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PSYCHOSOCIAL SUPPORT AND WELLBEING OF ORPHANS AND VULNERABLE CHILDREN (OVC) IN THE CONTEXT OF HIV/AIDS: A CASE STUDY OF EARLY CHILDHOOD DEVELOPMENT AND EDUCATION (ECDE) CENTRES IN NAIROBI, KENYA

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Co-supervisor: Dr. Calvin Gwandure

Thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Psychology,
School of Human and Community Development
University of the Witwatersrand

MAY 2017

DECLARATION

I, Linet Imbosa Muhati-Nyakundi, student number **396399**, declare that this thesis entitled ***"Psychosocial support and wellbeing of orphans and vulnerable children (OVC) in the context of HIV/AIDS: A case of early childhood development and Education (ECDE) centres in Nairobi, Kenya"*** is my own work that is being submitted for the degree of Doctor of Philosophy in Psychology at the University of the Witwatersrand, Johannesburg, South Africa; and that it has not been submitted before for any degree or examination in any other university.

Sign _____

28TH **day of** MAY **2017**

DEDICATION

This thesis is dedicated to preschool OVC in urban areas of sub-Saharan African region, who without choice of their own find themselves in the context of HIV and AIDS, and are exposed to many untold experiences which they bear with lots of courage. May their dreams, hope and aspirations in childhood come to light through life skills they acquire in ECDE centres across the continent; and may their resilience be continuously revamped to face their future with boldness as better, stronger and courageous women and men.

To the eternal memories of my late mother Rodah Imbagala Muhati, my late grandparents Khameyi Buyekane and Zedekiah Buyekane; and my precious three: Eric Nyabicha, Sheila Kerubo and Collins Nyagaka. You taught me the texture and meaning of resilience.

"*The gift of this PhD thesis is also to all those who find value in it*".

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Glory be to my God; *"I never would have made it! Never would have made it without You! I would have lost it all … but now I see, you were there for me…I am stronger, I am wiser, I am better, so much better … because you are the one I held onto… (Malvin Sapp, 2008)"*.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ACRWC	African Charter on the Rights and Welfare of the Child
BvLF	Bernard van Leer Foundation
CICECE	City Centres for Early Childhood Education
COCECE	County Centres for Early Childhood Education
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECDE	Early Childhood Development and Education
EFA	Education for All
FGD	Focus Group Discussion
FPE	Free Primary Education
FSE	Free Secondary Education
GoK	Government of Kenya
KAIS	Kenya AIDS Indicator Survey
MDG	Millennium Development Goals
MOEST	Ministry of Education Science and Technology
MUCECE	Municipal Centres for Early Childhood Education
MTCT	Mother-to-Child Transmission
NACC	National AIDS Control Council
NACECE	National Centres for Early Childhood Education
NACOSTI	National Commission for Science, Technology and Innovation.
NASCOP	National AIDS and STI Control Programme
NAP	National Action Plan
NISC	Nairobi Informal Settlement Committee
NRCS	Nairobi Commuter Railway Service
OECD	Organization for Economic Cooperation and Development

OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plans for AIDS Relief
PMTCT	Prevention of Mother-to-Child Transmission
PSS	Psychosocial Support
REPSSI	Regional Psychosocial Support Initiative
RoK	Republic of Kenya
SSA	Sub-Saharan Africa
Tr.	Teacher
UN	United Nations
UNGASS	United Nations General Assembly Special Session
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCRC	United Nations Convention on Rights of the Child
UNESCO	United Nations Educational and Scientific Organization
UNICEF	United Nations Children Education Fund
USAID	United States Agency International Development
VSI	Visual Stimulus Illustration
WB	Wellbeing

Abstract

Psychosocial support and wellbeing of orphans and vulnerable children (OVC) in sub-Saharan Africa receive a lot of attention globally. However, great concerns still persist due to a multiplicity of factors that affect the children's quality of life. This study examines experiences of psychosocial support and wellbeing of these children in Nairobi, Kenya. While there are few existing studies on the effects of HIV and AIDS on OVC in Kenya, most focus on OVC in primary schools and high schools leaving out infants and preschool aged OVC, as is the case in sub-Saharan Africa. Thus, information that details psychosocial experiences and wellbeing of OVC in preschools in Kenya is lacking. This study focused on OVC aged between 5 and 7 years old within a resilience theoretical perspective; investigated their lived experiences, risk exposure, support structures and other adaptive experiences. A total of 57 participants (45 were children and 12 teachers) from ECDE centres in Nairobi County were purposively sampled for the study. Multiple methods utilised included: visual stimulus illustrations, face-to-face and conversational interviews, thematic drawings, focus group discussions questionnaires and infrastructural and supportive resource assessment. Thematic content analysis (TCA) which was informed by phenomenological hermeneutic approach was used to analyse data. Findings consistently showed that, OVC were not only susceptible to numerous risk experiences due to environmental and care factors at home, but also on their way to and from school, and within ECDE centres. Nonetheless, ECDE centres exposed them to cognitive skills, social networks, safety, alternative care, primary health services, nutrition and resilience nurturance. These findings indicate the crucial role of having a collective action in reduction of adverse experiences and improving resources to empower the OVC in urban ECDE centres. Directions for further research could focus on expanded population-based studies examining poverty, malnutrition, resilience and coping resources among preschool children living with, and affected by HIV and AIDS, using creative multiple qualitative approaches. A more critical understanding on variations in sexes is equally important in intervention strategies for this group of OVC.

Key Words: *HIV and AIDS, OVC, psychosocial support, vulnerability, wellbeing, early childhood, ECDE centres, resilience nurturance, alternative care, coping resources, slum neighbourhood, researching with children, Nairobi-Kenya*

CHAPTER 1 BACKGROUND INFORMATION OF THE STUDY

1.1 Introduction

Globally, there has been an increasing concern over the plight of orphaned and vulnerable children who are affected by HIV and AIDS and, the need for their psychosocial support and wellbeing. According to UNICEF (2015), there is a need to build resilience in every child to cushion them against future shocks and the cycles of crises in life endured by many. However, continuous increase in the number of children who are affected by HIV and AIDS puts sub-Saharan African (SSA) countries in a dilemma regarding alleviating their physical, psychological social and physiological needs amongst other competing needs. This is precipitated by other challenges these children face, risks they are exposed to and the need to provide the necessary continuum in care that can nurture them into independent mature individuals. The terms orphans and vulnerable children (OVC) have been used in this study to describe children under eight years who have i) one or both parents living with HIV/AIDS, ii) one or both parents deceased as a result of AIDS, iii) are living in households where caregivers suffers from HIV and AIDS, iv) are themselves living with HIV and AIDS, or their household has taken into foster care children who have been orphaned due AIDS or living with HIV and AIDS (PEPFAR, 2012, UNAIDS, 2010, UNICEF, 2003), v) whose safety, wellbeing and development are threatened, are socially and emotionally deprived or traumatized as a result of HIV and AIDS (World Bank 2010). Although the effects of HIV and AIDS are usually devastating on children, it is more profound in the cohort below 10 years in sub-Saharan Africa (UNICEF, 2010; Dunn, 2005).

In past decades, it was uncommon for children from parts of rural sub-Saharan Africa region to experience orphanhood or vulnerability due to deaths, and be viewed as a burden. It was believed that, most of African children were born into large families and would be accorded various forms of support which was provided by adults charged with responsibility of caring for them (Ansah- Koi, 2006; Bigombe, 1990; Lekalakala-Mokgele, 2011). However, research indicates that the stigma and discrimination which is associated with HIV and AIDS has led to marginalization of the affected children denying them the psychological, social emotional and spiritual support (UNAIDS/UNICEF/USAID, 2004). In addition, the rapid increase in migration and urbanization coupled with the rising poverty levels in urban settlements have complicated the traditional forms of care for children who are orphaned or made vulnerable due to HIV and AIDS. They are thus exposed to numerous risks and challenges at every stage

of maturation which require different forms of support to cushion them against risks and to significantly transform their lives as they make adjustments to their new statuses.

The current study investigated the psychosocial support and wellbeing of younger OVC in early childhood development and education (ECDE) centres. Psychosocial support is critical to younger OVC. Due to their age, they are dependent on adults and other older children for their survival. Ascertaining the types, quality and sources of psychosocial support available to this group of children is therefore of great importance (Dunn, 2005). It is also important to look at their statuses on a continuum for their survival and them thriving within their ecology. The study argues that, learning centres have the potential to play a vital role in: i) identifying children adversely affected by HIV and AIDS who are at risk and in need of early intervention measures (WHO, 2010), ii) offering safety nets for child survival in terms of monitoring OVC growth, development, health and nutrition besides education programmes offered (WHO, 2010; UNICEF, 2006) and iii) giving the OVC an opportunity for integration into ECDE centres which potentially offer a chance of inclusion into the collective group of other children for monitoring, early mitigation of their challenges and resilience nurturance (Werner & Smith, 1998; UNICEF, 2012).

All OVC need equal attention in psychosocial support and resilience nurturance in learning environment which potentially provided assurance for a better future. Of interest in the study were mainly children aged between 5-7 years old who were maternal orphans, paternal orphans or double orphans due to AIDS (UNAIDS, 2004; WHO, 2006). Others included vulnerable children whose families had taken younger children orphaned by AIDS to foster or whose maternal parents were critically ill from AIDS. Although past studies in sub-Saharan Africa have focused on deprivation in the lives of OVC and need to address the unmet needs of younger OVC (Kidman et al, 2007; Nyambedha, 2003; Skovdal, 2010), it was of great importance to explore their psychosocial aspects in an attempt to highlight more on OVC experiences, challenges and opportunities they may have at their disposal. This study sought the psychosocial provisions for this group of children in low income areas of Nairobi, which also lacked in the traditional family structures that are common in Kenya's rural regions (Jepkemboi, 2007; Nyambedha, 2010; Wakhungu, 2012)

1.2 The study in Context

1.2.1 *The location of Kenya*

The study was conducted in the republic of Kenya, a country which is located in the Eastern region of the African continent. The maps below show Kenya's location on the continent of Africa and in East Africa.

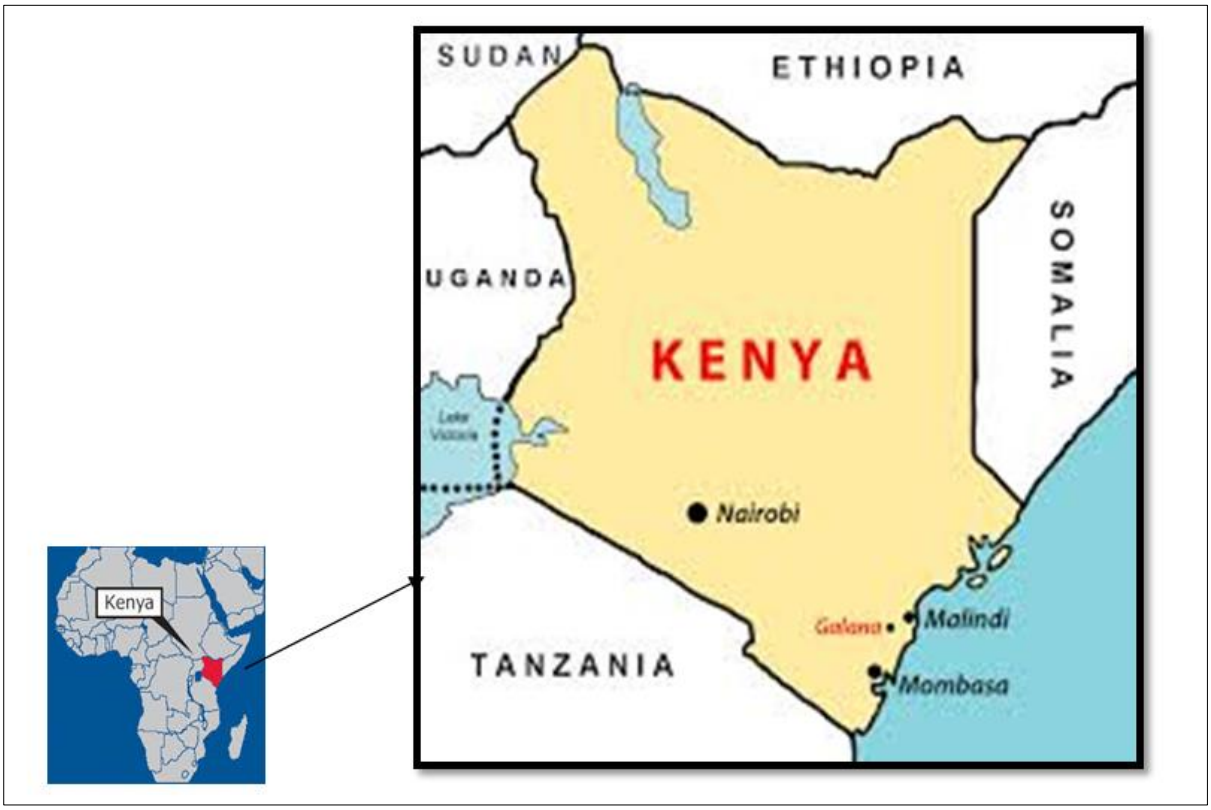


Figure 1-1: The geographical location of Kenya on the continent of Africa

Source: Google Maps, 2016.

Kenya shares her bonders with the Republic of Tanzania to the South, Uganda to the West, South Sudan to the North-West, Ethiopia to the North, Somalia to the East and Indian Ocean to the South-East. Geographically, Kenya covers an area of 582,646 square kilometres and is endowed with panoramic view of physical features such as the Great Rift Valley, fresh water lakes, mountains, and national treasures in wildlife and rich culture that reflects the characteristics of a number of ethnic groups of Kenya. Compared to other countries in East African region, Kenya has a well-developed physical, social and economic infrastructure. All these features have contributed to the attraction of human settlement from the East and Central African region and other parts of the world, who settle especially in urban areas of Kenya. Sixty percent of this population live in the slums (Obonyo, 2014). According to UN

Estimates of July 2015, this population was projected to 46,748.617 million people, and with a 2.6% growth rate annually (Republic of Kenya, 2011).

1.2.2 *Nairobi County*

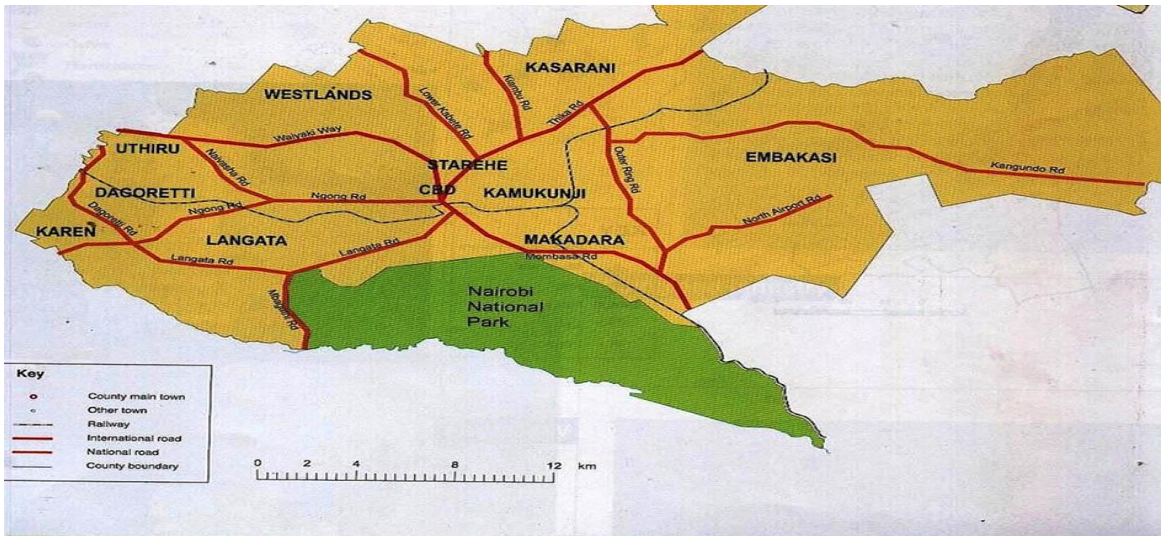


Figure 1-2 A map showing the constituencies within Nairobi County

Source: Google Maps, 2015.

Nairobi County is one of the eight counties of the Republic of Kenya located in the central-southern part of the country. Geographically, it is positioned at 1 degrees 16" south and 36 degrees 48"east with an altitude of 1795 metres above sea level and occupies 696 square kilometres. Nairobi has a highland climate which is subtropical in nature and has temperatures that range from 8 degrees in cold weathers to 28 degrees in warm weather. The County shares its borders with Kiambu County to the north-west, north and north-east; Machakos County to the east, south-east, south and south-west and Kajiado to the west. Nairobi County hosts the capital city of Kenya which was founded in 1899 as a stopover point during the construction of the Kenya- Uganda railway. The city of Nairobi grew over the years and is the principal business hub in East and Central African region. Nairobi has also been recognized for its role in hosting many international bodies operating in the region which include UNEP, UN-Habitat, World Bank regional offices among others. The position of Nairobi and associated activities have had a magnetic effect on both the Kenyan people as well as other citizens from neighbouring countries in the east African region and

internationals, who come to work. Some decide to make it their home, leading to its growth as a metropolis.

Nairobi represents a County with a variety of regions that have great disparity in historical, social and economic backgrounds, with a rich concentration of Kenya's ethnic groups; which makes it cosmopolitan in nature. Nairobi County is zoned into Nairobi North, Nairobi East, Nairobi West and Westlands administrative boroughs which range from very economically rich regions to very poor slums/shanties**.** The county had, at the time of this study, eight constituencies as follows: Kasarani, Embakasi, Langata, Dagoretti, Westlands, Kamkunji, Starehe, Njiru and Makadara with an estimated population of 3.4 million people (KDHS, 2012). Like many other cities in sub-Saharan Africa, Nairobi is highly affected by HIV/AIDS pandemic and children are the most affected.

1.2.3 *Nairobi's urban population and their social-cultural perspective*

The Kenyan urban population has seen a steady increase in the past decades with the urban population making up for over 25% of the total population of Kenya, and a projected estimate of over 47.2% beyond 2015 (Kenya Demographic Profile, 2013). Nairobi County accounts for over 3.4 million people due to high rural-to-urban and urban-urban migration (Kenya Demographic Profile, 2013). This rise in population is disproportionate to essential services. The population now outweighs the available resources including: clean water, sanitation, health and education services. This has a greatest impact on the population of children, and mostly those whom enrol in the ECDE centres.

Consequently, over half of the preschool children reside in the slum areas with Nairobi County holding the highest number. Entrenched poverty, crime, and generally poor service delivery are characteristics associated with Kenya's slum population. Slums also have a very high HIV incidences and AIDS prevalence (KDHS, 2003). According to AIDS response Progress Report (2014), HIV prevalence in the general population within urban areas of Kenya was much higher than that the rural areas. And unlike the rural communities that are mono-ethnic and used to raising their orphans or vulnerable children including those affected by HIV/AIDS, the urban population in Nairobi's slums, which is multi-ethnic in nature, does not contain the traditional models of family and community care for such children (Britto et al., 2013; Jepkemboi, 2007; Nyambedha, 2003; Schenk, 2010). Most families within Nairobi operate on nuclear family models and live more or less independent of their neighbours.

Their interaction is mainly based on mutual interests. It should also be noted that there is a high turnover of residents in slum areas due to poverty, with many having the same neighbours for only very short periods of time. This makes it difficult to establish neighbourly relationships. Children are particularly affected in terms of care and establishing long lasting relationships. With other family complexities and socio-economic intricacies of the Nairobi's population, OVC may face a myriad of challenges. Thus, many go uncared for and some end up on the streets as urchins and ultimately get sucked into early crime.

This study focused on younger preschool OVC affected by HIV/AIDS in the urban poor slum areas in Nairobi. Emphasis was on those found in slums since most urban poor areas in parts of Nairobi County have experienced massive increases in population. This is as a result of the slums acting as suction points for settlements by rural–urban migrants who search for better socio-economic opportunities. This not only not only results in sprawls of expanded slums, but also transforms the way people live and care for their young in Nairobi County, especially in the context of HIV/AIDS. According to Britto et al., (2013), family ties are changed affecting the support systems usually found in the rural areas. The rural–urban migrant population also puts a strain on the provision of social amenities including learning centres for their children, leading to overcrowding. The study takes cognisance of the great implications this has, especially in the provision of psychosocial support for the OVC who enrol in ECDE centres located in urban poor areas.

1.2.4 *Location of the study*

Huruma[1] area of Starehe constituency which was sampled for the study is situated on the north-eastern edge of the city of Nairobi. Huruma is located on an approximate 4.117 acre piece of land and has a huge urban population density of above 5048 persons/square kilometre (NCRS, 2013). The area is one of the 70 slums found in Nairobi[2]. The Huruma slum consists of informal settlements which include among others Kambimoto, Mahiira, Gitathuru, Ghetto, Redeemed, Madoyo, Kiboro, Mathare, and Kiamaiko (NISCC, 2001; NCRS, 2013). These names were derived from phenomena in the lives of residents such as floods, fire tragedies, and rescue among others. Huruma has a few residential flats for low income earners. However, the very lowly cadre of people live in congested tin shacks, with most of them measuring 10 x 12 square feet. The shacks' roofs are made of corrugated iron

[1] Huruma is a Kiswahili word for pity. Therefore the meaning of Huruma slums is a place of pity.
[2] Odhoji A N – www.huruma.org/about/history/php

sheets and the walls and floors are made of mud. Sixty percent of Nairobi's slum population reside in Huruma slum area due to its close proximity to the Nairobi's city centre[3]. Some of the residents work in the industrial zone of Nairobi or in the city's CBD and therefore the rush to and from work every other day is a major challenge. Environmentally, the tin shacks are dangerously juxtaposed and crowded making it unsafe. There is also a major waste management problem leading to many filthy dumping sites.

The residents of the slum settlements of Nairobi are not only drawn from various ethnic groups of the republic of Kenya but also include refugees from the neighbouring countries of South Sudan, Somali, Uganda and Rwanda; which underscores the vulnerability of the groups of people living there. Most of the residents in Huruma are aged between 20-35 years and only a few are engaged in gainful employment, most of which is temporary or involved in small business ventures such as vegetable and grocery vendors, carpentry, tin smith, hair and beauty salons and slaughter house vendors. A majority of the youth are unemployed. This contributes to the high crime rate in the area. Other challenges include drug addiction, prostitution, alcoholism, robberies and rival gangsterism, all of which are interwoven with poverty and HIV/AIDS.[4] Consequently, younger children live in a compromised environment which is hostile to their psychosocial health and general wellbeing.

Therefore, Huruma slum and its neighbourhood place many OVC at risk. Schools naturally offer social places that promote cognitive development and relationships for many of these children. Compared to other parts of the County, the above issues made Huruma a rich and strong basis for empirical information which was needed for the current study. This study sampled the diversity among children found in ECDE centres in Huruma to offer a representative sample of OVC attending ECDE centres in slum areas in Nairobi and to examine the effect of neighbourhood on the wellbeing of these children.

[3] Ibid
[4] Ibid

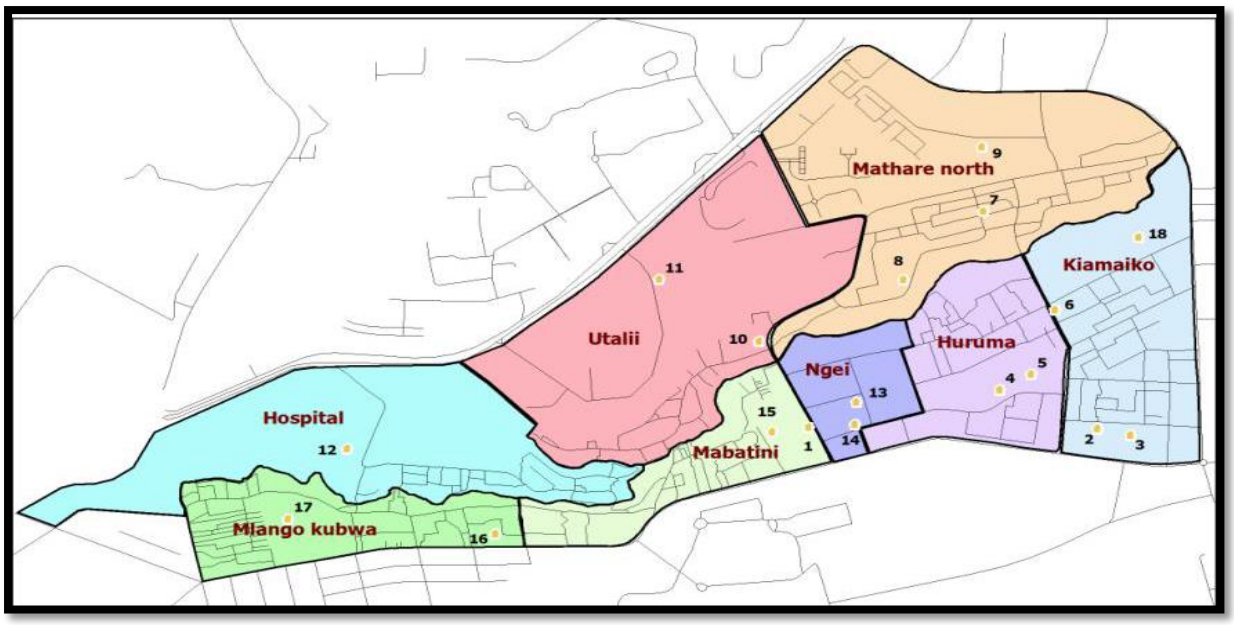


Figure 1-3 The location of Huruma ward in Starehe constituency

Source: Google Maps, 2016

1.3 Background information

Psychosocial and wellbeing of OVC affected by HIV and AIDS has been greatly compromised due to the stigma and discrimination associated with the pandemic. With most of the World's OVC located in the sub-Saharan Africa, there are indications from numerous research reports presented at various World international fora that confirm the extent to which this group of children have been affected; and the huge responsibility the region has of supporting them (UNAIDS, 2006; 2012; UNICEF, 2010). Phenomena of sicknesses and deaths in most of the African communities had an explanation to their occurrence; and that is probably why the vulnerable were easily accommodated within the extended families. With the advent of HIV/AIDS, limited or distorted information about the disease and the modes of transmission leading to stigma and discrimination against those affected; a situation that still lingers on. Consequently, most of the affected children were exposed to emotional and psychological suffering due to discrimination resulting from their parents' illnesses.

