned by HIV/AIDS.

The churches wanted to give the orphans an education. This is in line with the theory of Functionalism which stipulates that every element of a system has a function and

that which has no function ceases existence. The churches and individual homes under study had put the orphans under their care in school. Some orphans are in private schools whereas others are in public ones. The institutions with programmes included A, B, C, D, E and F. Churches without programmes were planning to start ministries to sponsor some children to receive some form of education. In addition, they were planning to give them vocational training in order to make them self-reliant. A case in point was institution A. The institution had a welding workshop where some orphans were getting some training on welding.

Furthermore, the churches were looking for a way of integrating the programmes with others. This was important because they would avoid duplication of work. In addition, they wanted to promote the spirit of ecumenism and remove minor doctrinal differences. When discussing partnership and networking, one pastor remarked,

“this is an area where the Church should have multifaith cooperation. This is because we have a common theological basis for doing so, by virtue of the shared obligation to love one another. This is a bond that can promote greater harmony and better relations across denominations and this may be advantageous to children orphaned by AIDS. It is also a great blessing for the Church to grasp that our neighbour is found wherever there is a fellow human being and a child of God whom we are called upon to help” (Pastor O.I.17.9.2007)

The study found out that some churches were not willing to network. The researcher observed that, if the churches came together they could share responsibilities. This would ease the practical basis for each networking. This implied that a church could take the responsibility of educating the children orphaned by HIV/AIDS, another to feed them, another to cater for health matters and so on.

Churches wanted to come up with a team of community based activities. Institution B and C came up with such activities. This was important because it could care for more children orphaned by HIV/AIDS and also uplift them from their plight. The churches also wanted to help them grow up as whole persons. This is based on the Church's philosophy of ministering to the whole individual. The Church wanted to involve itself in taking care of the children orphaned by HIV/AIDS who will need special help to live fulfilled and happy lives as much as possible.

Another goal was to provide the orphans with a home where they could receive spiritual, material, physical and emotional care in a loving environment. The study revealed that the Church had made efforts to assist the children orphaned by HIV/AIDS. However, this effort was not enough. As already mentioned the living conditions of these children were not good. There was a plan by some churches to adopt some orphans. Some members of the Church for instance deacons could take care of the children as their own. This meant that the orphans would be attached to a family where they could be taken care of as other children. In the study area, there

were church-based programmes for children orphaned by HIV/AIDS. We turn to these church-based programmes.

3.4 Church-based Programmes for Children Orphaned by HIV/AIDS.

The study identified churches with programmes geared towards helping the orphans. These were: church A, with forty seven orphans at Kabokyek Mixed Boarding Secondary School, church B, which ran a Children's centre at Motobo, catered for eighty orphans. Church C which ran a home called Thesalia, catered for one hundred orphans. Church, D ran a home called Elmercy Cottage Ministries Orphanage. This Church catered for twelve orphans.

The survey also identified individuals who had established homes for the orphans. They were two: E and F, which catered for 37 and 20 orphans respectively. Institution F catered for orphans who were infected. This was started by a teacher and a member of the Pentecostal Church Assemblies of God.

Table 6: Churches and Individual Christian Homes with Programmes Geared towards Helping the Orphans.

Church/Home	No of Orphans
A Seventh Day Adventist (Kabokyeki school)	47
B Catholic Church (Motobo Children's Centre)	80
C Free Pentecostal Church in Kenya Church (Thesalia orphanage)	100
D Chrisco (Elmercy Cottage Ministries Orphanage)	12
E Home International (Individual run Home)	37
F Agape Orphanage (Individual run Home)	20
Total	296

1. Institution A Programme for Children orphaned by HIV/AIDS

The institution had established a secondary school. The school was near Kapsoit trading centre in Kericho County. It was a mixed boarding school. At the time of the research, the school had forty seven orphans. There were twenty girls and twenty seven boys.

The program started as a pilot project in 2001. It was at first funded by Adventist Relief Agency (ADRA) which is a SDA organization. The organization is meant to help and educate the needy. It gives loans to the needy with low interest rates. It also

assists vulnerable children especially children orphaned by HIV/AIDS. The local Churches especially SDA ones identify the orphans and informs ADRA about the plight of the orphans.

At first (ADRA) was responsible for the children orphaned by HIV/AIDS at the school. Later it gave the school some money so that it could be self-reliant. The self-reliance meant that the school could support itself in terms of food clothing and shelter for the orphans. The study found that the school was trying to be self-reliant. The study established that the school had a dairy farm. The dairy cattle provide milk for breakfast and tea break. Vegetables such kales, cabbage, carrots and traditional vegetables are grown. The farm produce provided a balanced diet for the children orphaned by HIV/AIDS and other students.

The local Churches contributed a certain percentage as school fees and the school met the rest. The findings concur with (James 1:27). He says that true religion which is accepted by God is to look after the orphans in their distress and to keep oneself unspotted by the world. The implication here is that Christians are there for one another. Some of the children orphaned by HIV/AIDS did not stay at school over the holidays. They stayed with their guardians. A few had been adopted by individual Christians.

It was established that the orphans were not followed after high school. This meant that no one knew whether the orphans got employment or not. The researcher

suggested that efforts should be made to establish where these children were staying and whether they were working or not and assist them accordingly.

2. Institution B Programme for Children orphaned by HIV/AIDS

The program for institution B was started in 2001 as a small centre. There were only six adults. Later it was to have over four hundred people both men and women who were clients. These got guidance and counselling from the centre.

The program for children orphaned by HIV/AIDS was started in 2005, with twenty two children. Since 2005, the number had increased to eighty due to the ever increasing number of orphans. The centre catered for thirty two children who are infected and forty eight who are affected.

Institution B ran a day-care program for children orphaned by HIV/AIDS. It involved a routine schedule which ran from 2pm to 5pm on Fridays and 10am to 2 pm on Saturdays. This was because the centre handled adults, both men and women, who were infected and affected by HIV/AIDS. The former, as already mentioned, came to the centre on Fridays and Saturdays. They were treated, guided and counselled for four hours. They were then given some food. The latter came to the centre on Mondays, Tuesdays, Wednesdays and Thursdays. They were also given some medicine and counselling.

The institution was occasionally funded by Scottish Catholic International (SCIF), which gave the centre funds to cater for food, medicine and education. Presidential Emergence Plan for AIDS Relief (PEPFAR), which is an American organization steered by George Bush also contributed in kind. The organization sent capital to the institution. This money was used to buy food and clothes for the needy. The children orphaned by HIV/AIDS were also included.

The operational strategy of institution B comprised of two stages: recruitment and incorporation.

The Recruitment Stage

The institution had an OVC department. This department liaised with field workers and church groups. They identified the orphans and encouraged them to come to the institution. These children consisted of both double and single orphans. The children so brought spread the news on how they were helped. This attracted other children to come to the institution.

The Incorporation Stage

This was carried out in the institution. It involved teaching the children God's word, guiding and counselling them. Here the background of the children was determined. The orphans were encouraged to introduce their parents or guardians to the OVC department. Those who did not have guardians were taken to orphanages for instance institution E and F which were also included in this study.