Literature indicates that, there is an increase in psychosocial adversities as the affected children bear the brunt of the pandemic (Cluver & Gardner, 2009; Chitiyo & Chitiyo, 2009; Waweru, Reynolds & Buckner, 2008). In addition, such children are likely to fall through the cracks and not access the support they require through their various developmental stages

(Worldbank, 2010; UNICEF, 2013). Therefore, the manner in which orphaning and/or infection of children by HIV and AIDS in sub-Saharan region is viewed, has led to a dearth of information on younger OVC, whose needs and challenges are neglected. This could be as a result of the overshadowing effect of reports that place more emphasis on older children than younger ones (Dunn, 2005; Heath et al., 2015). Dunn suggests that there is need to focus on OVC under 8 years, whose psychosocial issues are ignored and are rarely captured by researchers.

Although there have been attempts to alleviate the plight of OVC affected by HIV and AIDS in parts of sub-Saharan Africa, as indicated in the Africa Peer Review Mechanism (APRM, 2013), most efforts are often pegged on the availability of funds from countries' national budgets, which are never enough for the sustainability of OVC programmes. UNICEF (2004) indicated that sub-Saharan Africa is an exceptional region, where orphanhood increased as a result of many other factors. The entrenched poverty in the region which was often associated with the escalating spread of HIV and AIDS placed a heavy strain on the region's economies. Therefore, the challenges associated with orphanhood and vulnerability of children in the context of HIV and AIDS exposes OVC to various risks, given the increase in their numbers and the constraints faced in efforts of alleviating their plight (Bauman et al 2002). In Eastern African countries, most OVC support activities are pegged on donor funding in partnership with government and community efforts. However, as evident in numerous studies, most of these activities focus on children below 5 years or those above 10 years of age, neglecting the 5-to 9-year-old (Dunn, 2005; Nyambedha 2007; 2010; Kalibala et al, 2012). In addition, most studies on psychosocial issues affecting OVC report on either teenagers in school setting or community environment (Cluver & Gardner, 2008; Jepkemboi et al., 2016; Nyambedha, 2007; Nyamukapa et al, 2007; Skovdal & Ogutu, 2012).

1.4 Overview on OVC

OVC is a term that refers to orphans and the group of children who have been exposed to more risk than their peers, those who risk exclusion from programmes or policies and traditional safety nets, or those who experience negative outcomes in education, morbidity or malnutrition (World Bank, 2010). Thus, the term OVC is inclusive of various categories of children. However, some children who may be considered vulnerable are not captured in this definition. Vulnerability is viewed as a high probability of negative outcome which emanate

from risky or uncertain events (World Bank, 2010). Many children are made vulnerable as a consequence of diseases, malnutrition, disabilities, and economic constrains. Although UNICEF (2009) defines OVC in HIV/AIDS context, it also appreciates that this context may vary from one nation to another. As a result, UNICEF recommended that each country defines the term according to its national context. This study adopted the definition of 'Children on the Brink' report which defines orphans as children who have lost one or both parents to AIDS; and uses the term "vulnerable children" to denote various definitions that describe children who struggle to survive and mature under difficult circumstances in HIV and AIDS contexts, which do not permit the fulfilment of their optimal development (Jackson, O'Gara, Nyesigomwe & Sabaa, 2004). Also included are those children whose parent/s or care givers are living with HIV and AIDS, and those children infected with HIV or AIDS (PEPFAR, 2006).

Children are estimated to account for almost a quarter of the total number of people affected by HIV and AIDS in the world (UNAIDS, 2006). Out of these, 90% were estimated to have been made orphans in 2012 (UNICEF, 2012). A Joint United Nations Report (UNAIDS, 2011) indicated that Sub-Sahara Africa accounted for over 70% of new HIV infections in the world. While estimates of the severity of the pandemic show that over 14 million children in Sub-Saharan Africa from age fifteen years and below had lost at least one or both parents due to AIDS, there are scanty indications of the number of affected children in specific age range (UNAIDS &WHO 2009). However, the total number is predicted to increase by 20 million from 2010 to 40 million by 2020, (UNAIDS, 2010; UNICEF, 2012). These global trends show not only a bleak picture but also a growing crisis of OVC and are therefore a call for action to safeguard the interest of these children.

In 2010, it was estimated that 2.5 million children lived with HIV globally out of which 2.3 million (92%) were in Sub-Saharan Africa (WHO, 2010; UNAIDS, 2012). World Health Organization (WHO) projections further estimated that, over 1,100 children were getting infected with HIV every day and this accounted for an estimated 3.4 million children living with HIV and AIDS in sub-Saharan Africa (WHO, 2015). Kenya is ranked as showing the highest prevalence of HIV/AIDS and orphaning rates compared with other countries of the Southern African region (UNAIDS, 2004; UNICEF, 2006). This means that, this group of children too encounter stressors in their everyday lives which adversely affect their growth and development.

1.5 Overview on HIV/AIDS and OVC in Kenya

HIV and AIDS pandemic has resulted in many of Kenya's OVC facing physical, emotional, social and psychological adversities in their everyday lives. The stress encountered by children whose custodial family members have prolonged illness and eventual death traumatizes these children and tends to make them lose their active childhood through low self-esteem, loss of concentration, untold suffering, stigma and discrimination (Nyesigomwe, 2006). Consequently, their quality of life and general wellbeing are adversely affected and this impacts negatively. On the other hand, children who are born with HIV/AIDS have additional multiple risks as their lives may be sustained only with medication. The complications that may result from opportunistic infections, constant medical check-ups and hospitalization may confuse many affected children who may not understand their experiences.

As one of the countries in the sub-Saharan region adversely affected by the HIV and AIDS pandemic, Kenya increasingly experiences an upsurge in the scale of orphans and other vulnerable children. Even as the Government of Kenya declared HIV and AIDS a national disaster as a result of very high prevalence in the year 2000, and also the number of children who were orphaned by AIDS, this pandemic has continued to pose increasing challenges for children (NACC, 2001). By 2004, an estimated 220,000 children in Kenya were living with HIV/AIDS, out of which 10 per cent were under the age of 6 years (Republic of Kenya, 2008; UNESCO/OECD, 2005; UNAIDS, 2004). These rates dramatically continued to increase over time. By the year 2011, Kenya reported a 6.2 per cent HIV prevalence rate, with 1.6 million children living with HIV and AIDS. By 2010, the number of orphaned children had grown to 2.1million with a further projection of 2.8 million by 2015 (NACC, 2012). This increase results from another estimated 67 per cent of pregnant women who delivered children in 2011 living with HIV (NACC, 2012). With more than 20,000 new babies' having had exposure to HIV during pregnancy, delivery or as a result of breastfeeding and living on prophylaxis for longevity, the situation is likely to worsen (Kenya AIDS Epidemic Update, 2011; NACC, 2012, 2013). The development of the affected children ids disrupted in many ways and they therefore require urgent intervention measures within learning institutions.

Kenya's head teachers' 2015 annual meeting reported that, over 75,000 pupils who were living with HIV but not currently on ARV and were in learning institutions (Kenya Head Teachers Annual Report, 2015). These children's invisibility was reported to stem from

stigma and discrimination. Interventions programmes for these children were largely dependent on donor funds. When the funds ran out, government budgets were insufficient to sustain them. Coupled with other factors, such as poverty and family disintegration, there is an escalation in the complexities surrounding HIV and AIDS and OVC in education settings within urban areas.

The gravity of a situation in which HIV and AIDS contributes 60 per cent to Kenya's OVC prompted the government to design a plan of action to cushion this group of children (NPA, 2009). Kenya, being a signatory to the UNCRC, domesticated the Children Act in 2001, therefore, committing itself to observing the rights of children. It has also ratified the UNGASS goals of addressing vulnerabilities faced by children affected by and living with HIV. This led to the establishment of the Kenyan National Policy for OVC, which was designed to ensure support and protection for these children in aspects of child survival, development and participation in order for them to achieve their full potential in life.

1.6 HIV/AIDS Prevalence in Nairobi County

Recent reports have shown that, Nairobi County, which is ranked second highest in HIV and AIDS prevalence in Kenya, accounted for over 10,155 cases of new infections (NACC, September- 2013). More and more children were reported to have been exposed and born HIV positive, accounting for over 40% of all new infections in Nairobi County (NACC, September- 2013). Because of the challenges that come with the urban social and family settings in Kenya, most of the children who are at risk of orphanhood and vulnerability due to HIV and AIDS lack in their extended families' support and face challenges to thriving. Other socio-economic aspects also have far reaching consequences for this group of children. Long illness of the custodial family members and their possible demise leave the younger children disempowered, economically vulnerable and in some cases homeless or displaced (Spears, 2006). Adequate psychosocial support for such children is possible only if their psychological, emotional, social and cognitive needs are identified and addressed early in life.

1.7 Psychosocial support for younger OVC

Generally OVC in urban poor slum areas have limited access to psychosocial and other forms of support. According to UNICEF (2012) "psychosocial" is a term which denotes the interconnection of psychological and social processes which influence each other; and

therefore "psychosocial support" is used to describe support aimed at protecting the psychological and social wellbeing of individuals by addressing their needs and issues. There are various forms of psychosocial support which include nutrition, healthcare, education, shelter, security and belonging (REPPSI, 2006). Studies on OVC in Kenya indicate that, those affected by HIV and AIDS, especially, those from poor backgrounds, are the most disadvantaged group of their lot (Chege, Ruto & Wawire, 2009). A life of orphanhood, unreliable care from adults, and continuous health complications (including hospitalization for those infected with HIV and AIDS), pose many psychosocial stressors to OVC (Chitiyo et al., 2008). In addition, it is important for psychosocial support processes to create a context for OVC in which their psychological, social, cultural or cognitive needs can be identified and addressed. Psychosocial support processes are therefore necessary to identify and meet these children's developmental needs.

OVC experience developmental stresses due to stigma associated with HIV and AIDS and environmental hostility in Africa, which adversely affect them later in lives. OVC who lose their care, security, familial relationships that are vital for their development, they are confronted with a disastrous future (Nyesigomwe, 2006). Scholars e.g., Cluver & Gardner, (2007), Nyambedha & Skovdal (2012) and Nyamukapa et al., (2007) concur that, it is important to protect and promote the psychosocial wellbeing of the OVC, since such children have a great capacity for resilience if supported.

Experts in early childhood development contend that the vulnerable nature of the younger children who are orphaned by AIDS or living with HIV and AIDS require critical support in their physical, psychological, mental and social development (Dunn, 2004). Since younger OVC have unique psychosocial crises and especially those in sub-Saharan Africa, it is imperative that they have access to the needed psychosocial support (UNICEF, 2006; Cluver and Gardner, 2007).

1.8 Overview of ECDE centres in Kenya

ECDE in Kenya is designed to acquire the knowledge and skills that enable younger children to make positive adjustments to primary school readiness. Kenya's educational policy expects all children to have easy access to basic education. This is enshrined in the bill of rights within her constitution (Constitution of Kenya, 2010; NACECE, 2003). However, there have

been inconsistencies in the implementation of this policy and consequently, learning centres are not easily accessible for OVC especially for those children with known cases of the HIV and AIDS pandemic due to stigma and discrimination. This study posits that although Kenyan policies on ECDE seek to protect all children including OVC, consistent implementation of these policies across many government departments is crucial in safeguarding the interests of the children.

Kenya's learning centres are considered by government as the safety nets where OVC support and wellbeing can be ascertained and intervention measures taken (GOK, 2005). It is therefore important to examine the role played by learning institutions in catering for the OVC psychologically, emotionally, socially and physically so that their needs can be identified and addressed. This is especially true for ECDE centres which are the cradle of education for children. The assumption is that the ECDE centres can play a vital role in the psychosocial support and general adjustment of OVC of tender ages as they join non-orphans in learning. This is premised on the belief that there are available and accessible supportive processes and opportunities within the centre's environment and that, these enable OVC to negotiate adversities faced through nurturance of their resilience. It is also assumed that awareness of adults in ECDE centres concerning OVC needs is critical in regulating and moderating these children's development and wellbeing.

Although learning environments are expected to offer standard conditions for all learners, Nairobi's ECDE institutions face many challenges, especially in slum areas. Most slum ECDE centres are characterized by "crowded classrooms, high pupil-teacher ratio, semi-permanent classrooms which are located in poor" settings (Njoka et al., 2012. p12). Most of the slum ECDE centres are supported by philanthropies and development partners who provide infrastructure and support materials. Little is known about the children who come to these centres. The current study therefore, sought to unravel the psychosocial experiences, the opportunities for resilience nurturance and the promotion of the wellbeing of younger children orphaned by AIDS and those made vulnerable by HIV/AIDS in ECDE centres in Nairobi slums.

The planned examination of the psychosocial experiences of OVC attending ECDE was aimed to shed light to the OVC's functioning and how they perceive the world. This was with a view to offering meaning to OVC's experiences and interpretation of their circumstances.

The study aimed to identify available resources and to understand the processes in ECDE centres' environment with regards to resilience nurturance in OVC and the promotion of their holistic wellbeing. Literature identifies learning centres and peer support as significant components in the lives of OVC (Campbell et al., 2014), and this study sought to focus on how these contribute to the experiences, resilience and wellbeing of younger OVC in Kenya.

Kenya has 20 per cent of her population in the range of 0-5 years (Republic of Kenya, 2010), a group which requires holistic human development in pre-school. This age group of children experience rapid growth physically, mentally, socially, psychologically and emotionally (UNICEF, 2006), hence are in a very critical stage of development. In the past no children, and in the present many children in the world had no access to ECDE, but their development was okay. Today, ECDE has an important role to play in the acquisition of sound competences and the provision of a firm basis for development of later skills and aspects of lifelong learning (Lancet, 2013). Although ECDE centres in Kenya were initiated with the advent of colonial regime as nursery schools to cater for children aged between 3-5 years, the concept was not new. In the traditional Kenyan communities, the older people assisted by older children, when parents were away working on their farms took care of young ones. However, with urbanization and migration of people in search of employment, the need for custodial centres for children while parents went to work led to the establishment of nursery schools which were mostly located in urban areas. These would later take the role of laying the foundation for children's holistic and integrated education. ECDE became their first formal agent of socialization for the children (Githinji & Kanga 2011).

ECDE centres in Kenya promote the social as well as the educational adjustment of young children. Kenya's pre-school project was officially initiated in 1972 by UNICEF (Njenga 2004), and later became a national programme in 1984 run by the Ministry of Education in collaboration with the Bernard Van Leer Foundation (BvLF, 2006). The aim was to make pre-school education accessible to all children. There are different types of ECDE centres in Kenya: public, private, community (including nomadic), non-formal and faith based centres. Public ECDE centres are run by the county government's department of Ministry of Education; the community centres are run by the communities with some help from non-governmental organization or donor funds; faith based ECDE centres are organized by members of the same faith to also cater for the spiritual needs of children. Community and faith-based centres do not conform to regulations subjected to the public ECDE centres since

they mostly target the very poor and disadvantaged. This often compromises the quality of their services to the children. The private ECDE centres on the other hand are run on business models by individual/s to generate income. The fees charged for services make these centres a preserve of the privileged few. Although ECDE programmes can be considered as avenues of hope for many OVC, the scenario in the provision context in Kenya creates disparities in children's enrolment and services delivery. Given the poverty levels of most people in urban areas, many parents enrol their children in public ECDE centres, and this leads to overcrowding.

As a signatory to various world articles, Kenya demonstrates her commitment to uphold the rights of children through national laws and policy guidelines that advocate for all children (Republic of Kenya, 2006). These policies include Education for All (EFA), Free Primary Education (FPE), Universal Primary Education (UPE) and the United Nations Convention on the Rights of the Child (UNCRC). These articles compel government to support and protect all children under the age of 18 years. ECDE centres are therefore charged with the responsibility of promoting the Kenyan child in the areas of cognitive, psychomotor, socio-emotional, moral, spiritual and cultural development using the policy guidelines (Republic of Kenya, 2006). The centres are expected to provide a positive, warm and nurturing climate for children where meaningful learning can take place. The centres' activities are also expected to focus on the strengths and uniqueness of individual children, where each child is made to feel valued and respected. However, in recent years, Kenya has experienced mass enrolment of children in the ECDE centres. Most ECDE programmes in Kenya are administered through a decentralized structure from the National Centre for Early Childhood Education (NACECE) to County Centres for Early Childhood Education (COCECE); but little is known of the children in these centres.

Kenya's current and past education regimes including the current one have had structures that continue to exclude early childhood education from the mainstream education system (Kenya Gazette Supplement No. 111; 2012). Unlike other education levels which are coordinated at the national level, Kenya's new restructured education system has charged county governments with all matters pertaining to ECDE operations. The public ECDE centres, now annexed within public primary schools, are therefore expected to admit children between 5-6 years without discrimination. However, no provision for the infrastructure necessary to allow this has been made by the national government, even though is responsible for all public

schools. This creates a strain on resources and overburdens the limited number of ECDE centres available. Consequently, not all young OVC find easy access to the ECDE programme in Kenya. Moreover, children who are identified as living with HIV and AIDS could find it difficult to enrol at some of the early learning centres in Kenya because of the entrenched discrimination against children living with HIV/AIDS (Republic of Kenya, 2005). WHO now considers HIV and AIDS as chronic illnesses which can be managed with strict adherence to specific a medication regimen. This not only improves the quality of life for the OVC living with HIV and AIDS, but also makes it possible for them to attend schools (WHO, 2005). In addition, better care and improved nutrition cannot only increase these children's longevity, but also lessen developmental lags that can result from illnesses. The implications are that more of the HIV infected children are now enrolling in various learning institutions. Of major concern is whether ECDE centres have the preparedness and capacity to address the psychosocial needs of OVC due to greater attention they may require and the resource strained circumstances of public centres.

Litigation and the work of non-governmental organisations has pressured the Kenyan government to observe child protection policies, follow scientific recommendations, and make sure that HIV infected children adhere to strict medication regimen and have adequate nutrition. The government `s response in this regard, though slow, has enabled more of such children to attend ECDE centres in Kenya. The ability of these children to attend learning institutions underscores the significance of ECDE centres as important rescue and support institutions for orphaned and vulnerable children (Spear, 2006). Both the psychosocial as and developmental challenges of these children need to be considered while providing them opportunities for the acquisition of knowledge and life skills.

Today in Kenya, most primary schools expect all children in grade ones to have gone through the ECDE for school readiness. OVC attendance at ECDE centres alongside non-orphans is an opportunity to enhance their developmental milestones; physically, emotionally, socially, morally, psychomotor, intellectually and culturally as their confidence and resourcefulness are built through peer support in schools (UNICEF, 2006). Although the government of Kenya has made strides towards actualizing this, OVC continue to face many challenges when accessing ECDE centres. Having insights into these challenges can be important in the design of intervention measures.

1.9 Challenges of ECDE in Slum areas of Nairobi

Many children in slum areas of Nairobi go to ECDE centres as an alternative to day care centres while their mothers or primary caregivers look for a livelihood. Most ECDE centres in slum areas in Nairobi have many more challenges than those in affluent areas. The centres set up in poor neighbourhoods have inadequate access to basic facilities. A majority of the ECDE centres are faith-based, owned by private individuals or informal. As Mbugua (2013) observes, these centres have minimal access to safe water and sanitation services. This is as a result of unplanned nature of the settlements in which they are hosted. In the settlements, most of the dwellings are made of cardboards, iron-sheets or mud; and so are the ECDE centres. One pit latrine in the slums may serve between 50 to over 500 persons (Lusambili, 2011). As a result, many residents rely on the '*flying toilets'* or '*scud missiles'*[5] which expose young children to diseases. This is worsened in rainy seasons due to poor drainage and floods resulting in flooding which get into the ECDE centres' compounds.

The centres are confined to small areas of space which are very crowded. Consequently, most of the services offered do not provide for optimal learning stimulation (Mbugua, 2013). The centres are characterized by lack of sufficient sound instructional materials, teachers with limited or no ECDE training, and little supervision of the kind of curriculum used. Consequently, children have to bear with many stresses including crowding in classrooms and during play; but also exposed to harmful conditions. In addition, children's misdemeanours in class could slip through the cracks of not getting the attention of their teachers. Some children eventually abandon the centres. Since many slums in urban areas have a high HIV and AIDS prevalence (Kenya AIDS Response Report, 2014), most of the children in the slum ECDE centres are either affected or infected.

1.10 OVC in ECDE centres in Huruma

ECDE centres in Huruma are known for high enrolment of OVC. Both formal and informal ECDE centres in Huruma experience various challenges associated with their locations. The formal ECDE centres include public and faith led centres while the informal ECDE centres consist of day care centres and play groups. The public ECDE centres, which are managed by the Nairobi County Education Department, are appended to the public city primary schools.

[5] ***Flying toilets*** or ***scud missiles*** are terms used to describe plastic bags that are used as alternatives to a toilet. The plastic bags are usually filled with excrement which are later thrown in dumpsites due to lack of sufficient toilets. The use of terms flying and scud is in the manner in which the owners throw it while hiding. If it lands on people then it is devastating just like the missiles do.

However, their growth is not in tandem with the demand, thus causing over enrolment and overcrowding. Some of the OVC attend other centres which are run by faith-based groups or informal centres. For many OVC, ECDE centres become a place where they spend considerable amount of their time to learn, grow, make friendship and develop and understand the world beyond the context of home environment. These centres also serve as a place for after school activities, which call for close monitoring of the children considered at risk. It should be noted that OVC who do not enrol in any schooling system within Nairobi County usually end up as street urchins and candidates for early recruitment into crime.

Given this state of affairs, the urban OVC's psychosocial support networks, opportunities and wellbeing are a crucial focus of this study to human development researchers in Kenya. It is important to appreciate the efforts of research in this area, identify the gaps that exist in literature concerning younger OVC and search for strategies to addressing their psychosocial concerns. It is against this background that this study was designed. The study sought to identify both the negative and the positive experiences of young OVC in relation to availability of support; the perceptions of OVC and their teachers on what psychosocial support and wellbeing among these children entails; to determining teacher's awareness, understanding of wellbeing of the children and their method of nurturing resilience; and to identifying the infrastructure available in ECDE centres to ascertain their preparedness to handle younger OVC and address their unique needs. The study also sought to find out the contributions made by policies designed to protect the OVC.

1.11 Scope of the Study

Because this study focuses on OVC in the context of HIV/AIDS, children who are vulnerable or orphaned by other reasons such as natural calamities, conflicts, disabilities and others have been excluded. Furthermore, this study concentrates on only those OVC affected by HIV/AIDS who enrolled in ECDE centres in Huruma ward, Nairobi County. The geographical scope was only limited to Huruma ward excluding other slum locations within Nairobi County. ECDE centres were the focus of this study because they play a very important role as the cradle of formal learning for younger children through provision of various childhood networks, the skills acquired have the potential of enabling them function better later in life. This study was focused exclusively on ECDE transition class only. The

study was interested in the time horizon of 2005-2014, a period within which the number of OVC in Nairobi County increased and questions over their care and wellbeing raised.

1.12 Gaps in Literature

There are gaps that have been identified in the existing literature that this study will attempt to address. The first gap as identified by Dunn (2005) concerns the paucity of information on OVC below 8 years of age. The study attempts to address this gap by focusing on the 5- to 7-year old OVC within a learning environment. By doing so, it is envisaged that there will be a substantive contribution to the existing body of knowledge.