3. Institution C Programme for Children orphaned by HIV/AIDS

The institution had an orphanage which was near Muhoroni in Kericho County. The orphanage was started in 1981. It used to offer shelter but stopped when it was found out that the relatives did not welcome back the orphans once they went back home. They were disinherited. They stopped giving shelter in the year 2000 and decided to assist the HIV/AIDS orphans in the villages.

The research findings are in agreement with Mukoyoyo and Williams 1991 who observe that, orphanages would not be in the children's best interests. When these children leave their villages, they lose their right to inherit what their parents had left behind. Their relatives will claim the land and other property.

Institution C had a feeding program once a month. During this time, the orphans were given food and clothing. On the first week of every month, the congregations at Thesalia, Chepsirian, Cheramor, Kipkuror and Free Pentecostal Fellowship in Kenya churches took up a special collection to buy things such as flour, beans, clothes and other basic necessities for the children orphaned by HIV/AIDS and distributed the same to the orphans.

This concurs with Maslow's theory of the Hierarchy of needs. It states that the key to human development and growth is the gratification and actualization of basic needs. Therefore, if the orphans in the study area had to develop and grow, their basic needs should be met.

Isaiah (58:6-7) observes that, as a family of God our faith lacks sincerity because it does not reach out to others. Prophet Isaiah further emphasizes that our fasting should transcend personal growth to acts of kindness, charity justice and generosity. This is what pleases God.

The donations of sponsors from Norway and some of the local Churches mentioned above enabled institution C to run. These donations and the money collected by the local churches went to support the orphans in the villages. The rest of the money was used to start income generating activities. As already mentioned Institution C had a welding workshop and some guest houses. The money got from this effort went to support these children.

4. Institution D Programme for Children orphaned by HIV/AIDS

Institution D had a programme for children orphaned by HIV/AIDS called Elmercy Cottage Ministries. The programme was started in 1998 with a few orphans as already mentioned. At the time of the research, there were twelve of them. The main aim of this programme was to provide the basic needs for these children and give them education and later employment.

The children orphaned by HIV/AIDS were given shelter by the pastor of the institution. The study found out that other Christ Co-workers fellowship churches in Kericho County occasionally contributed some money to cater for these children. Women groups also contributed to the welfare of the orphans.

To get some help, letters were sent to these churches spelling out what the orphans needed at that particular time. The churches would respond to the letter by contributing what was needed if they were able.

5. Institution E Programme for Children orphaned by HIV/AIDS

Institution E programme started in 2004 by an individual SDA Christian. The home had thirty seven orphans. They ranged from one year to eleven years. The orphans had been left in the hands of relatives who were unable to support them. When asked why such a home was started, the response was that orphans were being abandoned or left with heavy responsibilities (Founder O.I 19.9.2007). This prompted the founder and his committee to go round villages collecting the orphans and putting them in this home.

Kelly (2000:44) observes that after the death of the parents, on the event of the unavailability of other adult caretakers, children often as early as 8-10 years of age, are forced to look after their siblings and themselves. In addition, many of them are looked after by elderly grandparents, who do not know where the next meal will come from. These grandparents require attention from their adult children who have died of AIDS. This situation is made worse in the absence of provisions for old age through pensions. Poor countries, Kenya being one of them, cannot afford to provide such pensions.

6. Institution F Programme for Children orphaned by HIV/AIDS.

This programme started with twelve children. At the time of the study, they were twenty of them, twelve girls and eight boys. The youngest was two years old. The organization did not have a sponsor. When asked why such a home was set up, the proprietor responded that she felt a prophetic call from God to help the needy. The Church had played a big role in providing food and clothes for these orphans. Occasionally, well wishers did help.

The study found out that children orphaned by HIV/AIDS in the institution were infected. This meant that they needed extra care since they were prone to sickness. Speaking about infected children, NASCOP (2005) observes that children with HIV/AIDS are sickly. As their immunity goes down opportunistic infections set in. This stagnates their growth. They cannot sit or walk. These infections include: carinii, pneumonia, oral thrust, tuberculosis (TB) and diarrhoea. These children need critical care.

3.5 Activities of the Churches in Alleviating the Plight of Children

Orphaned by HIV/AIDS in Kericho County

The churches and homes in this study had different ways of getting the orphans. The study found out that some of the local churches identified the orphans through the chiefs and sub-chiefs. The orphans were then sent to school or to orphanages. A good example is institution A. Orphans were identified and sent to the secondary

school. Others such as institution B comprised two stages: the recruitment and incorporation stage as already discussed in this chapter. The institution had an OVC department. This department liaised with workers and church groups. These identified the orphans and encouraged them to come to the centre.

In the incorporation stage, the children were taught God's word, guided and counselled. The background of the children was determined by interviewing them. The orphans were encouraged to introduce their parents or guardians to the OVC department. Those who did not have parents or guardians were taken by the OVC department to institution E and F which were also included in this study.

Other churches had taken in abandoned children orphaned by HIV/AIDS. A case in points was institution D. Institution F, an Individual Christian home housed orphans brought in by the founder of the home from the village. Institution C, among others, assisted the orphans from their homes. The institution had provided food shelter and clothing, education, health care, emotional and spiritual support, among others. Church members had adopted some orphans. Some had created employment opportunities for the orphans. Institution C ran a welding workshop as already seen in this chapter. The orphans who had completed secondary school were employed to work in this workshop. These services provided by the churches are analyzed below.

1. Food, Shelter and Clothing

Most of the institutions with programmes provided food, shelter and clothing to the children orphaned by HIV/AIDS. At institution A, the orphans were regularly provided with food, shelter and clothing. The school had a dairy farm. The cattle provided milk for breakfast and tea break as already mentioned. This is in line with the theory of Functionalism which stipulates that every element of a system has a function that contributes positively to the continued operation of that system or negatively to its disintegration and change. In relation to the study, the Church in Kericho County is contributing positively in helping the children orphaned by HIV/AIDS by providing basic needs mentioned above and other needs such as emotional, psychosocial, health care, among others.

Vegetables like cabbages, *Sukumawiki* (kales), carrots and traditional vegetables were grown. The farm produce provided a balanced diet for the orphans and other students. The school provided shelter. The orphans resided in dormitories together with other students. The donations from local churches helped to cater for these boarding facilities. The orphans got uniforms and other accessories from these churches. The orphans did casual work like slashing and cleaning staff quarters at a fee. This helped to cater for personal effects. These efforts were fairly sustainable.

The Church donated food such as maize, potatoes, vegetables and sugar. Some brought clothes for the orphans. The study found out that the churches donated the items especially to Institution E. These were not in the sample. They include;

Deliverance Church (DC) and Abundant Grace (AG). Others were; Happy Church and Kenya Assemblies of God. This help however came occasionally and it was not enough. Well wishers also contributed in kind.

Other bodies which assisted include; the Kenya Power and Lighting Company (KPLC) and students from the University of Eastern Africa Baraton. These donated money and food. It was found that some churches did not volunteer to help the orphans. Letters were written asking for help from the Churches as seen in this chapter. The committee members distributed the letters to the individual Churches. Some responded and some did not.

Speaking about the inactivity of many churches, Chauke (2003) intimates that, the Church seems to have forgotten about caring for those who are suffering and protecting the oppressed. It has been busy condemning instead of being a healing and a caring community. Although it visits the sick and the bereaved from time to time it is so busy with development programmes that it does not take enough time to listen to the hurting people.

At Institution B, the orphans came to the centre on Fridays and Saturdays. They got lunch before they went back to their homes. The churches and well wishers brought things such as clothes, maize, money, beans, vegetables, soap among others, to the institution. The foods and clothes were sorted out and given to the care givers who gave out the food and the clothing to the orphans.

Some other churches, had organized a feeding programme once a month. The orphans were given food and clothing. This was done by the churches' social workers. Women groups also contributed immensely to the welfare of the orphans. However, such efforts were not enough. The response of the orphans shows this. "Many are the times when we go without food and clothing. Today we have, tomorrow is uncertain" (Orphan 12 O.I.16.9.2007).

The research findings concur with Pope John Paul (1990:6-7) who reminds the churches that it is their duty to help those suffering since these people are fighting for their lives. He contends that the Church is dealing with the difficult problem of the meaning of suffering and the value of every life even that of the sick and the weak. The Christian communities will need great generosity to sustain the families that are worn out by illness of one of their members and to look after the children who have lost their parents.

In support (Garland and Blyth, 2003) observe that, Christians should care for one another. A good example is a church in Malawi. The Christians in this church worked together to do farming on a piece of land. They sold the produce from the land and used the money to care for children orphaned by HIV/AIDS in the church. Other churches support poor families by giving small loans to start small businesses so that they can support themselves. Women have formed fellowship groups. Every week these groups collect food stuff like grains, beans, rice among others and distribute them to widows, orphans and the families caring for orphans (Ibid).

The Church in Kericho County can emulate the Malawian example. It can start some projects such as building rental houses, bee keeping, poultry farming, dairy farming, among others, which can be of benefit to children orphaned by HIV/AIDS.

2. Education

To meet tuition expenses, some institutions had embarked on small income generating activities (IGAS) for the children orphaned by HIV/AIDS. Some of these institutions had dairy farms as already mentioned. The milk got from this farm was sold to provide fees for these children. The orphans did the milking and weeding for napier grass for the cows. This was the same milk which was used for tea in the morning. Testimonies from the orphans were quite revealing.

For instance, one narrated, ‘We do manual work, such as, cleaning teachers’ houses and splitting firewood at a fee. We are paid 100 shillings for a wheelbarrow of wood split. We also grow vegetables such as cabbages and *sukumawiki* which form part of our meals. This we do during weekends and especially on Sunday.’ (Orphan 13 20.9.2007)

Some institutions as already observed had farms. They had planted maize and sugarcane. The money got from these farms helped to cater for the needs of the orphans. One of the needs was school fees. Onyancha and Shorter, (1998) assert that, providing education for orphans is crucial for improving their lives. It gives them the skills they need to secure employment, thus becoming self- sufficient. It is,

therefore, important to place orphans in school, so that they complete their education. Church bodies should sponsor the schooling of some orphans in their congregations. Also, bursary funds should be expanded to cater for children orphaned by HIV/AIDS.

The churches had organised their members into groups. These donated some money and this money was put to some pool. It was then dispatched to the orphans through the social workers. The congregation of Thesalia, Chepsirian, Cheramor, Kipkuror and FPFK had done this.

There were institutions which had guest houses. Tourists were accommodated there. In addition, conferences took place there. This was a source of income which was used to help these children orphaned by HIV/AIDS. Sponsors from Norway, SCIF PEPFAR, ADRA, KPLC and Unilever Company (UC) contributed in kind.

The study found out that some orphans did not make it to secondary school. They dropped out in class eight. However, institution C ran welding workshops. The commodities welded were sold and the money set aside for these children. Those who dropped in class eight or completed secondary were trained, in such workshops and given employment there. The churches wanted to start carpentry workshops in future to train the orphans in carpentry and even provide employment for them in the workshops. A single orphan admitted,

I couldn't join form one because of school fees. My father died of HIV/AIDS and my mother is very sick. I want to open a welding workshop after this training. I shall get money and pay school fees for my siblings, (Orphan 14 O.I.21.7.2007).

In some institutions, all the orphans went to school. Some orphans went to public schools; others to private schools such as Eland Primary school in Kericho County. The school offered free education for these children. Few who had completed secondary led independent lives. Some had carpentry workshops and others tailoring businesses. Institution A had employed teachers to provide tuition for the orphans. It was found that the orphans were above average academically.

3. Spiritual Accompaniment and Psychosocial Assistance

Children orphaned by HIV/AIDS at Kericho County found spiritual support a great source of comfort and strength. It helped them to deal with the emotional stress resulting from the death of their parents. It was found out that the orphans attended services in their respective institutions. Some institutions invited guest speakers who were pastors to give them spiritual support.

In others, the children orphaned by HIV/AIDS went for spiritual guidance on scheduled days. They were divided according to ages and given to teachers who had undergone some form of training in that area. They were taught on how to look after themselves by practicing hygiene. They were guided and counselled on how to come

to terms with their plight. Those infected or affected by HIV/AIDS were given biblical hope.

The Bible observes that no one should grumble because, God works in everything for the good of humankind. He promises to be there for people if they trust in Him and let Him have His way (I Corinthians 10:13, Romans 8:28 and Hebrews 13:5).

The orphans testified that the sermons delivered by guest speakers had an impact in their lives. These have made them to go through difficulties with hope. Some institutions have recreational facilities. A Notable example is institution B. The orphans play games, sing, dance, play with toys among others. “We are treated well here. We sing, we play with toys and dance. We are given lunch here. I forget problems at home when I am here” (Orphan 15 O.I .16.9.2007)

They need to be held and loved. They need hugs, kisses and to be treated like other children; to play with them and appreciate them. They want to be made feel special and blessed (Garland and Blyth 2003:265).

Churches had mobilized women groups who made visits to these children occasionally especially over the weekends. The Bible was read and hymns sang. The orphans attended their various churches for spiritual nourishment. Garland and Blyth (ibid) emphasize on the Church and community role in caring for children orphaned by HIV/AIDS. These are children who need to be helped so that they can have

fulfilled lives like other children. They should be cared for with the same compassion and dignity as other children who have parents.

There were churches which stressed on home based care. The relatives and community were encouraged to take care of the children orphaned by HIV/AIDS. Such efforts were done by institution B and C. The two institutions assisted the children orphaned by HIV/AIDS in the villages.

Garland and Blyth (2003) recommend home based care. God placed children in families for good reasons. It is better for orphans to remain in their own communities near their homes than move away to orphanages. The extended family should care for them whenever possible supported by the local church, school and friends in the familiar communities.

Prescription for hope (2001) spells out a model of future 'cities of hope'. Orphans will live with old people, get pieces of advice from them and do farming to support themselves. This type of community based orphan care could be one of the best solutions. This is because; it would help with the important task of keeping children in touch with their extended family as much as possible. It would mean men as well as women being involved in caring for orphans.

4. Guidance and Counselling (emotional support)

The study found out that the children orphaned by HIV/AIDS suffered emotionally and psychologically. This condition was accelerated by stigma and discrimination. Thus, the child felt isolated and rejected. Professional counselling could help such children to deal with the experience and rejection. Some churches had trained counsellors. These provided emotional support to the children. The study revealed that, some orphans had suicidal thoughts and hence the need for guidance and counselling. It was through this guidance and counselling that the orphans were able to complete schooling. Absence of this could lead to many dropping out because of stigma and discrimination associated with the disease.