A second gap identified is lack of younger OVC's perspective concerning their own daily struggles in urban centres as children affected by HIV/AIDS in Africa. The few available research reports present the adult voices of guardians, caregivers or older children who were asked to report on the psychosocial support and wellbeing of younger OVC. Although there have been some attempts to address this gap by researchers in townships around Cape Town South Africa, their studies also relied on a sample of children between 10-19 years orphaned due to AIDS leaving out leaving out the under 10 year old and others categories of children affected by HIV/AIDS (Cluver & Gardner, 2009; 2012; REPPSI, 2010). However, findings revealed that the children were consistently disadvantaged; suffered from food insecurity, high psychological difficulties and poor outcomes. These studies suggested sustained psychosocial programmes for the vulnerable children in the townships, and a need to focus on young children in future researches. It was hoped that the present study would elicit more research interest since it targeted children aged 5-7 years affected by HIV/AIDS and particularly focussing on Nairobi, Kenya. Although OVC have been reported to be helpless and passive whereas the contrary may be true, it was hoped that, the findings would be relevant to other contexts in parts of sub-Saharan Africa ravaged by high HIV and AIDS.

The contributions of ECDE learning centres, other learners and the teachers towards the psychological and social lives, and general wellbeing of OVC in sub-Saharan Africa have not been extensively researched. This study will bridge this gap and highlight the role of resilience in relationships, adjustments and child-initiated activities created in ECDE centres which work towards fortifying the preschool OVC.

Policy guidelines on OVC in learning environment have been developed by several countries in sub-Saharan Africa. Literature on implementation of these policy guidelines in learning environments is scanty. Of particular interest is the active contribution of the governments in implementation processes that target the 5-7 years OVC which has rarely been addressed in the available literature.

1.13 Statement of the problem

The negative effects of HIV/AIDS on children in sub-Saharan Africa are not in doubt. Kenya is ranked the third with a high HIV/AIDS prevalence on the continent of Africa, a situation that has created a major crisis in the handling of younger children affected by HIV and AIDS in an environment that has other competing social and economic issues. Literature reveals that some of these children who are nested in basic educational institutions have a degree of improved developmental outcome; which has led to a surge in enrolment (Amzel et al., 2016; Jepkemboi et al., 2016; Uyuata, 2014; Yoshikawa et al., 2016). With the large and increasing numbers of OVC affected by HIV/AIDS in urban areas within Kenya, there is a need to explore psychosocial mechanism to support their wellbeing by interrogating their lived experiences. Existing studies on OVC ignore the wellbeing of children between the ages of two to eight years (Dunn, 2005), side-lines especially those living with HIV in schools (UNICEF, 2004) and especially those found in poor urban slum environment. The argument of this study is that, there is scanty information on young OVC affected by HIV/AIDS and how they are supported in learning environment. Much of the available literature mostly focused on older children above 10 years of age leaving out younger below 10 years. With little information on younger OVC experiences and how psychosocial support is coordinated for their wellbeing immediately they enrol into learning systems, it is possible that many could be at risk. Therefore, this study attempted to explore the psychosocial support and wellbeing of OVC aged between 5-7 years old in ECDE centres in Nairobi Kenya, by examining their experiences and what they meant to them.

1.14 Purpose of the Study

This study sought to examine: the psychosocial support provided in ECDE centres to young OVC affected by HIV/AIDS, the promotion of their wellbeing and opportunities for nurturing their resilience.

1.14.1 *Specific Objectives*

i. To describe the psychosocial experiences and challenges of OVC in the ECDE centres in Nairobi Kenya.

ii. To identify the level of awareness of the OVC and their teachers on the psychosocial challenges OVC face and the nature of psychosocial support given to address them.

iii. To assess the infrastructural capacity of ECDE centres in meeting the psychosocial needs and ensuring wellbeing of OVC.

iv. To discover the extent to which the Kenyan policies have contributed to opportunities for psychosocial support and resilience nurturance among OVC in ECDE centres in Nairobi Kenya.

1.14.2 *Research Questions*

1. What are the psychosocial experiences and challenges of OVC in the ECDE centres?
2. To what extent are the OVC and their teachers aware of the psychosocial needs, and the support needed for wellbeing of OVC within their ECDE centres?
3. What infrastructural capacity do ECDE centres have to meet the psychosocial needs and wellbeing of younger OVC?
4. How familiar are teachers with government policy provisions on ECDE and what contributions do policies make towards psychosocial support and resilience nurturance in younger OVC in the ECDE centres?

1.15 Rationale for the study

Psychosocial support and well-being of younger OVC in a learning environment is a unique topic that has not been widely researched in Kenya, East Africa or other parts of sub-Saharan Africa (Dunn, 2004; Bernard van Leer Foundation (BvLF), 2006). Many studies in the area of HIV and AIDS, and orphans often target hospitals, guidance and counselling departments in secondary schools, tertiary institutions and the general adult population. Only a few studies focus on health, shelter and nutritional needs of OVC (UNESCO, 2011). This study attempted to shed more light on the plight of younger OVC and has the potential to creating a better understanding of both their psychosocial concerns and wellbeing in learning environment.

Many studies on OVC which have been conducted in Sub-Sahara Africa, are predominantly concerned with the effectiveness of HIV/AIDS intervention programmes, prevention of mother-to-child transmission (PMTCT) or other intervention strategies and reports on HIV/AIDS epidemiology (UNICEF, 2004). In addition, the studies that focus on OVC do not pay attention to preschool children and particularly those living with or affected HIV/AIDS. Although most children living with HIV/AIDS now grow to adolescence, little information is available on how they advance through schooling programmes (Szelag, 2011). There is a need to identify their psychosocial concerns from their onset of schooling in order to understand the implications schooling has on their general wellbeing. It is envisaged that the findings of this study, will make a contribution to evidence-based policies to support OVC in Kenya and East Africa; thereby having a significant influence on the promotion of psychosocial wellbeing for both orphans of AIDS and those living with HIV/AIDS.

Policies for OVC and child welfare, together with the ratification of international articles that concerning young people offer great blue print on how the world's children ought to be taken care of (Yoshikawa et al., 2011; 2016). Beyond survival, they advocate for the environments that allow children to thrive and develop to their full potential. However, as indicated in the EFA Global Report (2002), Jomtien Agreement (UNESCO, 2003) and Dakar thematic consultation on Education (2013), early childhood care and education (ECCE) is still an uncharted territory even as previous studies show that orphaned and vulnerable children experience unique psychosocial crises. Presently, there are gaps in research literature that deal with information on psychosocial support and wellbeing of children and infants. It could be exciting for researchers in Kenya and the larger sub-Saharan Africa to have an opportunity to understand the nature of psychosocial support that could improve the wellbeing of OVC in an African context because information on the effects of HIV/AIDS on children is mainly reported overseas. This study has the potential to make immense contribution to the body of knowledge and to provide a guide in finding interventions that can be factored into the holistic growth and development of younger OVC. Thus, it is envisaged that the study's findings will be found significant to the teachers, caregivers, policy makers and curriculum developers as a guide that can enable them to understand the impact of HIV/AIDS on preschoolers and kindergarteners. In addition, the findings may also suggest ways of improving the psychosocial networks and organizational practice of ECDE centres in Nairobi, Kenya and other regions in sub-Saharan Africa are provided.

This study has the potential to provide a deeper insight into the experiences of younger OVC in a learning environment in sub- Saharan Africa countries and how resilience nurturance in the OVC can be harnessed are also necessary. It is envisaged that, a huge contribution towards Kenya's OVC literature as a reflective platform will be provided, possibly pivotal to good practices within ECDE centres in urban settings. Through the insight given, the ECDE practitioners will be able to identify challenges OVC face, as well as the weaknesses that exist in their centres and look for better options for harnessing their practices to overcome these challenges. There are also recommendations that can aid in finding sustainable solutions in the care of younger OVC affected by HIV/AIDS in a learning environment especially in major urban areas.

Entry of OVC into ECDE centres marks their first step into the unfamiliar territories of formal education and this comes with new experience which may present a variety of challenges. By utilizing the resilience theoretical perspective, insight into the younger OVC activities in a learning environment and how they make adjustments in an environment that has non-orphaned and non-vulnerable children in the ECDE centres will be clarified. In light of these, the current study has the potential to heighten public awareness in Kenya and in the wider sub-Saharan region on the uniqueness of psychosocial aspects of OVC below ten years of age in a learning environment. Thus providing the educators, policy leaders and interested partners the much needed information on this group of OVC to mitigate psychosocial issues affecting them in order to improve their wellbeing. This study is therefore significant to all that deal with OVC of tender ages and to those who have interest in running ECDE institutions in Africa. It is natural for most of the OVC today to hope for a better life in adulthood; the reason this study concentrated on OVC between 5- to 7- years of age.

Although most young children may be viewed by the world as helpless (Skovdal & Daniels, 2012), the study's contributes to children's agency towards improving OVC statuses in their urban settings against many odds. Even as fewer studies concentrate on older children especially on those in secondary schools, there is paucity in literature that focus on pre-schooler in Africa. This notwithstanding, studies on OVC in urban learning centres are based on children from developed countries; and if from Africa, most are from Southern African countries leaving the rest of Africa unaccounted for. This study therefore is a pinnacle in the quest to have the East African especially Kenyan urban OVC in focus.

1.16 Overview of research design and methods

The study employed a qualitative research design. The choice of qualitative design was made on the basis of the case under study which provides for the description of the lived experiences and meaning attached to the experiences which may contribute to the formulation of policies, intervention measures and suggestions for further research. Various tools of assessment were used with special consideration for the ages of the child participants involved in the study and the adults that handle them. The tools comprised of interviews schedule, questionnaires, visual stimulus illustrations, drawing activities, focus group discussions guides and infrastructural assessment sheet. The choice of these tools was based on the need to collect as much data as possible from the children as well as the teachers, which could give insight into the aspects of psychosocial concerns and wellbeing of the younger OVC in learning environment. Triangulation was applied to the data from these tools to establish firm evidence for this study (Yin, 2004). A case study was adopted on the basis of its strength to pay more attention to lived experiences of OVC. The study planned to recruit 60 participants but 56 participants were finally enrolled in the data collection process which involved children, class teachers, interns and Head teachers. The data was analysed using thematic content analysis with a phenomenological hermeneutic approach.

1.17 Organization of the Thesis

The rest of the thesis is divided into several chapters as follows:

Chapter One

Chapter one presents the introduction, the research in context, problem statement, study objectives, research questions and justification of the study.

Chapter Two

Chapter two presents the resilience theoretical framework which underpins this study. The chapter also provides a historical perspective and summarises empirical studies concerning resilience that informed the current study.

Chapter three

Chapter three presents a review of literature concerning orphans and other children made vulnerable by HIV/AIDS; and the ways in which past research informs the current study.

This chapter also outlines relevant policy evidence and guidelines that deal with children in the context of HIV/AIDS.

Chapter four

Chapter four describes the methods used and research designs and explains the choice of these methods by reference to their strengths when researching younger OVC aged between 5-to7- years of age.

Chapter five

Chapter five presents the findings relating to the children's psychosocial experiences. It reports on the analysis of data collected through drawings, responses to VSI related questionnaires, responses from the teachers, focus group discussions and the infrastructural assessment of the ECDE. OVC experiences of the psychosocial support and wellbeing, the opportunities the children have in ECDE environment and resilience nurturance are described in this phase of the thesis.

Chapter six

Chapter six presents the discussions of the study findings. It focused on the experiences that indicate the psychosocial needs, support and wellbeing of the OVC.

Chapter Seven

Chapter seven draws conclusions from the study findings, contribution to the body of knowledge, reflections, recommendations and suggestions for future research.

1.18 Summary of chapter one

This chapter introduced the study area and ascertained the importance of the study through the background information given. Few studies give weight to researching with OVC below eight years of age. The purpose of the study, objectives and its significance, have been highlighted. The subsequent chapters respond to specific aims of the study which includes: theoretical consideration, review of related literature, methodology, findings, discussions and conclusions.

CHAPTER 2 THEORETICAL CONSIDERATIONS

2.1 Introduction

This chapter outlines the theoretical framework that has been adopted for this study. Discussions of the history of resilience researchers show its contributions to our understanding of outcomes for children in stressful life circumstances. This provides an insight into understanding into the factors that need to be considered when seeking to examine the adaptive behaviours and responses to psychosocial support of the younger OVC. The resilience perspective does not only identify risks in disadvantaged children's lives, but also focuses on the role that protective factors play in mitigating negative impact of the adversities children face. Thus, the complexities that contribute to children's positive adaptation in a holistic manner can be captured by this framework.

2.2 The concept of resilience

Resilience as a concept is believed to have had its roots in the study of nature which included animals, ecological systems in the environment, metallurgy and individual humans under chronic stressful conditions (McAslan, 2010). Some studies indicate that, resilience was also generally used in engineering and physics to refer to materials that had the ability to 'bounce back' to their original state after applying high stress to them (Fleming & Lodegar, 2008). The studies suggested that resilience required 'bouncing back' of the systems or materials that were under stress, which could be either slow or fast depending on the prevailing circumstances. The interplay between the slow and the fast variables in varied contexts formed the basis for resilience. Over the years, the term resilience has been applied to humans and their associated stressful or difficult circumstances in various disciplines such as: psychology, psychiatry, sociology, environmental sciences, health and biological disciplines (Hjemdal et al., 2006; Luthar, 2006). Although in its application the resilience concept takes many directions in description, in the current study, its application takes a psychological dimension.

2.3 Resilience Theoretical Perspective

2.3.1 *Tracing the resilience theory*

Resilience theory and models are believed to have their roots in studies conducted in the late 1940s. The theory developed gradually and many researchers got attracted to the concept which gathered more momentum in the late 1960s and early 1970s (Fleming & Ledoger, 2010). The earlier resilience research focused on the development of pathology. For example

Werner and Smith who are viewed as pioneers of resilience research, conducted longitudinal studies of the children of mentally ill mothers in the Hawaiian Island of Kauai from the 1950s until the 1970s. Their research was interested in assessing patterns of resilience in biological and psychological terms within the context of children who were born to mothers with mental disorders (Werner & Smith 2001). It was surprising to the two researchers that the children who were thought to be at risk due to the biological and psychological risk factors, 30% of them grew up into responsible adults who had adjusted well in life (Werner & Smith, 1989). Their studies also found that the children's resistance to adversity was based on their individual qualities such as gender, social competences, verbal communication, socially responsive, self-efficacy, tolerance, and good self-esteem which made them "invincible" (Werner & Smith, 1989). The external threats to adaption and growth had no significant effect on the thriving of this subset of children. The factors that made the children more resilient were related to their coping resources.

Amongst school going children, Werner and Smith's studies found out that 60% who had bad outcomes displayed better intellectual abilities and readability than the rest, while the preschoolers tended to have insatiable energies and drives that were potentially harnessed into positive outcomes (Werner & Smith, 1989). It was believed that, they were able to overcome their negative circumstances through enrichment of children's play activities, curiosity, initiative and autonomy as they went through their developmental progression. Hence, protective factors which were found to be significant in reversing the expectation of negative outcomes became the focus in their other subsequent studies. Although the children were vulnerable, they were found to be resilient due to the protective factors in their immediate environment. Resilience was thus termed as "…the capacity to cope effectively with internal stresses of their vulnerabilities and external stresses" (Werner & Smith, 1989 p. 4). Resilience was found demonstrated by their good developmental outcomes despite their high risk status, their ability to show sustained competence under stress, and their recovery from trauma (Werner, 1995). It was argued that their defining characteristic of resilience is the presence of a hazardous, adverse and threatening life situation that has to be overcome. The second defining characteristic of resilience is children's capacity to cope effectively despite vulnerability to challenging life circumstances. Protective factors in the environment were found to contribute to children's resilience. These factors were found to manifest themselves early in life but cut across the children's life span into adulthood. Werner and Smith's studies suggested that, protective internal factors within children exposed to adverse

circumstances as well as protective factors in their families and communities contributed to their positive outcomes. The specific factors that provided protection showed differences age groups and gender. However, many protective factors have multiple benefits across a range of physical and mental health outcomes for children. Thus, protective factors are internal or external resources that have a potential to boost mediating processes, such as positive emotions, thoughts, behaviours and contentment which provide a range of health promoting benefits (Layous et al., 2014). A resilient child 'loves well', 'plays well', 'works well' and 'expects well' (Werner & Smith, 1992; Lyubomisky & Layous, 2013).

Subsequent studies revealed that, although they acquired competences in school, some children still showed the effects of trauma caused by earlier experiences which led to emotional detachment (Werner &Smith 2002). This suggested that, the balance between risks and protective factors was different for different outcomes. Individuals who had sufficient relevant internal or external resources were able to counter risks in their immediate environment for that specific outcome, making them "invulnerable" or "invincible" for that outcome (Werner &Smith 2002). Resilience was therefore seen as a developmental process and later researches confirmed that exposure to protective processes within children environment enabled them to show signs of positive adjustment in their development (Layous et al., 2014; Lyubomisky & Layous, 2013; Masten, 2014) . From Werner and Smith's perspective, the balance between risks, stresses and protective factors account for a wide range of adaptive and maladaptive outcomes. Risks contribute stressful circumstances to an individual's life, while protective factors provided opportunities for change. The two resilience pioneers later sought to understand the various protective factors that prevented the development of psychopathology, with a particular focus on children of schizophrenics (Garmezy 1974; Garmezy & Streitman, 1974; Masten et al., 1990). In most studies on health education and risk reduction, emphasis is usually placed on identification of protective factors and risk factors before training or an intervention is carried out. Thus underscoring continuing influence the early researchers on resilience have on contemporary research and practice.

Michael Rutter's research on epidemiology in psychiatric cases which began in 1964 studied children who experienced parental marital conflicts, low socio-economic status, large families sizes, parental delinquency and maternal psychiatric disorder (Rutter 1979). The study he conducted on children of mentally ill parents of the Isle of Wight revealed several

forms of resilience. From the study findings, he suggested that, changes in children adaption usually occurred at some points in which there were increases or reduction of risks. He termed these changes as "turning points" (Rutter, 1979). In addition, he suggested that single stressors often did not have a significant impact on a child, but rather a combination of multiple stressors had the potential to weaken the likelihood of positive outcome. His view also suggested that resilience was a dynamic process rather than being a static occurrence.

Rutter's study of the dynamic nature of resilience led to a shift in attention from specific child vulnerability and protection factors to studying adaptation as an on-going engagement with a range of processes that bring together diverse mechanisms in development (Rutter, 2012). His view of resilience as a process that reduced risks in individuals rather than eliminating them explained the increased possibility of positive outcomes. In subsequent research, Rutter identified other factors that could assist individuals especially children to withstand adversity. He termed these "buffer" factors (Rutter, 1985, 2012). These were protective factors that buffered children against adversities of stress. In a school setting, buffers include engagements in co-curricular activities such as sports, music, positions of responsibilities, good peer and child-teacher relationships. This resilience can be supported through any mechanisms that protect children from psychological risks associated with adversity. That is, the resilience perspective recognizes the risks do not necessarily lead to adversity. Rutter identified 'four mechanisms that supported resilience. They included any internal or external factors that led to: 1) reduction of risk through processes of altering the circumstances that lead to exposure, 2) reduction of negative chain reactions through mitigating further exposure to risk, 3) establishment and maintenance of self-efficacy and self-esteem through supportive relationships and 4) opening up of opportunities' (Rutter, 1985 p. 329). Thus, activities in a school environment could be promotive if they could support one or more of these four mechanisms for children who faced adversity to gain a sense of achievement, socialize and personal progression.

Some of the processes were believed to be located in systems that engaged vulnerable individuals at different levels of adaptation and development in adverse circumstances, positioning them to resilience (Rutter, 2012). It meant that individuals had to interact with risks. In this case, individuals' characteristics and qualities which provide facilitation or hindrance to positive adjustments when in extreme stressful situations were of great significance. Rutter further gave a description of resilience as an adaptive process across a

range of circumstances and outcomes which reduce vulnerability of one to environmental risks, overcoming adversity or stress (Rutter, 2012). In his later submission, the process approach also emphasized positive outcome rather than maladaptive behaviour in achieving resilience. In advancing this view, Rutter suggested that exposure to adversity may have hardening or "steeling" or "strengthening" effects, which enabled individuals to adapt to future adversity (Rutter, 2012). One outcome of such "steeling" is endurance in difficult situations (Cicchetti, 2016; Ungar, 2010). Thus, exposure to adversity contributes to widespread resilience to adversity, such that it could be viewed as a stable personal characteristic or invulnerability (Rutter, 1979; 2012).

Garmezy who is also considered one of the pioneer researchers of resilience, studied children of schizophrenic mothers who were at risk of developing psychopathology (Garmezy, 1971). Over half of the children under study were found to be well adjusted despite the adversity they faced in their families; and he therefore termed them invulnerable. His argument was that, protective factors in the children's environment were responsible for the positive outcomes they had. Garmezy identified the protective factors to include the child's personality features, family and external support systems. His research shifted focus when he suggested that some individuals in his study had shown more adaptive behaviours than others when exposed to risks, spawning resilience research that aimed to identify protective factors for children of schizophrenic mothers. The search for protective factors that enabled the children adjust positively against the 'odds' they faced became his focus as he continued his researches with a wider range of factors of risks and adversity such as, congenital heart defects, disabilities, homelessness and drugs. Other protective ad vulnerability processes that affected children included neighbourhoods and social support, children's individual qualities and family (Garmezy, 1985).

Patterns of positive adaptations in the children within their families through systems that supported their development were found to promote resilience when they were exposed to chronic stresses (Garmezy & Streitman, 1974). Effectiveness, high expectations, positive outlook, self-esteem, internal locus of control, self-discipline problem solving skills sense of humour were also found to be amongst the qualities associated with resilience (Garmezy & Streitman, 1974). On the contrary, external locus of control is associated with poor school performance and coping strategies (Aslan & Inan, 2014) Emphasis on positive adaptations mainly based on external behaviour achievements as opposed to other factors related to

internal processes later showed that interactive and transactional processes enabled children to adapt through attributes such as: playfulness, love and hope that were sourced to form both the external and the internal systems. Children who engage in play and form positive relationships with others are less distressed (Hennger, 1993; Bora, 2015) Identifying strengths and talents and forming them as bases upon which to rely on in reducing the problems children faced came into focus. These processes formed protective factors and suggested positiveness in factors that related to resilience (Garmezy & Streitman, 1974). Although young children are innately more vulnerable than adults, primary prevention programmes taken into consideration can boost their abilities to endure and thrive in difficult circumstances (Garmezy, 1971).

Other resilience studies sought to understand more factors that enabled children to thrive in unfavorable environmental conditions in attempts to broaden the scope of resilience (Masten et al., 1990). They pointed out that there were other qualities such as; age, culture and absence of impairment that enabled children to thrive especially those termed as high risk children, unlike the earlier resilience studies which were guided by a great desire to understand circumstances associated with maladaptive behaviour in schizophrenics. Three groups of children were found to be resilient. They included: i) those who could not succumb despite exposure to high risks such as low birth weight, ii) those in chronic drug situations and iii) those who suffer trauma of loss of caregivers. Furthermore, Masten (2001) identified approaches such as positive outcome through transaction between individual, environment and experiences as the basis of resilience.

The dimension of protective aspects such as assets, moderating factors and mediating factors in resilience processes were also introduced (Masten & Reed, 2002). While some individuals acquired resilience, others were found not to; hence opening up multiple approaches to researching children who showed adjustments in adversity and in varying degrees. Individual who were at high risk of exposure were found to do well compared to their counterparts who were not exposed. This led to identification of pathways that categorised the children into three groups: i) children who are competent but distracted by adversity, ii) children who are at high risk but competent and iii) children who are late bloomers. The differences and varying streaks of coping abilities in the children indicated that, the absence of overt positive adjustment in some children did not necessarily mean failure to cope hence them becoming more vulnerable.

Studies by Egeland, Carlson and Sroufe emphasized other aspects such as identification and patterns of behaviour that resulted from exposure to high risks and poverty over a period of time. They noted that some events in individual's lives were found to lead to different reactions which included: mood swings, eating disorders, or normal to excellent outcomes, while others who had different childhood experiences were found to have similar outcomes (Egeland, Carlson & Sroufe, 1993). These outcomes which suggested new approaches to resilience through the concepts of equifinality and multifinality were also supported by Curtis and Cicchetti (2003). Therefore, meanings that were found in prolonged length of exposures were considered to be more significant in determining children competences than just focusing on one outcome only (Egeland, Carlson & Sroufe, 1993 p.519). It was pointed out that language and intellectual abilities in children coupled with supportive home environment and healthy attachment to caregivers were found to lead to competences. Thus suggesting that, resilience takes a developmental process reflected in developmental trajectory with some children exhibiting adjustments immediately while others do so later in life depending on prevailing factors in their environment (Egeland, Carlson & Sroufe, 1993; Masten & Reed, 2002). Resilience in this regard is hinged on supportive and consistent care, environment and individual abilities.

Primarily, resilience was associated with acquisition of competences by overcoming difficulties in life against expectations was considered ordinary not extraordinary (APA, 2003; Masten, 2001). However, developmental psychopathology and exposure to adversity sets a shift in children resilience (Masten, 2004). Through models of interventions, diverse risk factors that affected child development could therefore be altered to improve the welfare of children through enabling protective factors. This can be promoted by normal daily care, individual capacities and their environment. In addition, promotion of a healthy environment that protects children from risks such as HIV infection, AIDS, health hazards or malnutrition were found to improve their wellbeing (Masten, 2004). In this context, resilience can be viewed as a quality that could be achieved in the context of a child's environment, be it at home or in the learning centres.

Masten's research also found other environmental factors such as poverty and socio-economic stresses to have an impact on resilience. Multiple risks which included low birth weights maltreatment and cultural practices contribute to environmental adversities in

children (Masten, 2004). However, external factors which act as protective factors were found to have the capacity of mitigating risk factors within the children's environment. Thus, the environment was able to discriminate individuals who are vulnerable to negative outcomes in adversity and exhibiting positive outcomes making them "recover" or "adapt" or "remain strong" in adversity; thus making resilience a product of both personal and environmental factors (Masten & Powell, 2003). In addition, Masten (2005) suggested that processes involved in attaining resilience may emanate from ranges of variations from simple to complex, which could include compensatory, promotive and protective processes. However, the capacity for individual/s to deal with rare and devastating occurrences or disruptions in their lives demonstrated their capabilities to go through processes that are dynamic in context of adversity but with positive outcomes. These processes have the potential of contributing to the successful attainment of substantial recovery in individuals. Thus, the relationships of individual's personal qualities such as psychological, biological and socio-cultural factors as well as interconnections with the environmental factors have significant contributions to resilience development in children (Kim-Cohen, 2007).

Studies by Luthar and others looked at internal and social skills that form major aspects of protective factors. The studies revealed that although resilient children showed competences, they were prone to depression and anxiety in some instances, a view that was inconsistent with studies that had been done much earlier (Luthar, 1991). Their individuals' capacity to overcome and successfully adapt in challenging or threatening circumstances was found to be achieved through various adjustment processes. By taking the ``process approach``, the term ``resilience`` was used to denote a resistance to adversity in an adaptive process that involves external factors (Luthar et al., 2000). The researchers argued that resilience as an adaptive process has two key features which are: exposure of individuals to significant threat or severe adversity, and the achievement of positive adaptation despite major setbacks on the developmental process.

Later studies viewed resilience as a process of adapting in the face of adversity, trauma, tragedy, threat or risky environment (Bonanno, 2005). Risks were considered to cause either positive or negative adjustments in the life of a child in terms of behaviour or emotion. Bonanno established that, abilities to ``bounce back`` from difficult experiences and abilities to adapt over time did not necessarily yield positive outcomes. This stirred a need for reflection on individuals' abilities to maintain stable perceptual functions throughout a period

of adversity. This view was important in creating awareness of the abilities of children with vulnerabilities and processes needed for acquisition of the necessary social tools and suitable mechanisms for their resilience nurturance.

Vanderbilt and Shaw (2008) found younger children in resilience studies to fare poorly in resilience processes compared to the adolescents and adults in a stressful environment. This was resulting from their levels of maturation. Adults and adolescents were considered to have more polished skills and roles that enabled them to interact with each other, unlike younger children who became susceptible to stressful situations. The implication this has to the adaptation process is that more emphasis is needed in strengthening support systems for younger children and the systems that address diverse needs for positive outcomes. In addition, this cuts across a wide range of individuals, circumstances and outcomes to potentially reduce their vulnerability caused by environmental risks (Vanderbilt& Shaw, 2008). Whereas these processes were thought to yield predictably positive outcome in adult individuals, they could not be generalised for all younger children in adversity. Some children had been found to adjust positively while others did not when placed in different contexts of adverse situations at different developmental stages; a view that was earlier pointed out by Masten (2001) and Vanderbilt & Shaw (2008).

Although resilience was measured according to the strengths of individuals' abilities or developmental outcomes, absence of further stress and success in developmental tasks or subjective wellbeing do point towards achievement of resilience (Wright et al., 2013). However, for children, the research showed that, there were variations across cultures, geographical locations, time and the achievement of resilience in the initial instances of adversities lay a foundation for future negotiations through adversities. Furthermore, it was also dependent on individuals' abilities and situational differences which in some instances could enable some children to overcome difficulties but not others. This makes resilience phenomenal.

When considering resilience as a phenomenon to explain why some individuals recover after a loss or perceived to return to normal life and others do not, the unexpected occurrence that can cause instability in a person's life have to be understood (Bonanno, 2004). Through identification of risks in prevailing experiences individuals undergo and their positive adaptation to these risks, they are enabled to make adjustments to confront their adversity

(Luthar & Cicchetti, 2000). This argument considers the prevailing situation of exposure to threat or adversity suggests that, if adversity is successfully confronted, then the individuals become resilient. However, personal attributes, genetics and context of the adversity come into play when considering their significant influence on an individual's outcomes (Luthar, Cicchetti & Becker, 2009; Masten & Riley, 2005). Those individuals who exhibit negative outcomes in prevailing adversity or threat or risks contrary to expectations are termed vulnerable. Their vulnerability however, does not take into account the implicit conditions of the individuals in relation to the phenomenon's intensity. Consequently, implicit adaptive qualities were rarely considered for inclusion in the description of resilience. The implication was that, what constitutes threat in one adverse situation which may lead to explicit adaptive qualities may not in other contexts depend on the differences in individuals and intensity of the prevailing situations. Therefore, a relationship of individual qualities and the prevailing situations is significant when looking at resilience in younger individuals such as preschoolers and what supports their wellbeing within the context of the current study.

2.3.2 *Resilience theories*

Resilience theories as posited by Rutter (1987), Garmezy (1971; 1985), Werner & Smith (1989) explain the source and role of, particularly the transforming and adaptive change in individuals experiencing wide range of stresses or risks. In the past, various studies proposed different models to explain the adaptive changes. For example, Dunn et al. (2008) view of resilience as a coping reservoir gave a range of both positive and negative reactions which could lead to either positive or negative outcome. Furthermore, Richardson (2002) who proposed the resiliency model looked at the disruption of homeostasis by adversity in an individual's life and the balance protective factors bring. When the balance has been created, individuals experience resilience, reintegration to homeostasis, reintegration with loss or have dysfunctional reintegration. These theories address strengths the individuals have which enable them to overcome adversity. They identify the importance of factors such as protective and positive outcomes or competences in individuals' abilities to recover despite adversity. Emphasis is on positive factors and systems that are important for the development of appropriate social assets in individuals through relationships between adversities encountered and positive adaptive outcomes (Ungar, 2010). The theories also explain the sources of adversity and the role of transformative and adaptive processes in individuals, which determines their human capital through individuals' positive adjustment in stressful situations

and competences they acquire to be able to go back to the levels before the onset of stress or even become better.

Even though resilience theory is widely applied in education, social and medical settings, individuals could still be vulnerable to relapse due to the persistence of adverse experiences that compete with the available resource for recovery. These resources offer the protective as well as mediating factors in recovery. The application of the theory requires identifying the importance of protective factors and competences of the individual and assessing the role of underlying factors in influencing the individual's behaviors and emotions. Thus, the required resources needed to counter prevailing risks ought to be available in order for an individual's potential to be realised when they overcome life hurdles and become resilient.

Resilience is simultaneously a quality of the individual and his/her environment (Ungar, 2010). The interaction between the two offer pathways to adaptive behaviors and provide ways for individual to negotiate the available resources, giving reasons as to why emphasis should be placed on positive human development and the development of competences in children to suit their environments. Through this, the theory takes cognisance of systems and contexts that are continuously changing in individuals' spheres which requires them to have the capacity for learning and reorganising themselves to new adaptations.

Young children need safe and nurturing environment to thrive and be able to establish healthy relationships through crucial development processes of resilience (Masten, 2013). Through identification of protective and mitigating factors in dealing with adverse conditions in children`s lives, the opportunities to nurture resilience can be availed and the effects of adversity altered (Masten & Powell, 2003). This can possibly be realised in everyday life and as Masten (2001) observes, if ordinary processes in children's lives are threatened then positive outcomes are in jeopardy. In the context of the present study therefore, the ordinary strengths, understanding of healthy development and good outcomes in OVC as opposed to weaknesses or negative outcomes are in focus. Successful adjustments children made in the face of risks or adversity and having the capacity to adapt is therefore crucial as a strength approach in reference to their resilience.

With the assumption that resilience is a multi-dimensional construct, it was believed individuals had variations of adjustments to stresses of life from one level to next when

comparisons were made and the same went for group/s, community and societies (Luthar, Cicchetti & Becker, 2009). This acknowledgement of the presence of risk and adversity for resilience to be manifested, provide for local strength and efforts made towards wellness at various levels of individuals or groups or communities which are equally necessary (Luthar, 2006). This view has implication for the present study especially by looking at resilience as a multifaceted construct which has the bolstering effect to the much needed support for OVC.

Based on the outcomes of Garmezy's resilience research with children, three models of stress resistance were proposed. They include the compensatory model, protective factor model and challenge model (Fleming & Lodegar, 2008; Garmezy, Masten & Tellegen, 1984). The compensatory model that was proposed explains the direct effects of compensatory factors having a neutralizing effect to the risk factors in an individual's life (Fleming & Lodegar, 2008). This neutralising effect is thought to be independent of risk factors and leads to resilience. Resilience as spelt out in this model counters or operates in the opposite of the prevailing risks. Therefore, there is the direct involvement of a protective factor on an outcome which in most case is a positive one.

The protective model explains moderation or reduction of negative outcomes or effects of risk factors with the protective factors in an individual. The model exemplifies the neutralizing or weakening or elimination of the risk factors by the protective factors which promote effects. Within this model there are other smaller models which demonstrate the significant influence of protective factor on outcome in a various ways. Luthar et al., (2000) posits that, the protective- stabilising and protective-reactive models have high ameliorative effects on an individual. The protective-stabilising model explains the interception of risk factors by the available protective factors for positive outcome and it associates high risks with high levels of negative outcomes; while the protective-reactive model looks at links between risk and outcomes in the absence of protective factors. According Luthar et al., (2000), when protective factors effect in protective- reactive model diminishes on the risk factors, the outcome is stronger. Within this protective model, Brook et al., (1989) suggest a protective – protective model which explains the chances of one protective factor increasing effect of another protective factor to create a positive outcome. This model has however been criticized for lack of risk factors which are essential for resilience. Therefore, protective model views postulate an interactive interplay between the risk factors and the protective factors in the reduction of negative outcomes.

The challenge model on the other hand explains the enhancement of competences through challenges; provided the risk factors are not extreme which enhances adaptation and readiness of next challenges in life (Fleming & Lodegar, 2008, O'Leary, 1998). Low levels of challenges or risk factors are taken to be beneficial and associated with developing children which stimulate responses that enable them to cope in stressful situations. It is believed that through modeling or vicarious learning children develop resilience. However, continuous exposure to low level challenges is termed as boosters or steeling which conditions children to handle future stresses or adversities in a better way as they mature, thus increasing their capacities to thrive (O'Leary, 1998). These adaptive capacities especially in children alter negative outcomes and have been found to act as inoculations that buffered them from future stressors (Sameroff, 2013). Fleming and Ledoger (2008) termed this as the inoculation model which in essence incorporates aspects of the protective models. Thus, resilience being a much broader and dynamic theory, it still generates more interest under which various research outputs continues to develop other specific models.

2.3.3 *Theoretical framework*

Evidence on resilience in children in the preceding sections suggests that adaptive behaviour can be attained in adversity. The adopted resilience theoretical perspective draws and integrates aspects of protective model, ordinary magic model which was explained earlier, interactive model, transformative and adaptive model (Garmezy, 1971; 1985; Hermann et al., 2011; Masten, 2001; Rutter, 1986; Werner & Smith, 1989). This integration is with a view to understanding the wide range of experiences of the young OVC under study and their ability to thrive, and realize their potential despite their difficult circumstances. Their difficult circumstances were seen in the light of vulnerability, psychological stressors or risk factors which include lived experiences that affect their realization of positive outcomes. Vulnerabilities are important in explaining adaptive processes in the context of this study which include; critical illnesses related to HIV and AIDS amongst the family members, death, emotional abuse, extreme poverty, and trauma among others (Garmezy, 1991; Luthar et al., 2000; Masten et al., 1990; Rutter, 1986; Werner & Smith 1989). Individuals need to have access to resources that can facilitate positive outcomes in adverse circumstances. Individual qualities such as internal resources and interaction with supportive external resources, if harnessed, can play a vital role in facilitating processes of thriving for the children. Masten (2012) and Rutter (2012) suggest that interactive model best conceptualise

the relationships and processes of protective factors in circumstances of adversity. Through interventions of diverse risk factors that affected the development of OVC, an alteration to improve their welfare could enable protective factors.

2.3.4 *Description of resilience*

There are multiple descriptions given to resilience most of which give three basic features that stand out as commonalities in the definitions of this term. Resilience is associated with: i) individual's exposure to a significant amount of stress or adversity or difficulties or risks and appeared to have come out successful; ii) positive adaptation or competences shown; and iii) Protective factors that mitigate the adverse effects. Rutter (1987; 1999) viewed resilience as a positive response to stress and adversity by negotiating risky situations; and a concept that refers to experiences of overcoming stress or adversity of psychosocial risks with a possible range of positive psychological outcome. Researchers in resilience explained it in two dimensions which were; exposure to adversity or risk and positive response or outcomes to that adversity, whether there are variations or not (Luthar & Cicchetti, 2000; Masten, 2001; Rutter, 1999). In earlier resilience studies, it had been suggested that, a person who was resilience needed to exhibit positive outcomes across a wide range of aspects of life in a period of time. This was because resilience was not a dichotomous attribute that individuals had or lacked (Cicchetti & Rogosch, 1997). Thus, suggesting that, resilience had to be manifested in social behavior competences or successfully meeting specific developmental tasks at a particular time in history.

Descriptions of resilience in subsequent studies that were advanced showed a wider scope of the construct such as; a process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances (Masten, Best & Garmezy, 1990 p.426). It was also described as a dynamic process that encompasses positive adaptation in the context of significant adversity (Luthar, Cicchetti & Becker, 2000). Changes that occur in those processes were expected to lead to successful adaptation over time in different contexts. Consequently, it was believed that when placed in contexts within which individuals especially children were found to matter, they offered opportunities of different ranges of resilience. Masten, Best & Garmezy (1990 p.426) identified three types of ranges in reference to children with resilience: i) those who do not succumb in spite of exposure to high risks such as low birth weight, ii) children who cope in chronically stressful situations such as drug addiction, and iii) those who suffer trauma in disasters, deaths of caregivers and so on. The

three types offer a wide range of contexts within which children may be exposed and possibly face impediment to realization of their full potential.

Masten et al., (1990) viewed of resilience as a construct that explains the capacity for or outcome of successful adaptation despite challenging or threatening circumstances, suggested that in the absence of buffer factors, an individual's capacity is impaired. For children who get exposed to chronic adversity, experience interference in their natural functions but with supportive processes located in their care, they recover. In addition, while looking at individual's capacity, Egeland, Carlson and Sroufe (1995) viewed resilience as the capacity for successful adaptation, positive functioning or competences. Thus, the capabilities of individuals to positive outcomes in stressful circumstances are vital in adaptation. Relationships were also viewed to be very vital in resilience. Interactive relationships, as suggested by Rutter (2006) were considered to be relatively resistant to environmental risks or overcome stress or adversity, and lead to adaptive behaviour. This signifies the importance of interactions and fostering of promotive factors within one's environment.

The above descriptions of resilience, acknowledge the capacities of individuals and the environmental provisions for tools to enable them to overcome adverse situations. Although the present study took cognizance of the fact that resilience is closely associated with risks and particularly those faced by the OVC, focus was placed on the strengths which were detected in processes of their interactions with their access to the ECDE centres environment.

Resilience has often been related to resiliency which is associated with ``ego-resiliency`` a construct that refers to personal characteristics of the individual that enable them to survive harsh conditions (Luthar et al., 2000). Resiliency research or what is referred to as the ``trait approach`` was interested in a ``set of traits reflecting general resourcefulness and sturdiness of character, and flexibility of functioning in response to varying environmental circumstances``, (Luthar et al., 2000, p 5). To ascertain these, mechanisms of coping with adversity, changes or opportunities that identify or enrich protective factors were considered. In contrast, most researchers who took the ``process approach``, used the term ``resilience`` to denote that an individual's resistance to adversity was an adaptive process that involved external factors (Luthar et al., 2000). The processes involved audit of children's lives through pathways that provided for negotiation of available resources which tended to bolster them against negative outcomes. In addition, the innate nature of children was of great

significance in processes of resilience. Therefore, child vulnerability can be viewed from two perspectives, the ``trait approach`` and the ``process approach``, or ``resiliency`` and ``resilience`` which are two distinct terms (Luthar, Cicchetti, & Becker, 2000).

With reference to children, resilience was looked at in terms of "adaptations in high risk" circumstances, "good development despite the high risk exposure", "competences under stress", "recovery from trauma", "normal development under difficult conditions" among other definitions (Fleming & Ledoger, 2008; Luthar et al., 2000; Masten, 2001). The attainment of adaptations in the face of the significant adversity involved a developmental progression, new vulnerabilities and challenges or strengths and opportunities which emerged to change the prevailing circumstances over the children's life course (Cicchetti, 2010, p. 146). Resilience was thus not static nor was it a measurable construct since it could not be owned by an individual but determined by developmental processes which were not fixed. Consequently, resilience in children can only be referred to indirectly and only be best explained through exposure to risks and positive adaptions (Kim-Cohen, 2007).

Although individuals who experience stress tend to react in many different ways which range from acute shock to devastation, others may get affected in ways which may not be visibly measured. This has a significant impact on their recovery. Boyden & Mann (2005) suggest that the intensity and severity of adversities whether slow, moderate or fast affect individuals' recovery and the formation of adaptive or maladaptive tendencies. This suggestion indicated various contributing factors to outcomes or responses to adversities, all of which depended on the extent and length to which individuals were exposed, coupled with the severity, age and environment (Masten, 2001). They also determined the nature of positive adjustments or ability to recover from the difficult circumstances for individuals to be termed as having acquired resilience.

Resilience is also associated with a variety of phenomenological levels which may include orphaning, ailing or even poverty; and also at process levels such as care, schooling and hospitalization (Ungar, 2012). All these factors contribute to the vulnerability of individuals and the need to reverse the situation, making resilience a non-unique combination of both strengths and weaknesses of normal functions of human systems. By looking at resilience in this manner, Ungar indicated that, a combination of both weaknesses and strengths are

essential for normal functioning of individuals especially when it relates to children and resilience.

Variations in the definitions of resilience show differences in description. However, the term was contextually used by researchers in context of the prevailing circumstances such as physical location, age, cultures and time frame (Kumpfer, 2001). Most definitions denoted the ability of individuals to overcome or recover or cope in adversity or difficulties or stressors in their lived lives, thus providing a wide range of resilient associated abilities. Consequently, individual's stamina or strength to overcome prevailing adversities faced as opposed to showing weaknesses, provide for the variations in the strands of abilities of individuals associated with resilience. Thus, resilience is broad in description, definition and tends to follow positive behavioural patterns. And in children, it follows competences in developmental tasks which suggesting that those with covert experiences who may not be able to externalize them may not be identified as having acquired resilience as was the case in past studies.

Being a multifaceted term, resilience has two types of factors which are of critical importance. The interaction of risk factors and the role of protective factors which play in the reduction of negative outcome for positive outcomes to emerge strongly are crucial for resilience. Risks which are associated with adversity can be viewed from a wide range of factors which according to resilience research include: low birth weight, psychopathology, poverty, natural disasters, and wars among others (Werner & Smith, 1989; Masten, 2001). Thus, the significant adversity in reference to the risks mentioned and positive adaptation achieved as opposed to negative outcome continue to reside in debates and in resilience studies (Luthar 2006, Rutter 2012). In addition, individuals who were found to display competences in some context but not in others meant that, there were ranges in display of resilience in these individuals. Therefore, despite the dynamism in the description and definition of resilience, a view which is normally adopted only encompasses positive adaptation within the context of significant adversity (Luthar, Cicchetti & Becker, 2000).

2.4 Other trends in resilience studies

With its roots in biological, physiological, geographical and contextual variations, resilience which was associated with stillness, or hardiness or the stamina of individuals to withstand

adversity still intertwines with other disciplines. The historical unfolding of resilience study trends led to its categorisation into four aspects or waves based on study time frames and outcomes (Masten, 2007). Wright, Masten and Narayan (2013) identified the first wave which was believed to have been initiated by the pioneer researchers. It was believed that these researchers sought to define and measure resilience using developmental challenges. The wave described resilience as a phenomenon whereby factors that enabled individuals to thrive or pull themselves up in difficult circumstances were identified. Individuals who did not succumb to stress were considered to possess a degree of resistance shield which resulted from exposure to stress (Wright et al., 2013). However this adaptation needed to have substantive exposure to risks to stabilise them in the prevailing circumstances of adversity. This was critical in understanding the interactive nature between risks and resistance factors individuals were exposed to. It allowed for the adjustments needed in individuals' characteristics to rebalance in their lives. The scope of the first wave was expanded when risks that led to resistance were found not to be a one-time occurrence but rather continuous over time. With this understanding, factors such as assets, promotive factors, protective factors and competences or developmental factors focused on contributors to resilience, thus suggesting the need to look at cumulative effects of risk factors and development of resilience (Masten, 2010).

The second wave concentrated on processes of resilience with a focus on the connection between the child's resilience and the context that contributed in the developmental pathways; which included the psychobiological (psychosocial) stress reactive and self-regulating (social support) systems (Masten & Obradovic, 2006). These factors were found to have had influence over the developmental outcomes on children's adapt or adjustments. Masten and Obradovic believed that child's adaptation depended on systems provided for by his/her attachment figures. Any disconnect destabilize the child and compromises his/her competences. However, some children were found to be more resilient than others when placed under the same difficult circumstances which included family and environment. This implies that there is need to look for a pattern of influence on children's development over time; with emphasis on children's perceptions and interpretations of their experiences which are important as they tend to tag experiences with different meanings which change as maturation sets in (Wright et al., 2013).

The third wave enriched the resilience studies through interest in the promotion of resilience situated within prevention and intervention mechanisms in terms of changing potential risks by reducing risk exposures, nurturing and other protective systems (Masten & Obradovic, 2006). Researchers of this wave looked at efforts to promote resilience through the prevention, intervention and policy for the welfare of children in adversity. When associating resilience and vulnerability of children, there is need to put individual aspects and those of their immediate environment which serves as protective and mitigating factors into consideration. These factors are significant in determining the impact of adversity have been found to foster resilience. In this regard, more emphasis needs to be placed on the importance of positive resources, health and competences of individuals in adversity (Luthar, 2010). However, there has been a continuous advocacy for multidisciplinary approaches to understanding children survival in adversity, especially through embracing ecological models which emphasize richness of systems within children's immediate environment (Luthar, 2006; Rutter 2012). In addition, Gutman and Leon (2008) contend that patterns of wellbeing and experiences in children's lives especially in learning environments are intertwined and change over time in terms of cultural, economic, social, psychological and geographical diversities.

The fourth wave looked at the integration of a variety of other aspects not handled by earlier resilience studies. In this wave resilience is considered across multi-level analysis of dynamics, species and discipline with inclusion of genes, brain functions, biology and advanced technologies (Masten, 2012; Ungar, 2010; 2012). Of interest was how resilience was shaped by various interactions within an individual. Researchers categorised in the fourth wave were found to suggest dynamism within the concept of resilience, which they elucidated in behavioural development of children who find themselves in various forms of adversity. Neuroscientists in this wave argued that stressful experiences condition the brain to respond in certain ways; and that in neuro-cognition the brain activities attain resilience only if agency and engagement were maintained during adversity (Curtis & Cicchetti, 2003, Ungar, 2012). This creates homeostasis whereby an individual experiences restoration in the neurocortical areas of their brains. The environment was also found to condition individual's brain and their human interactions enhanced responses towards recovery in adversity. To resilience researchers of the fourth waves, this view was seen to be significant to the development of theory, thus paving way for integrative approaches of multidisciplinary nature in the application of resilience in individuals.

Studies continue to expand the understanding of resilience as more and more information emerges. Therefore, new models of child resilience now include diverse risk factors that affect child development such as in utero, perinatal, environmental, brain activities among others; and how interventions could improve child welfare by promoting a healthy environment that protects children from risks such as HIV infection, AIDS, health hazards or malnutrition (Ungar, 2010; Masten, 2013; Wright et al., 2013). The focus of new models of resilience by the above researchers was necessitated by the need for young children to be competent in their developmental milestones.