Samita (1999:175-189) and Mureithi (2008:9) explain the importance of guidance and counselling. In crises occasioned by HIV/AIDS, counselling in the context of Christian love becomes a useful scaffold to the client. Christians must integrate belief and action noting that they are empowered to help others who are crippled with physical and spiritual dilemmas. Christian counselling is an indispensable ministry in the church.

Samita (1999) and Garland (2003) view guidance and counselling as useful to individuals to dealing with frustrations and obstacles that interfere with their lives. It orients them to adjust to a new environment. Through it, the condition of the child is promoted through boosting of self-esteem so that one achieves in the day-today activities.

Institutions which did not have professional counselling services had women groups who visited these children and offered friendship, understanding and support. They chatted, offered encouragement and a sympathetic ear to them. Some of the members of the church volunteered and took in some of the orphans who did not have relatives or whose relatives had rejected them. However, the study found out that few had been adopted. This might be attributed to lack of money to care for them and their own children or reluctance to help. The researcher was able to get one of the adopted orphans who was 16 years old and heard her views.

“I lost my parents two years ago. My relative refused to take me in. One of the Church members took me to her home. She treats me like her own children. At times, I miss my parents and I am sad. This other mother comforts me and I feel happy.” (Orphan16 O.I. 16.9.2007).

5. Health Care

The study revealed that some institutions such as institution B had health facilities. These were run by the OVC Department. The infected and affected had access to these facilities. The infected were given antiretroviral and others catered for according to need. Institution F which was included in this study got medicine for its infected orphans at this institution.

In other institutions, the donation which was given by churches and other bodies provided health care for these children. At institution A, the orphans were treated at the school dispensary. Worse cases were referred to Kericho County Hospital. The hospital expenses were got from the donations the churches gave. It was found that some institutions had formed women groups who took these children to hospital and

cared for them while there. Institution C is a notable example. A testimony from one of the orphans suffices.

Here (school) life is better than home. When I am sick, I am taken to hospital for treatment. When I fall ill, I go to the matron for medicine.' This may imply that life at school is better than at home. (Orphan17 O.I.16.9.2007).

Mukoyogo and Williams (1991:12) have elaborated on the response of small Christian communities (SCC) of Kamwokya Uganda to help people living with HIV/AIDS. Such SCCs have done much to help people affected by HIV/AIDS. They act as a link in a chain of care, stretching between people with HIV/AIDS in the community or hospital based health services. They take sick people to church and also ensure that they are taken to hospital for diagnosis and treatment or visited by a mobile AIDS team. Every Tuesday morning, these SCCs accompany the mobile Home Care Service from Naseby Hospital on home visits and on Wednesday, they organize a shuttle service which collects patients at Holy Trinity Church, takes them to the AIDS clinic at Nsambya Hospital and brings them back again. The Church in Kericho could borrow a leaf from the Ugandan church.

When giving a word to society and the Church, Dube (2003:11) remarks that the HIV/AIDS scourge places extra challenge on people in so far as protecting children is concerned. She calls HIV/AIDS a Herode that seeks to smother and extinguish the promise that children hold. It is the new conspiracy designed to end the lives of human beings at the infant stage. She calls on society and the Church to do all in their power to protect this most vulnerable and innocent groups of victims of

HIV/AIDS. No stone should be left unturned in search for practices that will keep children from this particular danger.

6. Income Generating Projects

The guardians/relatives were given some money to start IGAs, for instance, selling maize, charcoal and second-hand clothes. Social workers monitored the progress. The guardians/relatives signed a contract of three thousand shillings to start with. More money could be added when the business picked. This made them self-independent in helping the children orphaned by HIV/AIDS who were under their care. A notable example was institution B. Institution A had a dairy farm which supplemented its income. Institution C had a maize and a sugarcane farm. In addition, it had a guest house with over twenty self-contained rooms as already mentioned. It also ran a welding workshop. Plans were underway to start a carpentry shop. All the above were IGAs geared towards helping children orphaned by HIV/AIDS.

The activities of the Church in alleviating the plight of Children orphaned by HIV/AIDS in Kericho County have been discussed. The reasons why some Churches in the study area do not have programmes in helping the orphans is the next concern.

3.6 Churches without Programmes

The study selected five churches without programmes for children orphaned by HIV/AIDS to find out why they did not have such programmes. The five churches included: G, H, I, J and K. They gave various reasons as to why they did not have such a programme. These are cited below.

First, the churches had it that there was no annual church budgetary aberration for this service/ministry. The mission of the Church as already discussed is to cater for the needy. Thus, there should be provision in the church's annual budget to assist the children orphaned by HIV/AIDS.

The study is in agreement with Lampty (et al 2002: 57) and WCC (1997:2). The authors point out that, the mandate of the Church is to help the needy members of the society. People living with HIV/AIDS are in essence needy. This is because parents who are bread winners die and leave children at the mercy of poverty and hunger. This is a crisis which Churches must tackle. The churches are also challenged to sensitise people on HIV/AIDS through seminars, rallies and camp meetings. HIV/AIDS is a sign of the times calling us to see and understand.

Secondly, lack of finance had made them not to contribute in helping those children. The contribution of the congregation was so minimal such that it couldn't meet the running of the church and offer any support anywhere. Speaking about the Christian response to the contemporary issues, Samita (1999: 172) observes:

Christians cannot simply stand aloof, on the fence spectating at issues of local, national, regional or global concern in the pretext that they do not have money. As the salt of the earth (Matthew 5: 13-16), they must provide workable alternatives or solutions in crises. AIDS is amongst the present world's most challenging health crises. The Church needs to be adequately equipped with a reconstructed theology and praxis in order to prevent AIDS and provide care to PLWAS.

After being interviewed, the nine pastors had a common stand that they could start programs for the children orphaned by HIV/AIDS if they got sponsors. The study found out that local sponsors were not willing to assist. When speaking about the Christian church related organizations which depend on donors, Samita (1999) again observes that the churches should be self – sustainable of efforts towards addressing the challenges of AIDS. They should not be addictively dependent on foreign goodwill whether in terms of funding or not. This poses worrying future projections in terms of self – sustainability of efforts towards addressing the challenges of AIDS in Kenya particularly, with the growing trend of donor fatigue.

A good programme worth emulating was that of institution A. ADRA started the institution off and then the local churches and the school created their own projects for instance, dairy farming. Thesalia was another case in point. It had a maize and sugarcane farm. It also had a welding workshop and a guest house. Another example is the Church in Malawi which has already been mentioned under churches with

programmes. Churches in Kenya specifically in Kericho can borrow a leaf from the Malawian church.

Another reason given for the churches in Kericho for not starting a programme for children orphaned by HIV/AIDS was that, the idea of starting a programme for children orphaned by HIV/AIDS had not been initiated and that some of the churches were new. Therefore, they were not well established. A notable example is J.

The study found out that some churches had many projects to complete first before they thought about the issue of children orphaned by HIV/AIDS. Such projects included building better churches and starting schools and any other IGAs. A good example was K. “There are many projects to cater for before we think of establishing a programme for the children orphaned by HIV/AIDS.” (Pastor O.I.18.9.2007).