2.5 Underlying factors in this study's theoretical framework

2.5.1 *Environment*

The facets of resilience are many if looked at from perspectives involved and in forms of individual characteristics, environment characteristics and developmental processes dynamics. The environment was believed to have a huge effect on individuals 'capacities to adjustments in adversity (Masten, 2001). This perspective to resilience argued that a child cannot be treated as an isolated individual from the rest of the people within his/her environment. Within the context of interaction factors in children's immediate environment and societal landscape, there are forces believed to steer their resilience (Bronfenbrenner, 1998; Masten, 2001). This view positions children in systems that have the potential of making up for deficiencies in their lives thus improving their well-being. Well-being is associated with resilience in that, it described what differentiates between a child who is vulnerable to negative outcomes that result from adversity and a child who appears to cope despite adversity (Masten, 2001). Research has established that, some children "do okay" while others do not due to differences in their capacities for resilience and when in similar environmental conditions and experiences, thereby displaying different wellbeing outcomes (Rutter, 2010; Ungar, 2012). This explained why emphasis needs to be placed on positive human development and the development of competences in children in suitable environments. It also helps in the identification of protective and mitigative factors when dealing with adverse conditions in children`s life (Masten & Powell, 2003). A focus on children's individual strengths and resources within their immediate environment is critical in the promotion of resilience which powers their coping skills. It can also help in understanding

the risk factors in children's environment and the contribution of protective factors towards positive outcomes.

Young children who are orphaned by AIDS and/or made vulnerable by HIV/AIDS are unlikely to avoid adverse circumstances within their immediate environments since they substantially rely on adults for assistance. Assistance through various forms such as: protective, promotive or compensatory processes within their environment were found vital in their adaptation and thrive (Luthar, 1998; Masten, 2005). However, adults in children's lives had the task to regulate their functions within the environments by shaping them through various adaptive processes which if successful would equip them with the necessary skills to regulate and re-regulate themselves towards resilience (Masten, 2005; Rutter 2012). Such positive adaptive skills and processes enable individuals such as OVC to potentially mitigate numerous adversities faced to make adjustments towards positive outcomes. This study sought to investigate how OVC went through various adaptation challenges in Kenya.

2.5.2 *Protective factors*

Werner and Smith (1982) explained that protective factors have the ability to buffer, intercept or even prevent adversities in a children's life. Resilience researchers' perspective was that protective factors have a significant impact on adjustments of children in adversity. Protective factors were identified as external and internal systems which were commonly known to alter what could otherwise be potentially negative outcomes in adverse circumstances (Rutter, 2012). These factors were seen in terms of their contribution to foster positive outcomes and harnessing of healthy personality characteristics in children who were in adversity. The healthy characteristics significantly contribute in children's protective processes which were contextually able to explain the differences in either positive or negative outcomes (Masten, 2014; Ungar, 2015). The need to find out the impact of lived experiences on children and why the experiences made them have a wide range of outcomes was particularly of importance in understanding those who had positive outcomes and what prevented them from having negative outcomes (Masten, 2014; Rutter 1979; 1986). Protective processes were found to be more beneficial whenever risk factors were exposed to compensatory or resilient factors (Rutter (2012). These resilient factors (which include compensatory and protective) tended to have a shielding and moderating effect to the impact of exposure to risks, thus providing a protective function. According to Garmezy (1985), a protective function was implied when an individual was relatively unaffected by the

prevailing stressful circumstances. The above explanations attempted to draw a distinction between the risk and protective factors to resilience through protective as well as compensatory factors.

Fleming and Ledoger (2010) suggested that the more protective factors there were in an environment the more the chances of individuals becoming resilient. Protective factors were found to create an accumulative effect of buffering systems within an individual's environment resilience processes. Systems in environment can be termed as protective only if they moderate risk factors by: i) reducing exposure to risks, ii) reducing negative chain reaction that come after bad experiences and iii) promoting self-esteem and self-efficacy and provision of new opportunities. Once these systems got activated by close interpersonal relationships and social support, they had the potential of giving long-term effect that had a transformative outcome. Protective factors with their mitigative effects of childhood adversity can be responsible for later externalizing or internalizing of risks faced.

Rutter (1987) advocated for developmental and situational mechanisms in protective processes especially when looking at protective factors. The process approach were found to enable one to identify the levels of transactional processes of resilience, and for protective factors to be effected, there has to be stressors that catalyses them. Literature further identifies two forms of protective factors which are internal or external (Garmezy, 1985; Kumpfer, 2010, Rutter, 2001). Internal protective factors in children were found to include, social competences, sense of purpose, problem solving skills, sense of self-esteem and efficacy. Social competences in children are manifested in their abilities to have integrated thinking in order to achieve social tasks and have positive outcomes in various contexts. This is evident when they operate within their natural environment. Children's sense of purpose on the other hand is expressed in their hopes and aspirations when they are engaged in activities within their immediate environment. Their enthusiasm depicts their usefulness in responsibilities and task given. With the ability to deal and control what is around, children are able to derive a sense of purpose, sense of satisfaction, self- esteem and efficacy. All these internal factors provide for autonomy which harnesses resilience in them.

External protective factors on the other hand may include family, schools and community (Kumpfer, 2001). The family is very important in children's live for it provides the stability needed for them to feel cared for and supported. Masten (2001) pointed out that family sizes,

presence of adult caregiver, extended family members and traditional ceremonies have a pivotal in giving a children firm identity. The presence of reliable caregivers who consistently address their needs gives children a sense of stability. The family set up encourages children in achieving their developmental milestones, to participate in numerous activities and constant positive emotions (Masten, 2001). Kumpfer (1995; 2010) contends that stressors, external environment that includes culture geographic location and time frame together with age influence an individual's interaction with protective factors to be resilient. He further notes that interaction processes can in themselves pose either risk or protective consequences depending on the exposure to challenges and stressors which provide skills to withstand other subsequent challenges.

Schools and other learning centres as some of the external protective factors are essential in providing challenges and positive experiences to children through the programmes and childhood activities. Beside the learning environment, the adults within the schools provide the role models children need (Cicchetti, 2016; Masten, 2014). School environment provide opportunities for children to learn psychosocial skills and values, get opportunities for development and peer interactions potential ingredients for well-being (Cicchetti, 2016). If teachers take personal interest in children, provide surrogate parenting and are available to listen to them and be confided in, the children can be progressively nurtured into resilience. Schools' programmatic routines enable the children be organized and have a sense of belonging. Schools' environment where the children spent most of their days in a year has greater influence on them through peers and creation of many relationships. These in themselves form protective factors. Werner and Smith (1989) found out that caring teachers and other people in a school set up who understand children under stress provide support to them. Therefore, if children from high risk backgrounds are in a supportive environment, have good role models, can form friendship and exposed to opportunities of more support factors in their lives, they can relatively acquire better skills to tackle future challenges. It is of great importance that protective factors be identified, promoted and fostered to minimize negative outcomes in children under stress (Jon, 2013).

External caring relationship created be they teacher-to-child or child-to-child encouraged children to want to be better and excel in their endeavors. The learning environment in itself reduces inequalities of home background and exposes all children to same protective factors. Benard (1995) found out that there are positive as well as high expectations in most activities

which foster the children's sense of wanting to be successful. In the process, the children attain sense of self belief which boosts their self-esteem, autonomy and optimism. The curriculum and learning styles that build on the children's strengths, interests and experiences that are participatory and facilitative, harness resilience processes (Benard, 1995). Other qualities associated with children who were exposed to protective factors in a school setting include: social competences, problem solving skills, critical consciousness and sense of purpose (Benard, 1995). Although protective factors are wide and varied, it should be noted that some of them are specific to childhood resilience (Masten et al., 1990). They have to be context- specific within a certain cultural and time frame.

2.5.3 *Community Support*

Community support is an essential component in resilience building amongst children for it provides resources children need to be resilient. These include care and support networks in forms of support of kinship, faith groups, and community services such as water, community centres, schools, health facilities, food security, cultural and traditional activities among others (Bernard, 1991; Evans, 2005). High expectations from community members and participation in community activities were also found necessary for resilience in children. Families, schools and neighbourhoods settings within communities can create contexts that influence children's development. Critical to individual children's development is their sense of belonging and identity which also contribute towards defining who they are. Emotionally, children get encouraged when they feel secure within their communities (Evans, 2005). This is crucial in determining their pathways towards positive adaptations in adversities which have been attributed to numerous factors within the community circles. Young children depend on the solitude of neighbourhoods and other members of their community for protection, nurturance and general wellbeing (Bernard, 1991). Their attachment figures and attachment security at their disposal can be associated with psychosocial growth and development through various forms of interactions.

Luthar and Cicchetti (2000) observed that community leaders, cultural resources that include extended kinship and religious organizations play a quintessential role in providing the necessary tools in stabilizing children in adverse circumstance. Neighbourhoods were also found to offer support for immediate needs should the situation be "abnormal" through nutritional, physical and emotional support, to both filial and extra-filial relationships. However, in circumstances where there was severe adversity, families especially the

extended ones could offer the children emotional support as well as enable them retain their identity. In cases where there was intergenerational support, grandparents played a very vital role in ensuring the grandchildren were shielded from the effects of adversity.

All community social services are tapped into various networks which form significant components of identification of interrelationships associated with the levels of support for children and protective factors within it (Masten et al., 1990). By interrogating support networks within the community, it is one way of establishing protective factors in children's immediate environment. The quality and the context of the children's community environment and support network offers understanding on the nature of help adults give to address specific needs of disadvantaged children such as the OVC. Although children develop through processes of progressive early experiences which serve as 'primary engines' of their lives (Masten, 2010), healthy interactions with early attachments figures for young children are very significant in determining how they proceed beyond risks and adversities. Their developmental progression over a period of time if well supported and harnessed can be sustained for a longer time. Therefore, children's acquisition of resilience does not only depend on their individual capacities and genetics (internal) but also community and environment (external). Consequently, their state of resilience or lack of it is either promoted or undermined by both external and internal forces within their communities.

2.6 Resilience and children affected by HIV/AIDS

HIV/AIDS has a great impact on the buttressing of children in difficult circumstances and it has a fragmenting effect on children's stability and protection within a family setting; thus, those affected are categorized as 'at risk' (Evans, 2005). Positive support for through nurturance and opportunities for their potential to thrive to optimal levels are lessened and adversely affected in the event that their caregivers are infected. Changes of care, separation from siblings, migration from familiar neighbourhoods to different locations, and change of friends among other changes are some of the challenges the children face should their caregivers die from AIDS (William & Foster, 2000). For those exposed, factors such as stigma, discrimination and cultural factors greatly affect their psychosocial wellbeing. Cluver et al (2009) argue that support reduces the possibility of poor metal health amongst OVC in the context of HIV/AIDS increasing their chances of acquiring resilience.

A theoretical consideration in a study essentially illuminates factors that give a structure that holds and supports a study, as well as describes a theory which is able to explain the research problem as it appears in the study and the direction especially on aspects under study (Labaree, 2013). Through identification and description of major elements or constructs in the study, relationships of various aspects are established. Given the development of resilience theory as spelt out earlier, the current study focuses on psychosocial support and wellbeing of the orphans and vulnerable children affected by HIV/AIDS in Nairobi Kenya. The resilience theory has demonstrated that children in adversity are at risk of developing disorders while with support they could resist adverse conditions. This study acknowledges protective factors in the children's environment which provide an inoculation effect in their developmental progression. Furthermore, in their 'bouncing back', they have to show competences of achieving developmental milestones. While considering inoculation approach in this study, aspects of compensatory and challenge models are incorporated as they contribute to the understanding of how younger children in adversity acquire skills necessary to thrive.

Since younger OVC in urban centres have many encounters with risks both home and outside, some preparation to enable them to overcome is necessary. By assumption, younger OVC in ECDE centres have access to positive psychosocial support experiences. When psychosocial support is significantly provided to them, wellbeing will consequently have a mitigating effect on the children's status of orphaning, orphanhood, living with HIV/AIDS or living with an infected relative suffering from the effects of HIV/AIDS infection. The current study focuses on the experiences of younger OVC, the mitigating effects and opportunities for resilience through psychosocial support within their ECDE environment and the impact of the policies in wellbeing of the OVC. The relationship of these factors is important in establishing resilience enhancing experiences and building on them. They also provide insight into the OVC adjustment process towards resilience through nurturance.

The present inquiry offered a range of contexts in which younger OVC risks could be identified and moderated; how protective factors are harnessed to equip them with competences for immediate and future challenges. This frame operates on assumption that younger OVC have the ability to positively adjust if they are exposed to positive experiences in their learning environments. Though adversity in the younger OVC cannot easily be defined, the study considered their experiences as expressed by them. It is common that

younger OVC in the context of HIV/AIDS face a multiplicity of stressors. In trying to understand the issues surrounding absence of their parent/s, care givers, or lacking adult care due to HIV/AIDS related illness, or having to regularly take medication, frequent hospital visits or even hospitalization; these OVC experience emotional, psychological and social challenges. They are also expected to cover their individual developmental milestones like any "normal" children. The protective framework helps in understanding the risks factors in children through their experiences contributes towards positive outcomes in such children. Children who thrive better in adversity during infancy and toddlerhood are known to have competent functioning during elementary school years (Egeland et al., 1993). This underscores the importance of interventions which focus on multidisciplinary assessments and multifaceted interventions in OVC psychosocial support and wellbeing within the ECDE centres.

The enrolment of children who are orphaned and made vulnerable by HIV/AIDS into ECDE centres located in resource-poor communities and slum areas in Kenya with a view of improving their future opportunities, depends on several prevailing environmental factors. Lack of committed caregivers in the lives of vulnerable children, or the inability to have stability due to anxieties associated with daily demands of urban poor environment or support for the children to thrive, are greatly undermined. In cases of orphans, the children may be at an even greater risk in terms of insufficient nutrition, shelter, love, safety and security, and nurturance (Masten, 2001). While some get enrolled in ECDE programmes, others may remain at home either with grandparents, other relatives or unattended. Chances of the ECDE centres being responsive to the needs of those that get to join them through a variety of mechanisms are high. These mechanisms have the potential of shaping the OVC in-built attitudes of helplessness common in such children in urban areas, which they may have developed due to their differential home environments. The children lack constant and healthy interactions with the important adults at the family level; but also face psychosocial challenges which create deficiencies in them. The ECDE centres as a form of circle of influence has the potential to give stability to such children, offer long-term relationships from peers and teachers, as well as have a linkage to other higher systems if the environment is enabled. If a learning environment has rich ingredients and the potential to present nurturing opportunities that may compensate for the deficiencies the child experiences in family circle, then positive outcomes can be achieved. This can be a critical turning point which has the potential of a life altering effect and is of interest to this study.

Since most of the OVC from urban poor communities may be considered to be at a higher probability of risk exposures compared to their counterparts from the urban middle or rural areas, psychosocial support for a majority them in ECDE centres in Kenya is a foundation for their individual growth and development of personality (Mbugua, 2004). The complexities that are associated with the compositions of urban population and neighbourhood influence in most of Kenya's urban centres force many to live disadvantaged lives in slums, denying them the traditional family support. This contributes to the downward spiral in the OVC functions depending on the length of exposure to risks. With fewer protective factors to cushion them, psychosocial support in various forms of learning centres becomes critical in alleviating effects of deprivation, stigma and discrimination that come with such slum environment. The quality and the context of the children's environment are of great interest especially their support network within ECDE centres that provides intervention to thrive.

By exploring psychosocial experiences and wellbeing through a qualitative inquiry with younger OVC in Kenya, this study used a strength perspective in order to provide more understanding into various aspects of the younger OVC psychosocial experiences. This is because there are possibilities that early adversities may not become evident until later in development (Wright et al., 2013). Therefore, there is need to capture adverse experiences of younger OVC from the onset of their entry into ECDE centres away from familiar home environment, and explore how this contributes outcomes in their lives. Ascertaining ECDE centres significance in resilience processes potentially provide the OVC with survival tools for their future lives. Initial exposure to vulnerability and later exposure to resilience harnessing processes need to be understood in the context of a continuum for this group of children. Progression, stability and normalcy in the face of adversities with hope of "steeling" them are of critical importance to their developmental progression (Masten 2006; Rutter, 2012; Ungar, 2010). Through various programmes and response /intervention/support, ECDE centres have the potential to provide opportunities essential for OVC adjustments which foster positive outcomes. Therefore, the capacity for younger OVC to be nurtured towards resilience in the ECDE centres is of importance in this study.

Meeting developmental needs for younger OVC is challenging in slum environment where they are expected to be provided with protection. While it is important to nurture resilience in children, the nurturers need to take cognisance of minor adversities which are essential for

activating the innate abilities for resistance in such group of children (Herman et al., 2011). Although ECDE centres only have adult teachers who may be strangers to the OVC at the onset of their enrolment, they could face difficulties in adjusting to them unlike their caregivers whom they know intimately. Some children may come to the centres with unique psychosocial challenges that account for their vulnerability. Their diverse backgrounds and individual uniqueness necessitate different approaches to their specific needs as: single orphans (maternal or paternal orphans), double orphans, in foster care, orphans not fostered, children from child headed families, those living with caregiver/s ailing from effects of HIV/AIDS, children whose families have taken into foster care orphans of AIDS and children who are infected by HIV and AIDS.

Exposures of younger OVC to risks as a result of their statuses are of varied intensities. For example children who find themselves HIV positive have a lifetime phenomenon to deal with especially if their primary caregivers die. They cannot be expected to have normalcy in their lives. Through mitigation, meeting their unique developmental needs becomes essential in enhancing their wellbeing in public learning institutions such as Kenya's ECDE centres. Meeting their physical, physiological, social, spiritual, intellectual, cultural, social and emotional needs are essential for them to develop healthy personalities. In cases where those charged with the responsibility of meeting the OVC needs may not be fully aware of them. Therefore, if awareness of these needs is created early, it could potentially contribute to activating processes needed to enhance positive childhood experiences and adjustments.

Although adjustments and various interventions are facets of psychosocial support, this study conceptualized them as the degree to which OVC get interested, engaged, comfortable and successful, and potentially strengthening their abilities to thrive (Belts et. al., 2009). The resilience factors which underlie the transactional interrelationships and interventions to OVC in ECDE centres are viewed through processes which seek to address children's earlier exposure to risks as they are prepared to proceed on in their primary schools and into the larger community. This interrelatedness is demonstrated below in the different objectives as they related to the present study.

2.6.1 *Proposed framework for the study*

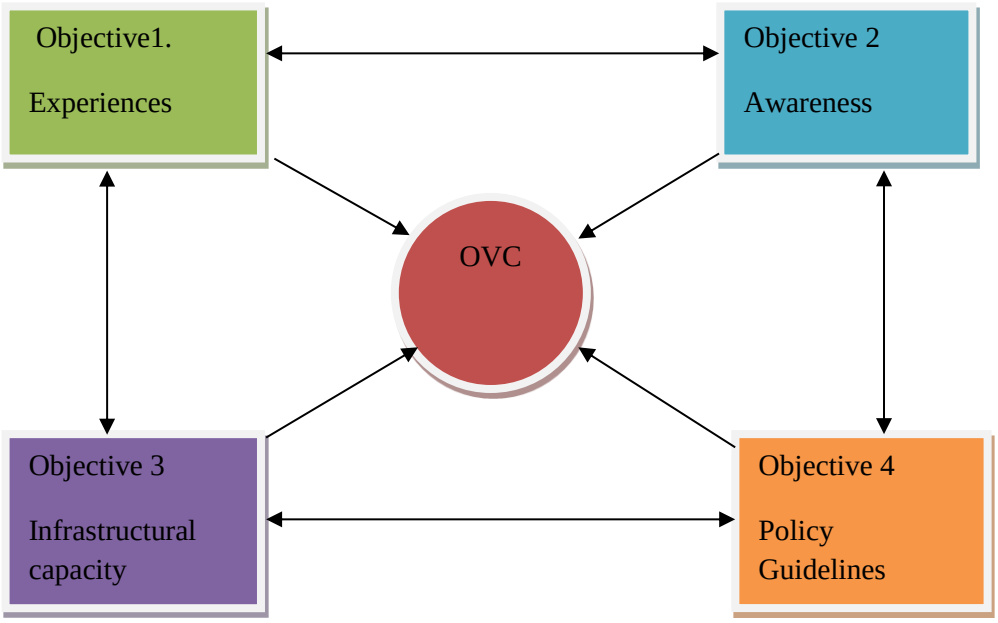


Figure 4: Proposed framework on experiences, awareness, infrastructural capacity and policy guidelines.

The above figure is this study's proposed framework which attempts to present the contribution of experiences, level of awareness, infrastructural capacity and policies towards psychosocial support, wellbeing and nurturing of resilience nurturing in OVC in a learning environment. Below is a description of each component as envisaged in this study.

2.6.2 *Experiences*

ECDE centres in the Republic of Kenya are expected to offer enriching experiences for all young children who enroll in them not only for school readiness but also provide exposure to a variety of protective factors for OVC. This can be made possible through children activities powered by awareness of their needs by their caregivers, infrastructural capacity and policy guidelines that address and determine the delivery of psychosocial support and wellbeing of younger OVC. All these aspects offer good grounding and basis for the present inquiry.

Children have great ability to adapt significantly over time at various levels in the event of negative experiences or adversity; and this may lead to a diverse developmental outcome (Cicchetti, 2010). Since younger children are naturally active and inquisitive when in groups

and in their natural environments such as learning centres, the intensity of the effect of the negative experiences can substantially be reduced; and affect their perceptions of the world they live in. If exposed to positive experiences and opportunities to access childhood activities, child networks and various forms of healthy relationships, these can influence their inner world of thought and feelings which are critical to altering earlier negative experiences. Consequently, they can have a significant impact on their individuality which may initiate a change in their perception of the world around them.

ECDE centres potentially have a critical role in developing children's competences and stimulation for school readiness (GOK, 2005). Since childhood experiences form a very critical component in the general wellbeing or lack of it, there is need to be responsive in harnessing and achieving children's developmental milestones. A focus on the quality of experiences to which the young children are exposed to is critical. For the OVC, positive experiences in the ECDE centre environment may mean exposure to compensatory, promotive and protective aspects of their lives which contribute to their resilience nurturance (Ungar, 2010). Experiences of negative nature in ECDE centre may expose children to more aggravated distress in their lives affecting their abilities to cope. All OVC experiences in their ECDE centres are critical to this study in determining their wellbeing.

2.6.3 *Awareness*

High level of awareness on factors that affect OVC in early learning centres is crucial in determining the type of psychosocial support that can be extended to them. Detailed knowledge of the OVC needs and challenges affecting them ought to be at all stages and levels in the ECDE programme. In this manner, an understanding of interaction of risks and protective factors can inform the identification of developmentally sound psychosocial interventions (Cicchetti, 2010). High levels of awareness of their vulnerability by the adults who are in charge of them can provide opportunities to handle the OVC with the sensitivity that appeals to their unique needs (Pizzolongo & Hunter, 2011). This is also equally important for the children themselves. The awareness complements the cognitive support the children get in learning environment while at the same time catalyzing progression in positive outcomes in other domains through resilience nurturance. Thus, awareness of OVC psychosocial needs and interventions has the potential of affirming trust in them over their own will to thrive, which may consequently lead to positive developmental outcomes.

2.6.4 *Infrastructural capacity*

Infrastructural capacity is essential to children and heavily influences their functions in the ECDE centres with regard to the psychosocial and wellbeing. ECDE centres are expected to have detailed infrastructural capacity and support systems for all children regardless of their status to enhance their developmental milestones. According to Gallagher & Clifford (2000), infrastructure includes but not limited to the basic physical installations and other services accommodated in the centres. The basic physical installations can therefore be supported by societal infrastructure in forms of personnel preparation, technical assistance for programmes, applied research and evaluation, planning and coordination of support elements among many other elements which constitute institutional infrastructure. The study's inquiry into the ECDE centres infrastructural capacity sought to ascertain the preparedness of the institutions in catering for not only the children they handle but specifically the OVC in an inclusive environment. The inquiry's interest was in how infrastructural capacity affected the facilitation of psychosocial support and well-being for OVC's within the ECDE centres.

2.6.5 *Policies*

The government of Kenya has in the past come up with several policies to ensure that all children concerns including OVC are addressed. By looking at the policy provisions for younger OVC in the context of HIV/AIDS, the study seeks to ascertain the consistency of these provisions, and their contributions to the practices within the ECDE centres. The study interests are on whether the policies prioritised psychosocial outcomes and wellbeing for OVC; and how the policies implementation facilitates resilience nurturance for OVC in ECDE centres.

It is important to note that, the attempt of understanding the psychosocial support and wellbeing of orphaned and vulnerable children in Nairobi Kenya in the context of this study did not test participants for their personality. The study's interest was on adaptive and protective processes in the psychosocial support and promotion of children's wellbeing. Their age, background of urban poor areas and a host of other challenges they may have experienced were also taken into consideration. Understanding all these required a holistic approach to nurturing their resilience for them to robustly thrive in an African urban resource poor setting. Therefore, interventions that seek to promote positive adaptation characterised by 'normal' developmental milestones are of greater importance and the need to consider

their experiences, awareness of these experiences by those charged with responsibility over them and support through institutional capacity together with stronger OVC policy guidelines was of great interest.

Some studies have been carried out on OVC in Kenya but none looked at the preschool OVC affected by HIV/AIDS in the context of a resilience theoretical framework. The intention of using a framework with integrated approaches was to capture the lived experiences and influence of protective factors through a supportive environment in their adaptive behaviours. This frame concurs with other developmental and psychosocial models which use different lenses to look at processes that minimise risks, provision of support and opportunities, and the holistic development of a child. Premised within this frame, the study took cognisance of the fact that, individual children react differently to different stressful experiences. Therefore, understanding factors that influence some to thrive and others not to be is of critical importance.

2.7 Importance of nurturing resilience in young children

Younger OVC in urban areas are a vulnerable group that needs a safety and nurturing. They need an environment with healthy relationships which are crucial for their developmental processes. The ideal and conducive environment should be used as a springboard that can be used by children to draw strengths in their progression towards independence. With constant monitoring, protection and early stimulation, a child's base for neurobiological functions and affective adaptation can be established and fortified (Luthar, 2006). An adverse environment poses challenges that would hinder children's social, cognitive and emotional development. Despite the variation in genetic factors, children's susceptibility is increased when environmental conditions and health facilities deteriorate. Therefore, resilience nurturance early in life empowers children in many aspects and it is essential to OVC affected by HIV and AIDS.

2.8 Summary of the chapter

This chapter explored resilience theory as a major contributor towards understanding the essential ingredients needed in young OVC wellbeing. The chapter also made links to psychosocial support which forms the basis upon which younger OVC's wellbeing can be attained through resilience nurturance. The resilience theoretical considerations position the

young OVC under study in the context of HIV/AIDS, at the centre of the inquiry's description, interpretation and analysis of the meanings attached to their lived experiences. Their functioning within learning environment was intended to bring to the fore levels of influence of the learning environment on resilience nurturance processes and adjustments. This chapter has given highlights on understanding resilience as a substantive component that speaks to stresses and needs of young OVC in the context of HIV/AIDS in urban systems and their dynamism, while at the same time establishes the processes through interventions to mitigate the adversities younger OVC in Kenya's urban centres face.

The chapter focused on resilience as an adaptive process that has to be facilitated. However, in its application, there is need to understand key features such as OVC exposure to threats or adversity and the achievement of positive adaptation despite major setbacks on their developmental milestones. The study did not test participants for personality or resiliency, but adaptive processes and protective factors through psychosocial support and promotion of children`s wellbeing in ECDE centres. Although modern research on resilience focuses on multidisciplinary approaches to understand child survival in adversity, this study's approach sought to look for adaptability within their HIV/AIDS context. Although younger OVC have no control over adversities in their environment, with assistance through various forms of protective factors, they can be potentiated to adapt and thrive.

CHAPTER 3 LITERATURE REVIEW: OVC AND THE STUDY CONTEXT

3.1 Introduction

This chapter gives an overview of general literature relating to orphans and children made vulnerable by HIV/AIDS in sub-Saharan Africa. The chapter also looks at younger OVC in various forms of environment and any assistance they receive in relation to psychosocial support for their wellbeing. More information with a view of establishing existing gaps in literature on the role of learning centres, activities OVC engage in, and adjustments of their lives has also been highlighted. Specific information on Kenya's ECDE establishment and policy issues on OVC has also been explored in this chapter.

3.2 An Overview of Orphans and Vulnerable Children

Orphanhood in Africa is expressed through various indices which point towards vulnerability. Therefore in the context of this study, orphanhood and vulnerability go hand in hand. Globally, orphans and other vulnerable groups of younger children are considered to be exposed to more risks than other children their age. According to World Bank Report (2010), these groups of children are likely to fall through the cracks of social protection and experience negative outcomes. An orphan is defined as a child who is under the age of 15 years whose biological mother (Maternal orphan) or father (paternal orphan) or both parents have died (double orphan) (UNICEF/UNAIDS/USAID, 2004). World Bank (2005) defines an orphan as a child aged below 17 years of age whose mother, father or both parents have died. However, there are variations in literature, from one region to another up to the global levels, on the definition of who orphans and who vulnerable children are.

Orphanhood and vulnerability can best be defined according to the type of loss incurred and challenges faced rather than simply loosing parents or being disadvantaged (Fosto, Holding & Ezeh, 2009). However, there are some parts of sub-Saharan Africa recognise children who are referred to as social orphans. These are children having one or both parents who may be alive but unable to perform their parental roles due to poverty, divorce or experiencing other calamities (Pagner et al.,2008 p. 35). Thus, suggested definitions of orphanhood may include children whose parents have abdicated their parental responsibilities or neglected them. In addition, the global definition of a child is a human below 18 years (UNCRC, 1989), whereas the World Bank considers a child as a human between 0 – 14 years. This definition may also

vary in certain countries in sub-Saharan Africa depending on gender, cultures and government policies, with ages ranging from below 15 to below 21 years (ACRWC, 1990).

Vulnerable children are considered to be those with a high probability of negative outcome (World Bank Report, 2010). The degree and type of vulnerability is also contextually defined from one region to the other, therefore creating a gap in that, the variations in definition are based on geographical and socio-economic differences, as well as policy dictates of different countries. The global institutions identify children less than 18 years who have been made vulnerable by HIV/AIDS in the category of OVC (UNICEF/UNAIDS/USAID, 2003). This includes: children who have lost one or both parents to AIDS, children with chronically ill parents, children who live in households where an at least one adult has died from AIDS, children who live in a household where at least one adult is seriously ill from AIDS, and those who live outside of family care for example institutions and streets. UNAIDS (2010) and PEPFAR (2012) include children who are living with HIV/AIDS and are marginalized or discriminated against to the list of vulnerable children. Although there is a near consensus in the definitions of who an orphan is, there is no one clear description explaining who a vulnerable child is. Therefore, orphanhood and child vulnerability in the context of HIV/AIDS in sub-Saharan Africa is viewed in a variety of forms and definitions. Gillespie, Norman & Finley (2005) categorise OVC in the context of HIV/AIDS as follows:

- biological orphans (maternal, paternal and double orphans),
- social orphans (children whose parents are alive but live with either relatives or non-relatives due to parent/s chronic sickness),
- children living with chronically ill parents or relatives,
- children who are HIV positive themselves or are living with AIDS and may also be orphaned,
- children who may have experienced death in household
- children who may be with parents in fostering households and may take in orphaned children and
- children who are in child headed household

Given these variations, literature suggest that other factors such the socio-economic status, cultural and political aspects be consideration to fit each individual country's specific realities which also need to be factored in when defining vulnerable children (Akwara et al, 2010). Many countries in sub-Saharan Africa, like others of the developing world add more contributing factors to children's vulnerability which range from poverty, natural disasters,

conflicts, accidents and deaths which compound the situation (Akwara et al,. 2010). Consequently, with the advent of HIV/AIDS, all these factors have overlapped in the last four decades which has had devastating impact on the affected orphans and those found to be infected with HIV. It has been widely reported that mitigation in terms of psychosocial intervention and medical support to the infected are crucial in alleviating the effects of HIV/AIDS; and especially the vulnerability created in children and the affected communities. Although interventions can be applied at different levels, they are essential in ensuring that there is a continuum for the survival of the affected children and to offer them opportunities to thrive.

3.3 OVC and HIV/AIDS in Sub- Saharan Africa

Since the emergence of HIV/AIDS cases in sub-Saharan Africa (SSA) in the early 1980, there has been no sufficient information and capacity to enable appropriate responses to alleviate the suffering of the affected and the infected children. Challenges of poverty, insufficient awareness and lack of political will aggravate the situation. Consequently, the SSA hosts a large percentage of the World's HIV/AIDS cases with very high variance in the HIV/AIDS prevalence. For example, Swaziland in Southern Africa has a prevalence of 26% and a country like Madagascar has the lowest with 0.2% (WHO, 2009). HIV/AIDS which is majorly transmitted through sexual contact has had many of the child bearing group of adults perish leaving many children either orphaned, infected and uncared for by their biological parents. It is estimated that out of the 25 million children affected by HIV/AIDS globally, 85% are in sub-Saharan Africa (UNICEF, 2013). Recent reports indicate that three of Africa's countries located in sub-Saharan region, which are Nigeria, South Africa and Kenya, are ranked amongst the top four countries with the highest HIV/AIDS prevalence in the world (UNAIDS Report, 2014). This report ranked South Africa as the leading in HIV/AIDS with an estimated 5.6 million infection cases, Nigeria was ranked second with 4.6 million cases and Kenya ranked fourth with over 1.6 million infection cases after India which was ranked third. Kenya's HIV/AIDS infections like other African countries were first made in the early 1980's. This state of affairs places many of the affected children at risk.

Although traditionally orphanhood and vulnerability of younger children were not new phenomena in Africa, the extended families members were known to play a very important role in absorbing affected children into their families whenever the need arose. Most African

people lived communally and blood relatives came together to ensure that orphans were safe and well-adjusted whenever they lost their parent/s (Abebe, 2010; Constantino & Ganga, 2013; Foster & William, 2000, Kasese-Hara et al., 2012). These studies show that adoption by relatives was practiced in parts of many regions in Africa. However, the same may not be true for most urban areas where OVC were found to laden the socio-economic burden of adopting relatives. The HIV/AIDS pandemic seemed to exacerbate the situation and the affected children faced myriad of problems among which included neglect, disempowerment, discriminations and stigma which undermined their general wellbeing (Foster & William, 2000; Kalibala, 2012). Hence, the integration of OVC of HIV/AIDS into extended families has waned over time with the escalation economic strain on urban families. According to Foster et al (2003), the reluctance of uncles and aunties to foster children of relatives who had died from AIDS or living with HIV/AIDS came from the fear of reducing their own children's standards of living.

Although there are many challenges OVC experience in SSA, specific responses that can address reduction of the infection rates of HIV or handling needs of affected children are essential. Many of the initiatives at family and community levels are often reversed by persistent high poverty levels, lack of human resources and other factors such as diseases and wars. Ritcher et al., (2009) indicate that, there have been slow responses to HIV/AIDS related issues in children due to dependency on foreign aid to facilitate relief programmes, especially to the HIV-affected children. This resulted in an omission of such children in serious academic studies, and often they were missed out on other policy issues at major international HIV/AIDS fora. It therefore became difficult for individual resource poor countries to tackle crises of children who continue to bear the brunt of HIV/AIDS pandemic.

UNAIDS progress report (2013) on HIV/AIDS showed that, there was an increase of affected OVC in SSA and an estimation of 240,000 reported new HIV infections, which called to the attention of the global initiative of getting to 'Zero Infection'. An estimated 3.2 million children were reported to be living with HIV/AIDS globally in 2013 with a majority from sub- Saharan Africa. Although initiatives towards a drop in infections trends of HIV rates and reductions of deaths from AIDS by improving care and antiretroviral regimen were spelt out, the international community through the global "Zero-infection" campaign in 2013 was launched to counter both vertical and horizontal infection in young children (UNAIDS, 2013). These are but a portion of the many efforts needed towards addressing major

HIV/AIDS concerns in parts of sub-Saharan Africa (UNAIDS, 2013; UNICEF-State of the World's Children, 2012). However, regional variations in the intensity of the pandemic notably the eastern and southern regions of SSA Africa which still hold the highest HIV/ AIDS prevalence, account for the large number orphans of AIDS and children made vulnerable by HIV/AIDS. Furthermore, while HIV/AIDS contributes to the increase of OVC in sub-Saharan Africa, other factors account for the swelling numbers.

Regional variations in African countries include the following children in the definition of OVC: children who are beggars (Dakar- Senegal), substance abusers (South Africa), those considered as witches (Democratic Republic of Congo), those smuggled for labour on the continent[6] and orphans of Ebola (AVERT, 2014). According to Wood and Guba (2011), those who had suffered grave human right violations, abandoned, neglected, abused or had suffered high levels of poverty were also included in the category of OVC. In South Africa, Botswana and Zimbabwe additional factors that lead to children's vulnerability included hunger, lack of access to services, inadequate clothing or shelter, overcrowding, disability, deficient caretakers, direct experience of physical or sexual violence (Kalibala et al., 2012; Skinner et al., 2006).

The definition of OVC is therefore complex, follows regional trends and changes over time globally when used to describe a broad population needing related support services. Indicators of vulnerability in children can be parental status, school attendance, health and nutrition, disabilities, basic material needs among others (Kalibala et al., 2012; Lindblade et al., 2003, Mishra et al., 2005). The literature found that HIV/AIDS was however one among numerous factors that increase the challenges children face but was not the sole root cause of vulnerability. Lack of support services and representation to the critically vulnerable children by the relevant authorities in Kenya, Uganda, Zimbabwe, South Africa and Botswana contributed to the children's vulnerability (Kalibala et al., 2012; Mishra et al., 2005; Skinner et al., 2006). Therefore, as much as HIV/AIDS pandemic has been taken as a major contributor of OVC in SSA, it is possible for the above named factors to overlap in young children's lives and have implications on their wellbeing.

[6] http://www.avert.org/children-orphaned-hiv-and-aids.htm

3.4 Parental deprivation due to HIV/AIDS

Children may experience parental deprivation in various ways when they affected by HIV/AIDS. According to a study carried out by Chitiyo et al (2008) in Zimbabwe, children were found to grow up with active parental deprivation, lacked the ingredients for promotion of positive outcomes and this added to their vulnerability. Parental care which is significant in the development of identity and sense of security in younger children is important in giving hope and success in future lives. However, children of parents ailing from infections associated with AIDS were found to suffer grief and emotional anguish before the parents' demise, while those with HIV/AIDS infections were exposed to numerous health complications (Chitiyo et al., 2008). Evans and Miguel (2005) also observed that in Uganda and Kenya, it took 4-7 months of orphaning of AIDS-ailing-mothers before they died. This observation gives the indication that, there is no sufficient care for the children before the deaths of their mothers. Consequently, effects of such circumstances have had a significant negative impact on children's psychological wellbeing which was evident through withdrawal, temper flares, crying and disorientation (Chitiyo et al., 2008). Furthermore, it was revealed that, psychosocial support given over a period of time was effective in showing marked positive outcomes and remarkable social interaction skills acquisition in the vulnerable children.

Through participation in group work such as games as opposed to withdrawal that was evident in the initial stages, the children were able to adjust positively. Their confidence was restored, they were motivated and the provision of school uniforms and scholarly materials helped in placing them at par with the rest of the children in school; signifying the importance of the support given to children in learning environment. Evidence in literature indicates that, in the event of parental deprivation due to HIV/AIDS, there is significant impact which leads to loss of support and triggers fear, anxiety and depression (Atwiine et al., 2013; Morobadi & Webber, 2014; Zhao et al., 2012). These are exacerbated by high poverty levels found in sub-Saharan region compared to elsewhere in the world.

In exploring exposure of children who live with ailing caregivers evidence show that many in sub-Saharan Africa are exposed to devastation (Kidman et al., 2007). In a study carried out in South Africa, Gwandure (2007) explored the impact of home-based care for parents on children's psychological functioning in South Africa. This study which involved school children who were able to respond to a variety of tools chosen revealed that, children whose

parents had full blown AIDS and were in home-based care showed a higher psychological distress than their counter parts whose parents' status had not been disclosed. While the study presented various levels of stress exposure children had to content with from their parent/s or custodial figures living with AIDS and how they were nursed at home, the criticality of their home situation was never brought to the awareness of their teachers in schools. This critical aspect of the children's lives needed to be brought to the awareness of teachers in the children's learning centres for effective intervention appropriation. The gap in knowledge of children's home context increased the psychosocial burden and denies them the much needed services for their wellbeing.

3.5 Construction of self as an orphan of AIDS

Ophanhood and vulnerability as a result of AIDS is complex for children who may be unaware of the circumstances they find themselves in. Chiwimbiso (2009) studied children orphaned by AIDS in Zimbabwe and their construction of self, re-composition of their families, school and communities. He observed that OVC construct their self-identities within the context of loss, separation (from deceased parents, disposed kin, clan rituals and spirits) the absence of their biological parents, their security and safety. The study portrayed learning institutions as sites that replicated cultural features of the wider society in which the children were embedded and as places where confidence and resilience could be restored. Thus, the learning centres which have teachers who assume parental roles could facilitate the shaping of the OVC self-concept as they grow. This made the centres a place to change attitudes about OVC and fight stigma and segregation. The researcher however suggested the dimension of religion and rituals which have a place in the lives of Africans. The study's suggestion that teachers recognize the role played by the two dimensions when dealing with OVC in a learning environment but can be difficult to attain especially in a multicultural cosmopolitan urban environment.

3.6 Effects of AIDS related deaths to young orphans

The death of parents and elder siblings due to AIDS is known to complicate the burden of HIV/AIDS pandemic on many children in sub-Saharan Africa. In a review that sought to find out how widely researched HIV/AIDS is among children and orphanhood that results from parental AIDS related deaths, Cluver & Gardner (2007b) note that orphans' vulnerability worsens with death of their siblings. This renders the remaining orphan more vulnerable

emotionally and behaviourally; a situation that present symptoms of depression, post-traumatic depression, suicidality or conduct disorder. Cluver & Gardner (2007b) further conclude that there are few HIV/AIDS academic related studies conducted worldwide most of which are small in nature. Suggesting that, there is paucity of information in this area.

The effects of HIV/AIDS on academic performance of children from child headed families in Zimbabwe have far reaching consequences. In a study that was investigated by Constantino & Ganga (2013), it was found out that children faced many challenged and became subject to negative psychosocial experiences. Having no adults or older siblings in their lives forced the children to assume adult roles. Younger children in Early Childhood Development (ECD) centres were reported to engage in solitary activities as a result of stigma that resulted from labelling mockery and derogatory remarks from others. To this the authors suggested the head teachers had to be keen on ensuring HIV/AIDS related stigma is stamped out of learning environment. Beside the challenges faced, it was also found out that some of the OVC from the child headed families were resilient. This was seen through their positivity in their schooling through opportunities offered to them in terms of sponsorship and excelling in their academic work. However, some children may not be as lucky as those who accessed schools and consequently, they experienced developmental lags, psychological symptomatic disorders (Ganga & Chinyonga, 2010).

OVC on the average suffer without adults in their lives. Absence of adults to provide guidance for the OVC may have the potential to weaken their self-belief, hope and dampen their spirituality. Moyo (2011) observed that, it is important to have adults for the OVC to instil in them a belief system and how to relate to God. This way their spirituality is guided and resilience attained, which inculcates in them a sense of hope and determination to surmount challenges posed in their lives such as: their statuses, poverty, lack of parental figures, discrimination and stigma (Ganga & Chinyonga, 2010, Moyo, 2011).

3.7 OVC in Urban centres of sub-Saharan Africa

Unlike the early 1990's to early 2000s when high HIV/AIDS prevalence was associated with rural people, literature indicates that there are increasing cases recorded in urban centres (Abebe 2008; Cluver & Gardner, 2007). Most of the reported cases of high HIV/AIDS prevalence in the urban are in poor settlements/slums. Such areas not only harbour

infrastructural challenges, but also socio-economic hardships that give the urban centres a face of poverty. For example Kibera slum which is an informal settlement in Nairobi Kenya host one of the largest informal settlements in Africa. In a study by Okwara et al. (2011) with the OVC in Kibera slums in Nairobi, the relationship between psychosocial support scores and psychological wellbeing as a predictor of higher school attendance was sought out. Although the sample size consisted of 398 only children aged between 10-18 years old were included leaving out those below 10 years. The study used questionnaires and face to face interviews with their caregivers indirectly suggesting that there was a methodological challenge in involving the under 10 years. The findings indicate that although schools are located in slums, the slum conditions are not negative to the OVC. Schoolmates in a learning environment were found to play a significant role in the lives of OVC by providing quality time, comfort and relief from stressors.

Schenk (2009) also observes that children who are affected by HIV/AIDS face multiple risks that could be detrimental to their health, education and wellbeing. According to the study, the psychosocial distress associated with this needs heighten awareness and interventions that target OVC are needed to improve their psychosocial health and to promote their wellbeing. Schenk suggests that psychosocial interventions ought to explore, recognise and respond to the needs of vulnerable children in Africa for psychosocial functioning. Although the psychosocial needs of children of various ages in diverse social settings were widely addressed, only 21 were identified to have targeted OVC in sub-Saharan Africa and were incorporated in the study. It is noteworthy that none of these identified studies looked at the issues affecting orphaned and vulnerable children in early learning environments in Sub-Saharan Africa.

Nyamukapa et al., (2008) survey in Zimbabwe measured the psychosocial effect of orphanhood by evaluating the causes and consequences of psychosocial distress amongst OVC. This study focused on children in both the rural and urban high density population in Zimbabwe and sought to gain insight into circumstances of OVC. The findings indicate that OVC have psychosocial distress resulting from parental illness and loss which have a number of immediate or short-term adverse consequences which may affect access to opportunities and human development. Those children in the study who received meaningful support from adults showed less psychological distress. The cohort of children in the survey which focused on orphans only involved children between 12 to17 years of age leaving out those below 10

years. Though this study overshadowed children who are living with HIV, the findings give an indication of how adults can positively contribute to the vulnerable children's wellness. While most of the studies on OVC tend to focus on teenagers and adolescents, the present study was interested in those between four to eight years of age and both the orphaned and those living with HIV/AIDS in ECDE centres.

A review of literature on HIV/AIDS by Kidman et al. (2007) established that, OVC face the stigma of HIV/AIDS, which shed more light on the barriers to their human development in early childhood. Exploring psychosocial related protective factors in child development and assessing the capacity of early childhood centres in the promotion of positive wellbeing in children is significant in identification of intervention measures (Kidman et al., 2007). However, the efficacy of the learning centres in sub-Saharan Africa to achieve this is rarely reviewed or evaluated regularly. Most of the centres that have OVC indicate that these group of children show tendencies of deficiencies such malnutrition, poor physical and mental health, learning difficulties and some report child abuse, exploitation, stigma and social exclusion (Kidman et al., 2007). It is therefore a common phenomenon that many OVC in sub-Saharan Africa are inadequately catered for socially or emotionally and materially supported (Avert, 2014; UNICEF, 2012). Identifying various institutional and social support policies for the protection of OVC is a crucial factor in their development.

Bauman et al., (2006) observed that younger children of mothers with HIV/AIDS have multiple risks for psychological disturbance within the context of psychosocial adversities of repeated exposure to stressors. This is due to their inability to make progressive adjustments in schools when they leave home. According to the author, children may not have knowledge that their parent/s are HIV-positive or with full-blown AIDS but they can sense when they see it. Exposure to their attachment figures deteriorating health, or experience side effects of living with HIV/AIDS, hospitalised, and eventually die is traumatizing. This places the affected children at psychosocial risks and more information about their emotional and behavioural functioning is necessary, which calls for mitigation.

According to the National Association of School Psychologists (NASP, 2005), children below seven years of age may find it psychologically difficult to understand issues surrounding their caregivers' sickness or death. The children could experience psychological challenges which may include, low self-esteem, pre-bereavement isolation, feelings of

uncertainty for the future and high levels of distress related to the experiences (UNAIDS 2008). It is argued that even though children aged seven to ten years begin to understand some of the effects of HIV/AIDS; most of them cannot talk about their fears and anxieties openly (Wisken, 2010). It is these latent fears, uncertainties and anxieties that need to be addressed early in the lives of the affected children.

Akwara et al., (2010) studied vulnerable children with a view of empirically determining vulnerability of children in the context of AIDS. The study found out that, loss of parent/s or living with parents who are HIV/AIDS positive had a strong association on developmental outcomes of children. The study however concentrated on children in the age ranges of 0-4, 10-14, 15-17 years old mostly from Africa leaving out input from the 5-9 years old cohort whose participation would have shed more light on their status of vulnerability. It was suggested that there was need to have a continuous psychosocial support as well as spiritual support for the orphans affected by AIDS in order for them to realise full potential in their life. Thus psychosocial factors potentially have serious implication for the developmental pattern of HIV/AIDS infected children.

Although most of the studies targeted older children, most of them seem to suggest that OVC required external support in terms of intervention to thrive. While most point out their psychological, social and emotional distresses as a result of change in care by non-parents, trauma, stigma, inadequate care and discrimination; external support had the potential to reduce their distresses.