The churches without programmes all agreed that assistance of these children depended on the institutions coming out to be assisted. As already mentioned, the individual Christian homes had to write letters to churches to ask for support for the orphans. The churches did respond to assist although in a small way. For instance, during Christmas, if funds were available, they took food and clothes to the homes. Some occasionally gave donations to institution E. Church H had a well established

school. The pastor pointed out that some orphans were being educated for free in the school.

Some pastors were paying school fees for some orphans. Some had completed Form Four. Two pastors said that some members of their churches have adopted a few of the orphans. This is in line with what the Bible says, “Do not deprive the alien or the fatherless of justice or take the cloak of the widow as a pledge’ (Deuteronomy 24: 17- 18

James (2:15-17) echoes the same sentiments, “suppose you see a brother or sister who needs food or clothing, and you say well goodbye and God bless you; stay warm and eat well but then you do not give that person any food or clothing. What good does that do?” This implies that, if a child orphaned by HIV/AIDS does not have a home and a family and the Church does not help, what good will it do to the orphan?

The Psalmist 68:6 observes that if the Church loves orphans the way God wants, she must look for members of the Church who are willing to take them into their families. God places the lonely in families.

The scriptures examined above reveal that the Church should be involved in orphan ministry. It should support as many orphans as possible that leads to adoption of as many children as possible. If we claim to be Christians, we should adhere to God's

mandate to care for the needy. All are called to be his or her brother's keeper. Those who refuse to participate are called enemies of God in His word, "You leaders are rebels, the companions of thieves. All of them take bribes and refuse to defend the orphans and widows" (Isaiah 1: 23 - 24).

It was found that these churches visited homes and offered intercessory prayers for the orphans. They prayed that God will bring comfort, strength, patience and endurance to the orphans who are suffering and facing death. That the orphans should overcome their fear and have peace in their hearts, be comforted and strengthened to meet the days ahead and hope in God's goodness and mercy.

Even though some churches did not have a program for children orphaned by HIV/AIDS, they had tried to assist where they could. As already mentioned they occasionally gave donations to the orphans, they contributed in terms of prayer, they had assisted some school leavers and paid some school levies for some orphans. Cases in point include, G, H, I, J and K.

Thus, Jesus exhorted that if help and care is directed to those who are hungry, thirsty, sick, naked, homeless or in prison, then we are actually caring for Him (Matthew 5: 31-36). On the other hand, He condemns those who do not show this kind of love, "I was hungry and you gave me nothing to eat, I was thirsty and you gave me nothing to drink, I was a stranger and you did not invite me in, I was sick and in prison and you did not look after me," (Matthews 25).

The chapter has discussed the Biblical Perspective on the role of the Church in helping the needy, the teachings about sex and HIV/AIDS and the Church's goals for the children orphaned by HIV/AIDS. The Church advocates for abstinence till marriage, pastoral counselling, testing before marriage, among others. The goals include: giving vocational training, provision of homes, for the orphans, among others. The activities of the Church in alleviating the plight of children orphaned by HIV/AIDS have been analysed. The activities are: provision of food, shelter and clothing, education, spiritual and psychosocial assistance, emotional support, health care and income generating activities.

The chapter has also analysed reasons why some churches in the study area do not have programmes towards helping the children orphaned by HIV/AIDS. They include: lack of provision for helping orphans in the church budget, lack of finance, some churches are young, having many projects to complete, among others. The foregoing discussion shows that the Church is active in helping the children orphaned by HIV/AIDS. However, it faces some challenges. This is the concern of the next chapter.

CHAPTER FOUR

CHALLENGES THE CHURCH IS FACING IN ITS ENDEAVOUR TO HELP THE ORPHANS

4.0 Introduction

The chapter examines challenges the Church in the study area was facing in its endeavour to help the children orphaned by HIV/AIDS. These were, lack of finance, lack of cooperation from other churches, bottom-up approach, lack of trained personnel and lack of follow up. There was also failure to be self-reliant and disinheritance.

4.1 Lack of Finance

The Church was dogged by lack of finance to support the children orphaned by HIV/AIDS. Foreign and local sources tried to support some of the churches in Kericho. SCIF and PEPFAR were some of the agencies which tried to fund the church programmes. The foreign funding was not enough and the little that was sent took a long time to come.

Another organisation which assisted the Church was ADRA. This was started by SDA as a way to follow Christ's example of serving and caring for those in need. ADRA searches out deprivation and social injustice among others then works to remove them. It is dedicated to protecting the vulnerable. The other local sources

include the Kenya Power and Lighting Company and students from the University of Eastern Africa Baraton.

Locally, the Church supplemented funding through its congregation. This was not enough. The study found out that some local churches who had promised to help did not keep their promises. A notable example was the secondary school as already mentioned. The local churches had sent children orphaned by HIV/AIDS to the school. They had promised to raise a certain percentage to assist the children pay school fees. However, with time, they failed to honour the promise. The words of the headmaster attested to this.

“We (administration) have sent several letters to the churches and have gotten no response. Some of the local churches seem to be having no money. They have closed their doors completely. This has led to a decrease in the number of orphans in the school because of fees arrears. This is the reason why projects like a dairy farm, came up. We want to start other projects like tree nurseries to assist with fees payment,” (Headmaster O.I.16.9.2007).

Lack of finance was found out to be the cause of few orphans being supported. For instance, it was as a result of these financial constraints that Institution B could support only eighty orphans. Institution F for the infected got medicine for the orphans from institution B because of lack of funds to feed the children. Insufficient funds might mean that the children could not meet the basic needs such as food

shelter and clothing as stressed by Maslow in his theory of the Hierarchy of Needs. Basic needs should be met because they are the key to human development and growth. Institution B was a case in point. The institution did not give shelter to the orphans because of limited funds. As already discussed the orphans lived in congested rooms in the homes which had managed to give them shelter. The study is in agreement with Sonja et al (2003:101). Thus, they observe:

“Many Church projects are successful on a small scale because the necessary resources are lacking to implement them on a large scale. Churches should coordinate their efforts and expand individual products and implement them on a large scale.”

Lack of funds had also led to lack of trained counsellors to guide and counsel the orphans. As already mentioned children orphaned by HIV/AIDS are caught up in feelings and events that they do not understand. They face great emotional and psychological stress among others. Such stresses call for guidance and counselling.

4.2 Lack of Cooperation from other churches

Institution B treated and counselled men, women and children who had HIV/AIDS. These people came from different churches. The other churches felt threatened that their followers would be converted to other denominations. They at times

discouraged their orphans and other members from going for treatment. This might be a hindrance to the oneness of the churches.

In addition, a few churches showed concern to help. The Church claimed to have had problems with finance. This meant that the assistance given was to only a few. When the orphans were asked what they would like the Church to do for them, they responded that they would appreciate if the Church bought them even a piece of soap, a morsel of bread or paid school fees for them. “If the Church can feed me well and get me a safe place to live in, I will prosper in life (Orphan18 O.I.21.9.2007).

The observations above show that the orphans may be lacking enough food. It may also mean that these children do not have proper shelter, if there is, they are not comfortable. There was some observation from the orphans that the Church did not give them attention. The exact words from one of the orphans shows this “If the Church can put more attention to the children orphaned by HIV/AIDS and support them in any way financially, materially and most of all love, we shall feel comfortable,” (ibid).

The study gathered that some churches did not want to commit themselves in helping these orphans. This was because there was the assumption that the individual Christian founders were looking for money to benefit themselves.

4.3 Bottom-up Approach

Some churches had a bottom-up approach. This means that their headquarters were not involved. A good example is institution A. ADRA an SDA governmental organisation initiated this idea of assisting the children orphaned by HIV/AIDS. The local churches took up the initiative to contribute a percentage to assist. This however posed a great problem. This was because there was no support from the conference in terms of finance to handle the problem. There was therefore a problem of funding.

4.4 Lack of Trained Personnel

Some churches did not have trained personnel to guide and counsel these orphans. Children orphaned by HIV/AIDS are often tormented with stigma, shame and emotional disorders which need guidance and counselling from experts in this field. In one home, the researcher witnessed a confrontation between a care taker and an orphan. The orphan had refused to take porridge because it did not have sugar. The caretaker reprimanded the orphan telling him that he should go where he came from if he thought he was not comfortable in the home. Instances such as this one should have been handled professionally. There were plans underway to train some members of the Church fully for this purpose.

4.5 Lack of Follow Up

The study found out that some orphans who completed Standard Eight and Form Four were not followed up. This meant that the Church did not know where they went after school. It did not know whether after school, they underwent any form of training or acquired any skill which could help them to be productive and lead independent lives. This was because the churches lacked funds to support the orphans further as already discussed in 1 above. This was worsened by the fact that many of the orphans did not do well in school since they suffer from emotional problems.

The research findings concur with Jackson, who observes that children growing up with low self-esteem and a little sense of security, poorly educated, with poor skills and minimum chances to pull themselves out of poverty have little chance to become productive self-sufficient citizens and parents. They will instead be likely to increase instability, crime and other problems in the society at large perpetuating the human rights abuses they have suffered. We can expect to see rising crime hopelessness, growing numbers of street children increasing sex workers and worsening exploitation of girls and women, with a further generation of ill-cared for children born to these impoverished children (Jackson 2002:257).

4.6 Failure to be Self-reliant

Institution B came up with the idea of making the relatives who care for some orphans self-reliant. It gave them some money to start businesses which can assist in caring for the orphans. The idea to make the guardians/parents self-reliant did not succeed. Some used the money for alcohol or for other purposes and ended up not doing what was intended. Others came to claim for more after squandering what they were given. This meant that the money was not used for the intended purposes; supporting the children orphaned by HIV/AIDS. The Church should monitor how the money is spent by the care-givers. A testimony by one orphan shows this.

The priest gave my uncle some money for my school fees for joining Form One. Instead of paying my school fees he used the money on beer. My uncle has been taking care of my sister and myself when our parents passed on in 2000. I want to join Form One (Orphan 19 O.I.20. 7.2007).

4.7 Disinheritance

It was found out that when the orphans were given shelter at the orphanages, they were disinherited by their relatives. The relatives felt that the Church should cater for them. This is to say, give them land, shelter and food. The Church decided to assist them from their homes. A notable example is institution C.

Hunter and Williams (1998) have documented that the relatives and neighbours charged with caring for the children orphaned by HIV/AIDS would take the orphans property or inheritance, leaving them more vulnerable to mortality, illness and

exploitation. This shows what the children orphaned by HIV/AIDS undergo in the hands of their relatives.

The chapter has presented the challenges the Church is facing in helping the children orphaned by HIV/AIDS in the study area. These are: lack of finance, lack of cooperation from other churches, bottom-up approach, lack of trained personnel, lack of follow up, failure to be self-reliant and disinheritance. The next chapter gives the summary and conclusion of the study.

CHAPTER FIVE

SUMMARY AND CONCLUSION

5.0 Introduction

This study sought to determine needs and challenges of children orphaned by HIV/AIDS in Kericho County. The Church response to children orphaned by HIV/AIDS has been established. The challenges the Church in Kericho were facing in its endeavour to help HIV/AIDS orphans has been discussed.

It was assumed that orphaned children may be subjected to lack of basic needs and that the Church is expected to play a major role in helping the orphans.

Three perspectives on children and orphanhood were looked into. These are: African traditional society, the Bible and the contemporary society. The discussion demonstrated that children are highly valued. Therefore, they should be taken care of.

The treatment of orphans in African traditional society and contemporary society have been elaborated. In traditional African society orphans were cared for within the family structure. Members of the family made sure that the orphan was well protected and loved. Mistreating an orphan was regarded as a taboo and it was

interpreted as against God's will, however, there were isolated cases of stigmatization as already mentioned in chapter two.

In contemporary society, there is the breakdown of the traditional African value systems. This is because of urbanization, westernization and the impact of HIV/AIDS on children. The orphans are on the increase and there are limited support systems for them outside the family. The orphans' rights are violated or threatened. The orphans are withdrawn from school and others are heads of households. Girls indulge in early premarital sex for survival. Modern society's provision of basic needs to children is inadequate. The reason for this is that this provision does not cater for the social, emotional, intellectual and spiritual survival of the orphans. This is a wake-up call to the Church to intervene.

The Bible teaches that orphans should be protected. God wants the Church to take care of orphans. It was found that the Church in the study area has made some effort to support children orphaned by HIV/AIDS. The uniqueness of children orphaned by HIV/AIDS, their needs and rights has been brought out. The children's rights and needs have not always been respected. Therefore, the Church's involvement in the welfare of the orphans can be seen as a religious obligation because children are a gift from God.

Factors which have led to the upsurge of children orphaned by HIV/AIDS have been discussed. This gives proper understanding of the root cause of the children

orphaned by HIV/AIDS. The factors include: poverty, ignorance, social and cultural practices, alcoholism and fear.

Categories of children orphaned by HIV/AIDS have been analyzed. The orphans' age ranged from two to eighteen years. Many of the children were barely adults. The study revealed that most of the orphans were in primary school. It was further revealed that even though the government introduced Free Primary Education (FPE) most of the orphans did not complete Standard Eight. The reason was that there was lack of school uniform and other school levies.

The needs and challenges of children orphaned by HIV/AIDS in the study area have been underscored. These include: physical needs (food, shelter and clothing) access to education, disinheritance, stigmatization and discrimination, emotional and psychosocial consequences, lack of socialization, health care among others.

The biblical perspective on the role of the Church in helping the needy has been discussed. Biblical references show that it is God's messenger. God has called the Church for service to the needy.

In analyzing the role played by the Church in helping children orphaned by HIV/AIDS the study examined Churches which have programmes for the children orphaned by HIV/AIDS and those which do not. The contribution of the Church through social programmes had been observed and found to be active albeit in a small scale. This was because only a few institutions in the study area had these

programmes. The institutions were A, B, C, D, E and F as already mentioned. These institutions provided some services like education, health care, food, shelter and clothing. On a similar note, spiritual support, guidance and counselling amongst others were provided. This effort is in agreement with Abraham Maslow's theory of Hierarchy of Needs (1970) which stipulates that basic needs should be satisfied for human development and growth.

The study further established that in terms of resources, the programmes experienced some shortages. The material and human resources were strained. This had adversely affected the programmes' effectiveness and operation.