3.8 Children living with HIV/AIDS

Globally there are over 26 million HIV/AIDS infected children 91% of whom are found in sub-Saharan Africa[7]. HIV in children is transmission through several modes. A report on HIV/AIDS by WHO (2011) indicated that 75% of new infections in children were through vertical transmission. The mother to child transmission (MTCT) can occur in utero through trans-placental maternofoetal transmission, perinatally during parturition and breastfeeding (AVERT, 2014; Morobadi & Webber, 2014; WHO, 2013). Other modes of transmission include blood transfusion with blood that is not well screened, cultural rituals, female genital mutilation and sexual abuse (WHO, 2013). According to UNAIDS (2012), one in every five

[7] Statistics: Worldwide; Foundation for AIDS Research, 2014

children born to a woman living with HIV, gets the HIV infection. The effects of HIV infections in the young children come with many complications. They have symptomatic presentation such as: stunted growth, under development of their vital organs, frequent opportunistic infections, diarrhoea, neurocognitive deficits, skin inflammations, depression, neurological problems, opportunistic infections among others (Morobadi & Webber, 2014; UNICEF, 2013[8]).

While it was widely believed that HIV infected children could not survive in their first years of their lives due to the above mentioned complications, many of the children reach school going age as a result of regimen in medication which has been constantly improved on over the years. Global assistance to counter the impact of HIV/AIDS scourge through medication and care, have to a lesser extend provided interventions to the affected children who are more dependent on adults for their survival, but challenges still linger. Complications that result from their medication may lead to heart diseases, malignancies, growth failure, a wide range of skin conditions, renal and bone complications, neurocognitive problems and lung condition among many others (Morobadi & Webber, 2014). This meant that they needed to live quality lives socially, emotionally, cognitively and physically like other children at the earliest opportunity (Cluver et al., 2014; Morobadi & Webber, 2014). Furthermore, this study acknowledged that not much was known about the transitions in the lives of children who have HIV infection in Africa, whether there was adherence to ART or not.

Knowledge of the presence of HIV/AIDS infected children in a learning environment provides for caution, support for their needs and understanding in order to maximize their lives' potential and foster positive quality experiences in their lives (Rickwood, 1998). However, this may not be the case. Death of parents, caregivers or siblings could affect children`s perception of life leading to silence due to the significant stigma and discrimination that was associated with such deaths. A study conducted among children living with HIV/AIDS that assessed child perceptions, emotions and self-concept in Kenya and USA using children's drawings and art revealed that such children were not emotionally stable (Waweru, Reynolds & Buckner, 2008). The death of a parent or caregiver to AIDS was painful and traumatic for the even at their young age. Although the authors argue that most studies on children only examine the caregivers' perceptions of caring for HIV-infected

[8] UNICEF (2013) Towards an AIDS Free Generation- Children and AIDS: Sixth stocktaking Report

children disregarding the children's perceptions, this study gave insight into children's self-perception and emotional state on their seropositive status. The participants' age ranged from 7 to 12-year old children who were already in primary schools and the findings could have relevance to pre-schoolers or children in ECDE programme.

Literature on children with HIV/AIDS and school considerations to ascertain the preparedness of learning institutions' dealing with a population of children who are infected with HIV/AIDS indicates that, acquisition of the infections in children may not be clearly determined (Andersen, 2012; Spears, 2006). Although it was reported that cases of increased enrolment of children living with HIV/AIDS in learning institutions was observed, this meant that there was a great impact on the kind of services and benefits they received. Their lives that were prolonged by various antiretroviral therapies improved their longevity keeping them alive for longer (UNAIDS, 2006). As was notable in some in the studies, there were many children who were possibly living with HIV positive but were unaware of their status (Spears, 2006). These kinds of children who also attend learning institutions face both medical and psychosocial risks that could affect their educational experiences and the general quality of life. It was suggested that early identification, diagnosis and surveillance can help in the alleviation of these risks for there are other specific malfunctions of their immunity which affect their health and wellbeing.

3.9 Disclosure of HIV infected children in learning institutions.

Disclosing the HIV status of children to teachers in learning institutions is always a dilemma for the parents or guardians who fear the reprisal of discrimination and stigmatization of the young children (Cohen et al., 1997). In their focus on school attendance and disclosure of HIV infections in HIV infected children in USA from ages 5 through to 15 years of their schooling, some of the children were surviving longer enough to enter into schooling programmes than had been earlier expected. They were not blind to the fact that the infected children used to be forced to leave school until guidelines were put in place to encourage their school attendance and protection. Some were found to have experienced complications which included absenteeism, hospitalization, missing their medication or physical symptomatic presentations of their illness. However, parents, nurses and clinics worked together to keep them in school. There were other cases whereby some children were found to be unaware of their seropositive statuses whereas the schools knew; while in others both

the children and the schools were aware, and for a few, the schools did not know neither did the children know. This implied that disclosure though dependent on adults in a child's life was not easy. According to Cohen and colleagues (1997), the age by which the child needs to know his/her HIV status in USA is at 9 years.

In the UK, the government recognizes the importance of learning centres support to children who are infected and affected by HIV/AID. However this was arrived at after it emerged that there were many cases of schools' inability to keep confidentiality on children's HIV status which led to many cases of exclusion (Conway, 2005). UK's National Children's Bureau had to emphasize the need for learning centres remaining an integral part of children's lives and HIV- friendly environment where every child was supported and cared for. Those who fell behind in their education work as a result of ill health, hospitalization and hospital appointments were helped. However the debate of disclosure or no-disclosure remained thorny since it was argued that, non-disclosure denied child emotional and educational support.

Atwiine et al., (2015) addressed disclosure of children between 5-17 years in Uganda and found that non-disclosure was prevalent amongst the 5-8 year cohort. This was attributed to their tender age to understand their illness. Due to stigma and discrimination, children with HIV in a resource limited setting were thought to be in a unique context in parts of sub-Saharan Africa (Miller & Rubin, 2007). Hence, family factors including caregiving, beliefs concerning this group of children, disorganized family structures among others, were found to inhibit disclosure. This affected the children's general care and wellbeing. It was also reported that disclosure of the HIV positive sero status children to schools was uncommon making it hard for them to have service that can promote their wellbeing. However, it was unclear how many positive sero-status children went through learning institutions every year in most of the sub-Saharan countries (Atwiine et al., 2015; Campbell et al., 2015; Miller & Rubin, 2007). Whereas there were various categories of these children, with some living longer lives and others being short-time survivors, Lancet (1994) and Cohen et al (1994) reported that a substantial number were surviving beyond their early childhood and did not experience rapid progression of their HIV to AIDS status. Thus, a bigger number were potentially able to live into their adulthood with mitigative processes. Hence, psychosocial experiences of these children in their learning environment are of interest to this study.

Busman (2010) study on psychosocial adjustment of children in Ugandan schools suggested that children who are living with HIV/AIDS have psychosocial challenges which range from poor socialization, feeding, overprotective parents, stunted growth, loss of functions in their physical abilities, isolation and fear. All these make the children slow in schools due to a compromised immunity system. It therefore becomes difficult for educators to plan for such children alongside others. Bhana (2010) suggests that scaling up of understanding of HIV/AIDS infections in younger school going children was very important for their wellbeing. This potentially placed the children in a better position to understand their own bodies and to access services they need. However, there is still need for sharing information concerning children's status with all those who handle them in learning environment. Without prior knowledge, teachers can be overwhelmed, ill equipped and unable to address their needs effectively (Kendall & O'Gara, 2007).

3.10 Assessing the needs of OVC

The needs of younger OVC affected or infected by HIV/AIDS pandemic can be identified by using some assessments within the environment they live in. Otaala and Hayden (2005) used three types of living situations to identify developmental needs of young OVC who had never been assessed psychologically or even accessed counseling. Most of the children in the study were orphans or had mothers who were known to be HIV positive. Health and wellbeing were cited to be a set among the various needs that were assessed. The findings indicate that children's narratives revealed a sense of confusion especially for the bereaved one with some believing there was something wrong with them. It was also revealed that access to resources for stimulating cognitive, emotional and psychological development, is crucial in addressing psychosocial needs in younger children. Most of the children including those who had HIV and AIDS expressed visions for their future lives; related strongly to life experiences of becoming doctors, policemen, and undertakers among other careers. These were indications of their stability when in a collective environment. The study suggested that for sustainability, daytime preschools and primary school programme that provided meals medicines and stimulating experiences for young children to be set up. This potentially placed the children in an environment where they can be monitored for changes in their psychosocial behaviors. Within the learning environment the teachers may maintain routine that keep children engaged, have safe environment to talk sensitive issues and inculcate in

them positive views (SAMHSA, 2013). However, there is need to have a health professional or a social worker to work with teachers in assessing the OVC in learning environment.

3.11 Situation of OVC in Nairobi Kenya

The Government of Kenya's (GOK) National Plan of Action for orphans and vulnerable children 2007-2010 defines orphans as children below 18 years who has lost one or both parents as a result of death. Kenya by law, does not recognise social orphans (children having one or both parents who may be alive but unable to perform their parental roles due to poverty, divorce or experiencing other calamities (Pagner et al.,2008 p. 35)). Although Nairobi County is ranked 5th in HIV prevalence rate in Kenya, it accounts for the highest number of young adult people living with HIV. Although urban areas were found to have pockets of high HIV prevalence, the poor slum areas were also found to be in the vortex (KAIS, 2001). For example, Majengo slums in Nairobi are well known for having many of the women who are at risk of HIV infections as a result of continuously practicing sex work. Other slums include Huruma, Mathare, Korogocho, Kariobangi, Kibera, and Mukuru among others. These areas also contain very high number of informal orphanages that cater for disadvantaged children who are rescued from the street and abandoned OVC affected by HIV and AIDS, a clear indication of the devastation of the AIDS pandemic. An estimated number of over 120,000 newly HIV infected children in Nairobi were reported to have been come from the slum areas (KAIS, 2009). The same report indicated that over 10% of pregnant mothers were found to be HIV positive which implied that most of the paediatric infections are through mother to child transmission (MTCT) (NASCOP, 2005). In 2013 only, there were over 12,940 new HIV infections in children with a range of 9,300 – 17,000 (NASCOP, 2014). This directly impacts on the children born and with a higher survival rate; end up in ECDE centres for school preparation.

In a study carried out in Kariobangi, a slum area of Nairobi Kenya, children who had been identified to have been perinatally infected with HIV were found to have lagged behind their counterparts in school (Kamau et. al., 2007). The study suggested that, this was associated with negligence from caregivers, and consequently, they were found to have hearing impairment, poor health from opportunistic infections and hospitalisation, anxiety disorders and depression. This appears to suggest that the slum conditions and irresponsible primary caregivers are likely to aggravate the risks in the lives of younger children living with

HIV/AIDS. Although Campbell et al., (2015) acknowledge the role of learning institutions play on the wellbeing of children who are HIV-affected, the study indicated that the vulnerability of children can be manifested in their schools if care is not taken into consideration. Peers who are expected to be supportive may be the agents of persecution. It was suggested that even as schools served as supportive and inclusive environment, there was need to ensure the wellbeing of all children (Campbell et. al., 2015).

3.12 ECDE centres in Kenya

UNICEF's Multi-Country Life Skills Initiative 2003-2006 underscored the importance of learning centres not only as venues for structured learning, but also places where assistance can reach a large number of children who are at ages of vulnerabilities to mitigate actual risks (UNICEF, 2007). Referrals for those who were found to be requiring more specialised services were to be provided from their learning centres while at the same time, focusing on the importance of education. OVC were particularly singled out to be targeted in terms of developing their knowledge, life skills and contributing to sound psychosocial health (UNESCO, 2007). However, very little is known of the implementation of this on a wider scale in preschools or ECDE centres in sub-Saharan Africa.

ECDE centres in Kenya began as pre-school community project in the 1970s supported by UNICEF, and later established as a national programme in 1984 by the Ministry of Education in collaboration with the Bernard Van Leer Foundation (BvLF) (BvLF, 2004). Under Presidential Circular Number One of 1980, the pre-school programme which was under Ministry of Culture and Social Services, was officially transferred to the Ministry of Education (UNESCO, 2005) and managed by Kenya's Ministry of Education holds the National Centre for Early Childhood Education (NACECE) in Nairobi (Wanjohi & Karanja, 2009). This was then devolved to sub-centres namely: District Centres for Early Childhood Education (DICECE) and City Centres for Early Childhood Education (CICECE) are responsible for the coordination of the ECDE programmes. Emphasis in Kenya's ECDE has been on institutionalised learning to children between the ages of 3-6 years as a foundational preparation for formal primary education (Murundu et. al., 2010). Due to development lag in some of the children, their age may vary. The ECDE programmes are designed to cater for children from the age of two and half years to six years (UNESCO, 2005; Mbugua, 2004). And since early childhood is considered a very important phase in human development, there

is need for it to be supported to promote child development, survival, protection and social participation (UNICEF, 2006).

The ECDE programme in Kenya is administered through a decentralized structure from NACECE to CICECE, DICECE and MUCECE, which are charged with all educational matters concerning children in early ages (KIE, 2004). A Presidential Circular Number 1 of 1980 transferred the preschool programme which was hosted in the Ministry of Culture and social services to the Ministry of Education Science and Technology. Later, a ministerial Sessional Paper No. 1 of 2005 spelt out the integration of ECDE into basic education by 2010 but this policy had not been fully implemented at the time of this study. The Ministry of Education had plans of having all the children from ages 4-5 years in the free primary education programme while targeting a population of approximately 2,193,071 children. The delay in the implementation was believed to have been as a result of opposition from other stakeholders who had vested interests and ran their own ECDE as enterprises.

The early childhood education programmes which are mostly situated in the urban areas of Kenya had the initial aim of preparing the children for primary education by introducing basic numeracy and literacy skills (Kipkorir & Njenga 1993; Mbugua, 2004). Parents expect the children to gain social skills as well as a custodial care when they were at work (Muganda, 2003). The Kenyan ECDE centres are therefore charged with the responsibility of promoting the Kenyan child in the areas of cognitive, psychomotor, socio-emotional, moral, spiritual and cultural development; and to provide a positive, warm and nurturing climate for children where meaningful learning could take place (Republic of Kenya, 2006). The centres' activities were expected to focus on the strengths and the uniqueness of individual children, which make them feel valued and respected. With growth and expansion of the ECDE programme, NACECE/DICECE attempted to adopt a holistic approach to the support of children's growth and development by seeking to include health, nutrition, growth monitoring and promotion; and to an extend age appropriate psychosocial support (Kenya Institute of Education, 2001).

Kenya's ECDE centres have undergone transformation since their inception during the colonial days to date. Initially the centres were set up in Nairobi to cater for the children of colonial workers as custodial centres when parents were on duty (Mbugua, 2003). They later

transformed into education centres known as the nursery schools in 1972. Currently, ECDE centres operate under different titles as follows:

a) ***Day Nurseries*** are children centres are mostly located in Nairobi County. They cater for children between the ages of two-to-five years old or slightly older (2-5+ years old) and are managed by the city and municipal education offices. They have the sole role of providing custodial care, some formal learning, food, early stimulation, health and nutritional surveillance.

b) ***Kindergartens*** are privately owned childhood centres found in urban areas and are run on a business model, costly but well equipped. They cater for the children of the rich and elite who are aged between 2-5+ years in the urban areas.

c) ***Pre- schools*** are community nursery schools which are usually located in the rural areas of Kenya. These institutions offer early childhood services for children between the ages of 3 – 5+ years. They are run by parents, communities and in some cases the local authorities. They render services which include custodial care for children when parents are at work and some learning.

d) ***Pre-units*** are sometimes referred as the preschool units or ECDE units. These are reception classes attached to public primary school for young children in urban centres. They are designed to cater for the educational needs of children from the age of 4 - 5+ years with the aim of giving a head start for formal learning in the primary school grade one.

e) ***Madarassa*** are mostly found in urban centres and rural areas which predominantly serve the Muslim communities. These preschool institutions offer care and Islamic religious education for children who are between the ages of 2+-5 years. The classes are usually held in the afternoon to evening.

According to the Kenya Institute of Education (KIE, 2004), ECDE programme consists of communication skills, manipulative skills, awareness of immediate environment and aesthetic development. The focus of the programme is on cognitive skills, exposure to general knowledge in various fields, life and social skills. The child is also expected to be exposed to national values, interpersonal relationship, independent personality, respect for others, tolerance, accepting similarities and differences. Linguistic and symbolic literacy, technology, sensitivity to aesthetic art and artistic expression are some of the skills expected of a child who graduates from an ECDE centre. All these are supposed to be implemented through ECDE guidelines. Kenya's early childhood development services standard guidelines spells out general objectives for ECDE which includes: basic education skills, enjoyment through play, promotion of children self-esteem and confidence, self-expression, creativity,

exploratory skills and discovery, self-efficacy, self-awareness and that of others, promotion of culture and acceptable values, provision of spiritual and moral growth, health, care and nutrition, promotion of child's aesthetics and artistic skills among others (Republic of Kenya, 2006). These guidelines were designed to give a holistic approach to preparing children for schooling in Kenya. However, failure to fully incorporate ECDE into the mainstream education system was reported to be one of the major weaknesses of Kenya's education structure (KIE, 2004; NACECE, 2004; Republic of Kenya, 2006; Task Force Report, 2012).

Although the Kenyan government recognizes the role ECDE centres play in providing emotional, cognitive, physical, moral values, spiritual as well as aesthetic development, the government has been unable to centrally regulate the ECDE programme. In her Strategic Planning Report (2008), Kenya's Ministry of Education projected an ECDE enrolment for the years 2009 to 2015 to swell from 1.8 million to 2.0 million in 2012 and between 2.4 to 3.0 million in 2015. This projection does not factor in provisions for expansion which pose major challenges to the diverse needs of the ECDE children. Most of ECDE centres in urban areas were found to be located in church compounds, social halls and private homes (Task Force Report, 2012); while those in public schools were visibly crowded. The task force also noted that the quality of services offered was not clearly spelt out and that, the ECDE operate under different titles making the situation more complex. Therefore, gaps that exist include the physical shortages of ECDE centres that are relative to existing demand, suitable facilities and qualified personnel. There was little evidence from the task force report that, there is much consideration for children who are orphaned and vulnerable in the context of HIV/AIDS including those with special needs. The implications are grave since there seems to be a lack of focus on psychosocial goals and consequently, poor understanding of the need to meet the psychosocial needs, support mechanisms and sustain the wellbeing of OVC in ECDE centres' environment.

3.13 Psychosocial developmental needs of OVC in ECDE programmes

Meeting developmental need of children who are orphaned and infected with HIV/AIDS is challenging especially in the ECDE centres. According to Chanyuka (2004), this group of children have various needs which include immunization against childhood diseased, emotional attachment, risks of neglect, sadness and anxiety, under processing grief and bereavement, need for safety and a caring environment. Mitigation therefore becomes

essential for enhancing their wellbeing. According to The Consultative Group on Early Childhood Care and Development (2002), meeting physical, physiological, social, spiritual, intellectual, cultural, social and emotional needs; is essential for children's healthy personality. An environment that is stimulating is critical in the enhancement of children's holistic development. ECDE centres can harness this through programmatic approaches that are geared towards addressing children's needs of physical activities, self-definition, creativity, social interaction and participation, competence and achievement as well as addressing the need of attachment (Consultative Group on Early Childhood Care and Development, 2002; K.I.E 2004, NACECE, 2004).

3.13.1 *Child activities in ECDE centres*

ECDE centres have several activities children engage in which are rich ingredients for their holistic development. These activities conducted which include indoor and outdoor engagements are expected to be stimulating to the children. According to WHO (2010), most of the activities children engage in outdoors are physical in the form of structured and unstructured, which require lots of energy and are good for the development of their skeletal muscles. Whereas the structured activities may require the supervision of an adult, the unstructured are free and mostly initiated by the children themselves. According to Hart (2002), play is fundamental to all domains of childhood development since children have a natural urge to explore, touch, manipulate and experiment which they get in most of the outdoor activities. Opportunities to play on school grounds establishes spaces children may not have elsewhere to be children and these spaces give the children a sense of place where they belong (Hart, 2002; Tranter & Malone, 2004). The other outdoor activities that involve travel and touring are equally significant in giving children new experiences to away from familiar territories. According to Clark and Moss (2011), tours reframe children's perceptions, provide enjoyment and widen their scope of understanding of places in different environment. This is particularly important to the OVC since the new experiences open them to the world. Thus the children's experience growth and sensory enrichment in outdoor spaces where more learning continue to take place, and where they acquire social skills to be able to manipulate their own environment; improving their general wellbeing.

3.13.2 *Role of teachers*

Teachers in the ECDE centres play a very significant role in the lives of the children who come to the centres. Besides teaching children the 3Rs, the Kenyan teachers are responsible

for translating the government policies by ensuring that systems are in place to protect the children's general wellbeing and opportunities in life, as well as promoting ethos of understanding, tackling discrimination and meeting needs of all children with sensibility and respect (UNICEF, 2004). Franks et al (2003) points out in their study that, teachers of ECD and elementary levels deal with more in their career than what they trained for. They care, protect, help children access health, nutrition and other services (Campbell et al., 2015). They have to content with giving support to children with diverse needs including those affected by HIV/AIDS. The study noted that, no attention had been given to factual knowledge where preschool children living with HIV/AIDS attend ECDE centres. A suggestion was made for teachers to be given basic training on practical skills in handling such children in their classes, their emotions and their families in terms of the fears, anxieties of their own deaths, of parents and any other eventuality.

Teachers are a very significant protective factor for the OVC in institutions of learning. However, the assumption by many that teachers are the most suitable persons to provide psychosocial support in learning institutions, including handling all issues concerning OVC in the context of HIV/AIDS, often forces them to assume new responsibilities and operate beyond their general knowledge and experiences (Wakhungu. 2011 p.45). This compels the ECDE teachers to be versatile when required to handle matters that they know very little about such as; managing children who are living with HIV/AIDS in their classes and having insufficient training to accommodate their needs together with those of other OVC.

Although learning centres play an important role in the development of children's capabilities, personal resources and skills; there is need to develop strong beliefs in their own abilities to deal with adversities (Feinstein, Budge, Vorhaus & Duckhworth, 2008). The presence of other children in the ECDE centres environment provides opportunities for peer interactions and group activities that are essential for children preparing to progress into the primary schools. This has to be facilitated by the teachers for OVC to benefit like any other children from these interactions since they provide for lives' adjustments in many aspects. This enables them have appreciation for other children from similar or different backgrounds. The ECDE experiences have been found to enable the OVC gain different abilities, facilitate their growth and development in social skills including self-identity/concept and self-efficacy which build their confidence (Feinstein et. al., 2008; Githinji & Kanga, 2011).

When children are assigned tasks by their teachers either individually or in groups during learning activities, it gives them an inclination of success and by extension, a sense of achievement despite their adversities. This boosts their autonomy and resilience. Children who have a sense of purpose for their future heighten their sense of problem solving skills which can aid them in responding to adversities (Feinstein et. al., 2008). Therefore, ECDE teachers who offer social interaction, promote integration, social networks which are vital in resilience building, better psychological and physical outcomes. In addition, the ECDE centres environment encourages bonding amongst the children, with their teachers and friendship amongst peers which creates confidence. Other developmental outcomes of their educational and social experiences in ECDE augments the OVC's cognitive, psychological, social, emotional, as well as spiritual skills for their lives later. Thus, their personal resources, skills and belief in their abilities to deal with different situations are enhanced in these centres (Budge, Borhaus and Duckworth (2008).

Teachers' role in the promotion of coping in children who are affected by HIV/AIDS in South Africa was found to offer systems of identification to provide support to the OVC and extended some support to their families (Ebersohn, 2011). The study found teachers to identify vulnerable children through the physical outlook, emotional expression and health. Through this identification process, referrals were made for access to grant information and application processes for their support. Health services were also shared especially for support, care and a school based clinic in partnership with local medical personnel to handle those who were HIV positive. More support was reported to have come through feeding and nutrition programmes that were introduced by establishing kitchen gardens. In all these, the teachers engaged with local communities where volunteers were meaningfully engaged together with other stakeholders who were interested to help. These relationships created by teachers were very significant in enabling the OVC cope and thrive in their difficult circumstances.

3.13.3 *Children's agentic roles*

Ebrahim (2011) foregrounds the concept of young children as agents of control and social lives in early childhood education centres. Routine and peer culture in collective activities on the playground as well as mealtimes were found to play a significant role in fostering children agency. The study that involved 3-4 year old children from KwaZulu Natal, clarifies the notion that younger children can be active agents in their early childhood institutions. The

researcher asserts that the agency of young children has to be included in empowerment approaches that see children as key in the production of knowledge and understanding of their own lives. In reflection to the current study, children designed objects and engaged in activities in ECDE institutions that were geared towards school readiness. And just like the children of KwaZulu Natal, finding opportunities in activities they derive fun in by using the strategy of collaboration, the children get empowered to manipulate their environment to suit them. These possible agentic competences of children as it applies to the younger OVC in ECDE environment in Kenya, together with the teachers' role in providing necessary tools of dialogue were in focus in the current study, in order to ascertain generating greater possibilities of engagement and inclusive participation.