For their human resource, the programmes lacked specialized personnel to handle specific issues professionally. For instance, there was lack of trained counsellors. Further, some of the programme workers seemed to lack orientation on what is expected of them due to lack of formal training. As a result, specific issues of the children orphaned by HIV/AIDS were not handled professionally. Lack of cooperation from other Churches showed that some Churches did not clearly understand their mission.

All the churches under study had centre based programmes. They did not have a focus on community involvement except Institution B and C. Both institutions had a feeding programme. The orphans were given food and clothing. At the beginning of every month, the Institutions organised for a special collection to buy basic

necessities for the orphans. It also encouraged the community to contribute in kind. Institutions A and C were trying to be self-reliant. As already mentioned, they had started IGAs to help them support the children orphaned by HIV/AIDS which was a good idea worth emulating.

The teachings of the Church about human sexuality and HIV/AIDS have been mentioned. The Church had it that HIV/AIDS is real and it is in the church. There was emphasis on abstinence and HIV/AIDS testing before marriage. This view in essence may be misleading because there are many modes of HIV transmission. The Church saw children orphaned by HIV/AIDS as children who are victims of circumstances and need help, care and support. The long term goals of the Church for the orphans have also been discussed. The churches longed to give them basic education, vocational training and even adopt some.

Some of the churches without programmes did assist as already mentioned. They occasionally gave their tokens as a Church and as individuals also in addition to offering prayers. They gave their own reasons why they do not have programmes for children orphaned by HIV/AIDS. Notable ones included; lack of finance, support from donor agencies was lacking, had other projects to cater for and others were young churches.

Challenges the Church was facing in its effort to help the orphans had also been discussed. These included: lack of finance, lack of trained personnel, disinheritance and lack of partnership, among others.

Finally, it could be said that this study has attempted to bring out the plight of children orphaned by HIV/AIDS and what the Church has done to help them at Ainamoi and Soin sub-counties in Kericho County. It is, however, not exhaustive. It is hoped that more researchers and scholars will throw more light on the role of the Church in other places in the plight of the children orphaned by HIV/AIDS.

5.1 Recommendations of the study

The study found out that children orphaned by HIV/AIDS are needy, and the Church response to the orphans is positive. In order to facilitate the betterment of children orphaned by HIV/AIDS the study recommends the following:

- 1.** The Church in Kericho County should focus on the orphans. It should revise its structures and constitutions so that more room could be given to the orphans.
- 2.** The Church should encourage its members to be foster parents to the orphans. They can feed, clothe and educate them. This is giving them practical support.
- 3.** There is need for the Church to counsel its congregation on the implications of leaving children orphaned by HIV/AIDS unattended. The orphans due to poverty, drop out of school, indulge in crime, among others to make ends meet.

4. The Church should set common forums to help the orphans. This is to avoid duplication of work. If for instance one Church tries to help the orphans in isolation, it cannot be effective as the study found out. If on the other hand a group of churches pooled their resources and divided the problems among themselves, the load will be lighter. Put differently, two or more churches could for example cater for food, others education and others shelter.

5. The Church should strengthen the capacity of the community to care for orphaned children. This can lead to fewer orphans being abandoned or put in homes. The community could use different ways to assist the orphans. These may range from vegetable and maize gardens which can provide food for the orphans to fish ponds, poultry, dairy cattle and pigs for finance,

6. The Church should maximize home based care in its effort to help the orphans. Home based care can offer emotional and spiritual support to the suffering, relief the orphans who are heads of households to attend school and can help the parents to plan how and by whom their children will be cared for after their deaths.

5.2 Suggestions for Further Research

In the process of this study, certain issues have manifested themselves and they need to be researched further. They include the following:

a) This study limited itself to four churches with programmes for orphans and five others without programmes at Ainamoi and Soin sub-counties in Kericho County. It

is, therefore, necessary to conduct research on the role that groups such as the Muslims and Hindus play in assisting the children orphaned by HIV/AIDS so that a complete picture on the role of the church in helping them is brought out.

b) There is need to do in depth research to strengthen the knowledge base on which churches plan, monitor and evaluate their HIV/AIDS programmes.

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APPENDICES

A. Non-participant Observation Instrument for Young Orphans.

1. Clothing.
2. Health: well fed, malnourished, sickly
3. Place/site: name, notable features, safety.
4. Verbal behaviour and interactions.
5. Period: day, time
6. Shelter: mud-walled, stone walled, grass roofed, tiled roof, iron- roofed, beddings.
7. Overall impression about the orphans: number, age, gender. congestion.

Research Instruments

B. Interview guide for priests and pastors for Churches with programmes for orphans.

My name is Peris Kemunto Nyakenanda. I am a Master of Arts student at Kenyatta University. I am conducting a research on the response of the Church to children orphaned by HIV/AIDS. The main aim of this research is to find out what the Church is doing to assist orphans who have been affected or infected by the AIDS pandemic, and make appropriate recommendations as to what more the Church

could do. This is, in a way, helping the community to assist children orphaned by HIV/AIDS. The information given shall be treated with uttermost confidentiality.

Name_____ (optional)

Church_____

Sub-county_____

Questions

1. For how long have you been serving as a pastor in this Church?
2. How many orphans are you catering for?
 - (a) Boys _____
 - (b) Girls _____
3. What programmes have you put in place towards helping the orphans?
4. When did these programmes start?
5. What are the beliefs and practices of your Church towards AIDS and HIV/AIDS orphans?
 - (a) Beliefs
 - (b) Practices
6. What are some of the problems that the orphans experience?
7. How are the problems solved?
8. Do other churches assist? Yes No.
9. Specify the other churches, which assist.

10. Explain in what way they assist.

11. State the problems you are facing in your endeavour to help.

12 What are your aspirations for the orphans?

13 Do you get any assistance from other bodies apart from the churches?

a) Yes No

b) If yes which are these bodies? Specify.

c) In what way do they assist?

14. What is the community response to the Church's help?

(a) Negative Positive

(b) Elaborate.

15 a) In your opinion, do you think the orphans are on the increase in Kericho?

b) If yes in (No. 15) suggest ways in which orphans upsurge could be minimised.

16. Do you provide guidance and counselling services for the orphans?

i) Yes ii) No

b). If yes, how do you provide this service?

17 a). What are some of the obstacles you encounter when providing the counselling services?

b) How do you solve them?

18. What measures have you put in place to make the orphans self-reliant?

19. Any other comment_____

C. Interview guide for pastors from Churches with no programmes for orphans

My name is Peris Kemunto Nyakenanda. I am a Master of Arts student at Kenyatta University. I am conducting a research on the response of the Church to children orphaned by HIV/AIDS. The main aim of this research is to find out what the Church is doing to assist orphans who have been affected or infected by the AIDS pandemic, and make appropriate recommendations as to what more the Church could do. This is, in a way, helping the community to assist the children orphaned by HIV/AIDS

The information given shall be treated with the uttermost confidentiality.

Name _____ (optional)

Church _____

Sub-county _____

1. How long have you been serving as a pastor in this church?
2. Are you aware there are children orphaned by HIV/AIDS in Kericho County?
- 3 a) In your opinion, do you think the orphaned children are on the increase in Kericho County?
- b) If Yes in 3 above, suggest ways in which the upsurge of the orphans can be minimized?

4 a) Does your church have any programmes towards helping the orphans?

i) Yes ii) No

b) If Yes, which ones?

c) If No, why?

5. Do the Churches in Kericho County come together in helping the orphans?

i) Yes ii) No

If Yes or No explain your answer.

6. List the problems the orphans face in Kericho County.

7. What are your Church beliefs on the following?

(a) AIDS (b) Orphans

8. How are orphans taken care of traditionally?

9. Do you think there are any ideas the Church can borrow from the

traditional way of taking care of orphans? i) Yes ii) No.

10. If Yes or No, explain.

11. Any other comment.

D. Interview guide for private individuals who run Orphans homes

My name is Peris Kemunto Nyakenanda. I am a Master of Arts student at Kenyatta University. I am conducting a research on the response of the Church to children orphaned by HIV/AIDS. The main aim of this research is to find out what the Church is doing to assist orphans who have been affected or infected by the AIDS pandemic, and make appropriate recommendations as to what more the Church

could do. This is, in a way, helping the community to assist the children orphaned by HIV/AIDS.

The information given shall be treated with utmost confidentiality.

Name_____

Organization_____

County_____

1. When did this organization start?
2. How many orphans are under your care?
3. What prompted you to start a home for the orphans?
4. What are the problems the orphans experience?
5. Do you get assistance from Churches? Yes or No.
- 6 a) If yes, which Churches assist? Specify.
 - b) Explain the ways in which they assist.
 - c) If no, give reasons why you think they do not assist.
7. Give your own opinion about the response of the Church to the orphans.
8. Are the orphans from the immediate community? Yes or No.
9. What are the long-term goals for helping the orphans?
10. What can you say is the response of the Church towards the orphans? (Tick the appropriate choice)
 - (a) Positive (b) Very positive(c) Fairly positive (d)Negative

11. Explain your choice in number.

12. Any other comment

E. Questionnaire for orphans: -

My name is Peris Kemunto Nyakenanda. I am a Master of Arts student at Kenyatta University. I am conducting a research on the response of the Church to children orphaned by HIV/AIDS. The main aim of this research is to find out what the Church is doing to assist orphans who have been affected or infected by the AIDS pandemic, and make appropriate recommendations as to what more the Church could do. This is, in a way, helping the community to assist the children orphaned by HIV/AIDS. The information given shall be treated with utmost confidentiality.

1. Name _____ (optional)

2. Sex _____

3. How old are you? Tick the appropriate.

10 – 15

16 – 18

19 – 25

4. Which level of education are you in?

Primary School

Secondary School

Others (specify)

5. How many are you in your family?

- a) Males b) Female

6. Which position do you hold in your family?

- a) First born
b) Second born
c) Others (specify)

7. Are you a single orphan (one parent dead) or double orphans (both parents dead) (Tick the right answer)

- a) Single orphan b) Double orphan

8. With whom are you staying? Tick where appropriate

- a) Grand parents
b) One parent
c) Others (specify)

9. What are the problems you experience as an orphan?

10. Do you go to Church? Yes or No.

11 a) If yes, which Church do you go to?

b) In what ways has the Church helped you?

12 a) Are you satisfied with the response of the Church towards your situation?

Yes or No

b) If no, suggest what, in your opinion, the Church should do further.

14. Any other comment

F. Questionnaire for members of Churches with a programme for orphans

My name is Peris Kemunto Nyakenanda. I am a Master of Arts student at Kenyatta University. I am conducting a research on the response of the Church to children orphaned by HIV/AIDS. The main aim of this research is to find out what the Church is doing to assist orphans who have been affected or infected by the AIDS pandemic, and make appropriate recommendations as to what more the Church could do. This is, in a way, helping the community to assist the children orphaned by HIV/AIDS

The information given shall be treated with utmost confidentiality.

1. Name _____

(Optional)

2. Sex _____

Age _____

3. Which is your Church? Tick as appropriate:

a) SDA b) Catholic c) AIC d) Chrisco e) FPFK f) Others

4. In your opinion, do the orphans need help? Yes or No.

5. In what ways does your Church help them?

6. What, in your opinion, should the Church do to decrease the upsurge of the orphans? Explain.

7. To what would you attribute the presence of orphans in Kericho?

8. What does your Church teach about HIV/AIDS? Explain your answer.

9. Do the Church's teachings affect your response to orphans?

(a) Yes No.

(b) Explain your response to a) above.

10. How do your fellow members contribute to helping the orphans?

11. In your opinion, has the Church done enough for the orphans?

i) Yes b) No.

b) If yes give reasons.

c) If no, what more would you like to see being done?

12. Any other comment _____

G. Questionnaire for teachers

My name is Peris Kemunto Nyakenanda. I am a Master of Arts student at Kenyatta University. I am conducting a research on the response of the Church to children orphaned by HIV/AIDS. The main aim of this research is to find out what the Church is doing to assist orphans who have been affected or infected by the AIDS pandemic, and make appropriate recommendations as to what more the Church could do. This is, in a way, helping the community to assist the children orphaned by HIV/AIDS.

The information given shall be treated with utmost confidentiality.

Name _____

(optional)

Sex _____

Age_____

1. How long have you been in this school?

2. How many orphans are in this school?

3. How did the orphans come to be in this school?

4. What role is the Church playing to see to their needs?

5. What measures have you taken to make the orphans self-independent?

6. Do they stay in school over the holidays? i) Yes ii) No

7. After secondary, do the churches follow them up? (Tick the appropriate)

i) Yes ii) No iii) I do not know

8. If Yes or No, explain your answer above.

9. Do you take in orphans from other Churches apart from your Church?

i) Yes ii) No

10. If Yes or No explain your answer above.

11. (a) In your opinion what do you suggest the Church should do to decrease the upsurge of orphans in Kericho?

(b) What are the challenges experienced by the orphans in school?

(c) How do you address the challenges?

12. In your opinion, what would you like the Church to further do to help the orphans in Kericho?

13. Any other comment _____

H. Questionnaire for or members of Churches with no programmes for orphans.

My name is Peris Kemunto Nyakenanda. I am a Master of Arts student at Kenyatta University. I am conducting a research on the response of the Church to children

orphaned by HIV/AIDS. The main aim of this research is to find out what the Church is doing to assist orphans who have been affected or infected by the AIDS pandemic, and make appropriate recommendations as to what more the Church could do. This is, in a way, helping the community to assist the children orphaned by HIV/AIDS.

The information given shall be treated with utmost confidentiality.

Name _____ (optional)

Church _____

Sub-county _____

1. Which is your Church? Tick the appropriate

- (a) SDA
- (b) Catholic
- (c) AIC
- (d) Chrisco
- (e) FPFK
- (f) Others (specify)

2. (a) Does your Church assist the orphans in Kericho?

- i) Yes ii) No (Tick the appropriate)

(b) If Yes, state in which ways your Church assists.

(c) If No, state reasons why your Church does not assist.

3 What are the beliefs and practices of your Church towards AIDS and HIV/AIDS orphaned children?

(a) Beliefs:

(b) Practices:

(d) Do your Church beliefs and practices affect your response to the orphans?

i) Yes ii) No. (Tick the appropriate)

(e) If yes or no explain your answer in a above.

4. In your opinion, how can the Church be more actively involved in assisting the orphans?

5. Why do you think the orphans are on the increase?

6. Suggest ways in which the orphans upsurge can be minimised.