Skovdal and Ogutu (2013) looked at the agentic capabilities of OVC in the context of HIV/AIDS and how they are enabled to cope with hardship through friendship. The study indicated that friendship and peer support play very significant roles in the wellbeing of the OVC. While the study explored how OVC organized themselves into groups and used these groups for support in terms of sharing experiences, only teenagers were involved. It could be interesting to know how this applies to children at the lower levels of learning. The study which was located in the rural areas in western Kenya a region that still holds communal family model systems where a village brings up her children is uncommon to urban practices of raising children which tend to isolate children from their neighbours and other community members.

According to the works of Sullivan (1892-1949) in Kemp (2004), younger children need acceptance and a lot of adult/s participation in their lives. When the need for social acceptance is not met, children suffer a lowered sense of self-worth. Children's friendship and peer support are very important for the provision of companionship, stimulation, physical support, affection social comparison and intimacy. Children are able to have familiar playmates that spend quality time together and collaborate in activities. This can happen in an environment that provides time, resources and assistance to benefit the young children. When children are brought to school by parent/s or guardians, expectations of support, encouragement, feedback that maintains impression of them as competent attractive and worthwhile being are of essence (Alderson, 2010). Sullivan's works also add that children look for affection which provides for a warm, close trusting relationship, similarity; and intimacy which relates to self-disclosure, enable children to share private thoughts, games and enjoyment. The ECDE environments have the potential to provide OVC needs for

attention, acceptance, respect, belonging, achievement and friendship (Sullivan, 1892-1949). However, this is only possible through the agentic nature of children through an enabling agent of their caregivers at home or their teachers.

3.14 Policies that target vulnerable children in Kenya

The Government of Kenya through implementation of the World Articles and policies that relate to children is expected to make all Kenyan children beneficiaries of a better future by ensuring that their needs and rights are met. A highlight of policy documents is therefore vital in ascertaining the role played by the government in ensuring OVC are well cushioned and mechanisms that have been put in place for implementation of such processes.

The government of the Republic of Kenya has made a commitment to uphold the welfare of all children aged 0-17 years (Republic of Kenya, 2006). Kenya is a signatory to various world articles that protect the rights and welfare of children. This demonstrates Kenya`s commitment to upholding global values for child development and protection. For example, Kenya ratified the following world articles; United Nations Convention on the Rights, Welfare of the Child (ACRWC), The Hague Convention on the Protection of Children and United Nations Convention on the Rights of the Child (UNCRC. By so doing, the Kenyan government domesticated the promotion of rights and welfare of children. Furthermore, this promotion of child development was also reflected in Kenya's national laws and policy guidelines which advocate for and protected the rights of children. This includes:

- The Government of Kenya Policy Framework on Early childhood development (2006),
- The National Early Childhood Development Services Standard Guidelines (2006a),
- National Policy for Orphans and Vulnerable children (2005),
- Kenya Vision 2030 (2008a),
- National Social Protection Policy (2006b),
- The Children's Act (2001),
- Millennium Development Goals (MDGs)
- the Constitution of the Republic of Kenya (2010)
- National Social Protection Policy (2008b).

Although all these national laws and guidelines have been handled and scattered across various government ministries, they also have limited provisions spelt out in policies, strategies and resources to counter the challenges of increasing numbers of younger OVC.

For example, the Constitution of Kenya 2010 Section 2 (53) does not fully address the HIV/AIDS statuses in children. Instead that provision is made for adults only and it could undermine the wellbeing of this group of children.

The social protection policy provision on the other hand only constitutes a set of actions plans that are specifically directed at helping children who are at risk of adversity. Through preventive and protective programmes, social protection plays a very important role in supporting and maintaining vulnerable children by preventing and responding to forms of harm (UNICEF, 2008). Kenya's Ministry of Social Services which is located in the office of the deputy president mandates the ECDE centres to adhere to the national social protection policy provisions. But the same service is handled by the department of gender, children and social development, whereas education for basic education is located in the ministry of education. While ECDE centres are expected to provide intervention strategies that promote access to early childhood development programmes for all children including the OVC, scattered services in different ministries could a hindrance in effectively addressing psychosocial issues affecting them. Given the age sets in ECDE centres comprise of children who are developmentally fragile, those OVC affected HIV/AIDS are at a higher risk of threats such as death, malnutrition, delayed cognitive development and other childhood dangers (WHO, 2010; UNICEF, 2008). Protecting the children through the promotion of their wellbeing, availability of basic services as well as safeguarding their legal and human rights ensures that all children thrive to realise their potential.

ECDE centres in Kenya which currently operates under the Ministry of Education Science and Technology (MOEST) did not until 2010 have ECDE inclusion in the legal provisions of the Education Act (Task force Report, 2012). Instead, the report indicated that, MOEST operated under the partnership policy which was the policy framework that directed MOEST on the provisions of ECDE in Kenya, thus disenfranchising the ECDE centres. This meant that since ECDE was not centralized and factored in the mainstream education system, OVC especially those in the context of HIV/AIDS were more disadvantaged. In such a situation, there was no proper budgetary provision and planning for this level of children potentially compromising their right to desired services.

Early Childhood Development (ECD) Policy Framework and Service Standard Guidelines were developed as a result of Sessional Paper No. 1 of 2005 for the purpose of improving

services to ECDE centres and other children institutions in Kenya. For the preschoolers aged between 4 years old and 5 years old, the following service guidelines were provided.

- Protection from physical danger.
- Adequate nutrition and health care.
- Appropriate immunizations.
- An adult with whom to form an attachment.
- An adult who can understand and respond to their signals.
- Things to look at, touch, hear, smell, taste.
- Opportunities to explore their world.
- Appropriate language stimulation.
- Support in acquiring new motor, language and thinking skills
- A chance to develop some independence.
- Help in learning how to control their behaviour.
- Opportunities to begin to learn to care for themselves.
- Daily opportunities to play with a variety of objects.
- Opportunities to develop fine motor skills.
- Encouragement of language through talking, being read to, singing.
- Activities that will develop a sense of mastery.
- Opportunities to learn co-operation, helping, sharing.
- Experimentation with pre-writing and pre-reading skills.
- Hands-on exploration for learning through action.
- Opportunities for taking responsibility and making choices.
- Encouragement to develop self-control, cooperation and persistence in: completing projects, support for their sense of self-worth, opportunities for self-expression and encouragement of creativity

The above policy guidelines though well designed to offer all forms of support with intention of holistic development of all children, most of the services are probably out of reach for OVC under study. This is because within the urban settings and in the context of HIV/AIDS, responsible adults may be unavailable to the children to give them the much needed stimulation.

3.15 Researching with children

Research with younger children aged between 4-7 years in sub-Saharan region is often regarded by many as a very challenging endeavor due to their ages and verbal competences (Abebe, 2009). Furthermore, it was observed that some African cultures conceptualized childhood negatively by giving children an inferior social status. This possibly explains the

gaps in literature on the under 8 years in research. Although strict adherence to ethical considerations is highly required when researching with children, there is equally need to design and use child friendly methodology. This is to give recognition to children as important participants in research and that their voices, experiences and expressions are recognized (UNCRC, 1989).

According to Cluver & Gardner (2007a), involving child participants aged between 8-19 years may require them to be identified by teachers and social workers. Schools, homes and welfare centres provide natural venues for researching with them. Such children can be given options of research tools such as worksheet based semi-structured interviews of popular cartoon characters and also allowed to choose their preferred language for their interviews. Methods such as cartoon and vignettes were found to have been useful in other studies of HIV/AIDS affected and low-literacy homeless children to be significantly useful (Cluver & Gardner, 2007). Although this was possible in a South African context, it can be difficult to replicate in other sub-Saharan contexts especially where children are not exposed to other forms of media to understand cartoons.

In a study carried out in Zambia on childhood methodology and 'voice', it was suggested that, researchers need to know what 'child-oriented methods in research accomplish and how children find methods useful towards their own means of providing data (Hunleth, 2011). According to the study, children needed to be seen as active rather than passive participants in research. Therefore those who investigate on experiences of children need to do research with children and not on children (Hunleth, 2011). Terminologies such as 'child oriented', 'child friendly', 'child-led', and 'childlike' are termed as commonly used by researchers with intent of making research fun and relevant to children. Methods such as drawing, focus group discussions, drama, games, and child-led tape recording or video recording in the research were also found to be appropriate for research with children as much as they were adult oriented in nature. A good number of researchers who have researched with children contend that, drawing enables a child to express complex ideas, emotions or hard to talk issues they may not verbalise (Alderson, 2007; Cox, 2010; Malchiodi, 2014). They also noted that it gives the children time to think deeply over an issue and creatively put it in this non-verbal expression.

Participatory qualitative methodologies are considered the most suitable approaches to explore children's views (Schenk, 2009). In exploring participatory methods for children, the researcher argues that, children have a right to protection from trauma and exploitation that could result from exposure to research processes. Thus, according to Schenk, the method most preferred for researching with children includes focus group discussions (FGD). This is because it allows children to handle heavy issues in a safe environment. However, this method only applies to those children who have very good verbal competencies and abilities to sustain discussions well unlike the under 8 years old who still have low verbal competencies. The study also contends that, children's research involvement requires close and prominent adherence to ethical principles underlying their participation. All the above studies informed this study's methodology, while the ECDE centres offered a natural environment and the use of child friendly methods that also involved their teachers.

3.16 Chapter summary

The literature reviewed in this chapter shows that HIV/AIDS has continued to escalate within sub-Saharan Africa and this has compromised the wellbeing of children due to other underlying factors. Although learning institutions have the capacity to enrich lives of affected children, it should be noted that studies highlighted so far fall short of effectively addressing the psychosocial support and wellbeing of OVC below the age of ten years in ECDE programmes in Sub-Saharan Africa. In fact, there is insufficient research evidence that shows what governments in sub Saharan African can do to support and promote the wellbeing of orphaned and vulnerable children below the age of ten years who are affected by HIV/AIDS in resource poor urban communities. In addition, policies on OVC in Kenya are not clearly structured to address the younger children. Furthermore, researchers who conduct studies on OVC tend to rely mainly on quantitative methodologies which are largely reductionist in nature, driven by adults who report on behalf of the younger children; thus largely leaving out the voices and lived experiences of younger child participants.

CHAPTER 4 METHODOLOGY

4.1 Introduction

Methodology is a fundamental element in research for framing a study in form of paradigms chosen, data collection procedures, tools of assessment and activities. This chapter explicates the methods used in this study. A description of research design, sampling procedures, instruments, ethical consideration, data collection and analysis procedures are given. This chapter also looks at the qualitative research activities for the targeted participants.

4.2 Qualitative Research Design

This study employed a qualitative research design which incorporated an exploratory approach. A qualitative design was adopted for this study because of its emphasis on subjective views of the lived experiences of the researched and their world. Creswell (2003) also observes that because qualitative designs lean on non-numerical data, and they enable researchers to explore study issues with attentiveness and sensitivity while looking for meanings in experiences of the researched. Besides collecting data in texts, images and naturalistic reports, qualitative research approaches engage in exploring, describing and interpreting participants' experiences in order to understand their own frame of reference or world view of phenomena in their lives (Creswell, 2009; Smith, 2011 p.2). These factors were crucial to this study due to stigma that is often associated with the HIV and AIDS pandemic. It was especially important to get subjective views of the OVC to ascertain their experiences of psychosocial support and wellbeing. In addition, the design also allows for application of multiple interpretations and meanings upon reflection on the context of the collected data. Gray (2009) concurs that, a qualitative study enables researchers to gain not only a deep and intense engagement with the data presented but also a holistic overview of the context under study.

According to Mouton (2011), qualitative studies allow the researcher to record, observe or collect from the participants a full, accurate and unbiased record of experience by the respondents. Thus, the researcher is enabled to access information from participants on issues that are of extreme importance to their wellbeing (Szelag 2011). This cannot be accessed through quantitative designs. Although qualitative research is a broad approach encompassing different blends of strategies (Creswell, 2009; Mouton, 2011), the current study required a variety of data gathering to obtain the flexibility needed when researching young children's wellbeing.

Qualitative researches are particularly useful in circumstances where little is known about a phenomenon, and open to multiple interpretations (Denzin & Lincoln, 2000; Gray, 2009; Saunders et al., 2007). The qualitative approach utilised in this study allowed for access into the lives of the young OVC in ECDE centres where there was scant existing information. Through this approach, salient issues were brought to the fore, giving a deeper insight into the dynamics in the lives of being OVC. In particular, a qualitative approach enabled the researcher to get the children's perspectives on psychosocial support and wellbeing, because this required close attention to the data to makes sense of their experiences and meanings these held (Denzin & Lincoln, 2005; Simons, 2009). The study sought to tap into the inner feelings and thoughts, views and opinions of both the younger OVC and those of their teachers (Simons, 2009).

4.3 Methodological perspectives

This study incorporated several strategies and methods in this study. A study's methodological perspective gives the overall lens of the approach into the inquiry which shapes the tools of assessments and instruments. It also informs the processes of data collection and analysis, and provides a call for action (Creswell 2009; Denzin & Lincoln, 2000).

4.3.1 *The study approach*

A case study approach was chosen as a basis for achieving the study's objectives. A case study is defined as an empirical study that investigates a contemporary phenomenon 'within a real-life context especially when boundaries between phenomenon and contexts are not evident (Yin, 1984, p.23). It often necessitates multiple data collection approaches. Principles of conducting case study research suggested by Yin include: multiple sources of evidence, creation of data base, and maintaining a chain of evidence. Case study inquiry allows an understanding of issues while at the same time allowing the researcher to retain meaningful characteristics and holistic events under study (Hartley, 2004; Yin, 2003). Case studies allow researchers to explore in depth a programme, an event, an activity, a process or one or more individuals (Creswell, 2009). Gray (2009) observes that case studies allow for a generation of multiple perspectives through multiple data collection methods of collecting data on the same phenomenon or individual.

A disadvantage of case study is that findings are not necessarily generalizable. However, they can be put forward as being potentially applicable to other cases (Punch, 2005). It was proposed that the findings from the slums of Nairobi could serve as a representative of the broader nature of the OVC in ECDE centres among low-income groups. Exploratory research investigates a specific phenomenon for the purpose of bringing to the fore salient aspects in that phenomenon (Mouton, 2011; Yin, 2003). The case study approach for this study arose from the need to understand experiences and perceptions of psychosocial support and wellbeing from the perspective of OVC, and at the same time to assess the meaningfulness of their experiences in a holistic manner (Hartley, 2004; Yin, 2003).

Case studies require localised boundary of space and time (Creswell, 2009; Denzin & Lincoln, 2000). The current research was restricted to one county in Kenya. The Nairobi County was representative of other counties with related characteristics in Kenya. The location of the study was ideal in getting a representation of children from many areas and ethnic backgrounds, having a concentration of large numbers of OVC and many ECDE centres. These were found to facilitate matching participants' characteristics with the nature of the phenomenon that was being investigated within a real life context.

The case study provided relevant information required for the study and it enabled the researcher and participants to work freely with flexibility and sensitivity (Hartley, 2004; Yin, 2003). It would have been difficult if more centres in various locations had been considered for the study. The researcher also required to be patient and sensitive to data collection activities in order to draw insights into the OVC's experiences of psychosocial support and wellbeing (Denzin & Lincoln, 2003). A description of OVC real life experiences was sought to enable the researcher to develop a deeper understanding of the activities, perceptions of participants and the processes that promoted child support and wellbeing. This provided for a deeper understanding of the phenomenon under study as well as other processes involved (Punch, 2003).

The case study approach allowed the researcher to actively involve younger children between 5 years old and 7 years old in data collection, incorporated multiple data collection perspectives and handled varied viewpoints from participants. The case study approach provided an opportunity for children between 5 and 7 years of age to actively engage in data

collection. Qualitative researchers have argued that, active involvement of the participant is axiomatic in producing meaningful results in research processes (Simons, 2009). Multiple sources of evidence were used to help to interpret data concerning children`s psychosocial needs, exposures to risks, support they received through available protective processes and their general wellbeing. The data collection methods included: interviews, visual stimulus illustrations (VSI) and related questionnaire, drawing activities for children, focus group discussions, questionnaire completion, and infrastructural assessment sheet. A considerable amount of fieldwork was necessary in order to create a rapport and gain trust with the child participants in order to obtain first hand concrete evidence of their experiences.

4.3.2 *Sample and sampling procedure*

Appropriate sampling of participants is an important factor in determining whether the researcher is able to make plausible conclusions on the basis of the data (Simons, 2009). In the current study, purposive sampling was preferred over other forms of sampling for the purpose of gaining in-depth information rich output in various forms (Denzin & Lincoln, 2000). The sample of teachers was knowledgeable about the phenomenon of OVC in the classrooms, and the children had experienced the phenomenon under study (Creswell & Clark, 2011). ECDE centres that had transition classes for children to public primary school education were preferred for the study. This is unlike the private schools' ECDE structures which have different categories of classes which include playgroups, nursery and transition levels. The criterion for choosing the two sampled ECDE centres required that they be annexed to public a primary school and also located in a slum environment.

The child participants were also purposively sampled using the following inclusion criteria: aged between 5 years and 7 years; orphaned due to AIDS, or they themselves living with HIV/AIDS, on anti-retroviral medication, or had households parent/caregiver/relative living with HIV/AIDS, were adopted into child care institutions or families, or whose family fostered orphans whose parents died from AIDS. It was believed that the sample population bore the attributes that was to serve the purpose for this study. However, recruitment of the child participants faced several challenges. Initially it was difficult to know from the main school records whether individual children met the inclusion criteria. However, class teachers, who were privy to the necessary information, identified the eligible children. These teachers used not only government guidelines on OVC policy that specifies which category of children are considered orphaned and/or vulnerable (GOK, 2004); but also the information

they already had. Only those who were identified as OVC due HIV/AIDS were included in this study, and only those who were present at the time of sampling were targeted. Their statuses were not disclosed to them during the sampling or study process. The sample for OVC included 21girls (5 from Centre 1 and 16 from Centre 2) and 24 boys (9 from centre 1 and 15 from centre 2) and their composition is described in the table below.

Table 1 The composition of the child participants

Category of children	**Centre 1**		**Centre 2**		**Total**
	Girls	**Boys**	**Girls**	**Boys**	
Maternally Orphaned	2	3	4	3	**12**
Paternally Orphaned	1	2	5	6	**14**
Double Orphaned	1	2	3	4	**10**
Critically ill Households	2	1	4	2	**09**
*Children whose families foster critically ill orphans	-	1	-	-	**01**
Total	**05**	**09**	**16**	**15**	**45**

* *The child was not orphaned/living with HIV or AIDS*

Although this was not a representation of younger OVC population of Nairobi County, it was a rich population for exploration of the study interests.

Although the study was interested in OVC, it was found necessary to gain more insight into these children's experiences through the views, opinions and perspectives of teachers who handled them as the study's key informants. Initially it was difficult to get this particular sample as a result of suspicion and fear of reprisal from their employer. It was therefore necessary to first built trust through the assurance that, any information they provided would only be used for study purposes.

The criteria for selection of teachers were that: they are head teachers/deputies in public schools hosting the ECDE centres, ECDE class teachers, or teachers on internship in ECDE transitional classes. The head teachers or their deputies were responsible for enrolment exercise, class teachers interacted closely with the OVC, their guardians, and were involved in handling the children's needs; while most of those on internship were cropped from the surrounding slums and were also actively engaged with the OVC at the ECDE centres. These

teachers had experiences of dealing with OVC and possessed wealth of insight into children's lives. The teachers' sample incorporated the 2 deputy head-teachers, 4 regular teachers, 5 assistant teachers and 1 volunteer. Notably, all the teachers were females except for the volunteer teacher who was male. The following table details the teachers' demographics. Pseudonyms have been used in line with the study's ethical considerations of confidentiality and anonymity.

Table 2 Demographic information on teachers

Pseudonym	Designation	Gender	Age range in years	Religion	Education	Professional Qualifications	Years of service	ECDE Centre
Tr. Adlan	D/Head teacher	Female	>40	Christian	-	Degree	20 months	1
Tr. Muloh	D/Head teacher	Female	36-40	Christian	Form 4	Diploma	16 months	2
Tr. Katen	Class Teacher	Female	31-35	Christian	Form 4	Diploma	14 months	1
Tr. Angie	Ass. Class Teacher	Female	26-30	Christian	Form 4	Diploma	12 months	2
Ms Tina	Ass. Class Teacher	Female	21-25	Christian	Form 4	Intern	6months	1
Tr. Ana	Class Teacher	Female	>40	Muslim	Form 4	Higher Diploma	18 months	1
Tr. Emali	Ass. Class Teacher	Female	26-30	Christian	Form 4	Diploma	10 months	2
Ms Reena.	Intern	Female	21-25	Christian	Form 4	Training for certificate	3months	1
Ms.Tot	Intern	Female	21-25	Christian	Form 4	Training for certificate	3months	1
Ms. Sylvie	Intern	Female	<20	Christian	Form 4	Training for certificate	3months	2
Ms. Criticos	Intern	Female	21-25	Christian	Form 4	Training for certificate	3months	2
Mr. Izomon	Volunteer	Male	21-25	Christian	University	n/a	3months	1

The demography was necessary in ascertaining fluency in the study interests. Most of the teachers' age ranged from slightly below 20 years to over 40 years. Age ranges were adopted in this group of participants because they felt uncomfortable revealing their true ages for personal reasons. Most of them had at least basic training of handling learners but not necessarily pre-schoolers. 2 teachers were employees of Kenya's Teachers Service Commission (TSC) but taught lower primary section and these were the deputy head teachers in charge of ECDE section of the school.

4.4 Research Instruments for Data Collection

Getting relevant data for the younger OVC entailed the use of multiple data collection methods that were developmentally and culturally appropriate. Since the research participants included both adults (teachers) and young children, it necessitated the use of different methods of data collection for each group of participants. Considering the sensitivity that is normally associated with HIV/AIDS-related issues and how this could have been viewed by participants especially the children, suitable instruments that allowed for participatory activities were considered. A search for instruments for this group of children below 10 years in sub-Saharan Africa yielded no results. Therefore, the instruments utilized in this study were self-designed by the researcher. These instruments not only enabled the child participants to be engage constructively but increased their participation and ability to communicate by expressing their life experiences. The multiple methods used to collect data also provided the means by which more information could be obtained to strengthen the findings.

The procedure entailed establishing a relationship with the children and a rapport with the teachers which was necessary for building trust between the researcher and interactions. This was because they were important participants in the study process. The children were informed that the researcher and the accompanying team members were on teaching experience. In addition the new teachers were to share stories with them and they in turn would share theirs. This facilitated rich self-expression and information sharing which led to honesty and freeness during the data collection process. The research activities were planned according to the facilities available within the ECDE centres and research activities for children who participated in the study were scheduled on the school time-table. Children and teacher were given prior notice about the study visits. According to Kelle (2011), relationships with children in research processes are crucial since they promote rapport and foster trust; which are important building blocks in confidence building. Therefore, any change of plans in schedules of research process was communicated telephonically to the children early enough through their class teachers to sustain the trust that had been established and for accountability to the children participants (Alderson, 2000; Punch, 2002).

4.4.1 *Research Instruments*

The study involved both children and adult participants and thus necessitated the use of measuring instruments that were specifically designed for them. The instruments were self-

designed after a frantic effort to search for appropriate tools for this study proved futile. Most of the tools found were designed in Western cultures which were not relevant to the specific elements the study was interested in, the environment and children under study. The instruments included:

a) Visual stimulus illustration (VSI)
b) Thematic drawing activities
c) Conversational interview schedule for children
d) Semi-structured interview schedule for school head teachers
e) Questionnaires for ECDE class teachers
f) Focus group discussions for child participants
g) Focus group discussions for teachers
h) Infrastructural Assessment sheet

All these methods were crucial in meeting the research aim and objectives of the study.

4.4.1.1 Piloting the research instruments

Since all the instruments were designed by the researcher, it was important to pilot them so as to strengthen then. It is important for researchers to pilot their instruments to a sample population with similar characteristics as the target population in the study (Babbie, 2007; McMillan & Schumacher, 2006; Simons, 2009). This also creates a sense of clarity to the researcher in direction of questions, variations of responses and reliability of the instrument (McMillan & Schumacher, 2006). All the study instruments were first piloted amongst PhD colleagues in the faculty of Humanities University of the Witwatersrand South Africa and later two lecturers in the School of Education, University of Nairobi Kenya who were also researchers. The feedback was important in identifying language levels and some ambiguity in instructions and some of the questions in interviews and questionnaires. The next group utilized in the pilot process was one head teacher, three class teachers and 9 children from three ECDE centres around Nairobi. The three centres included faith-based, public school-based and community-based informal centre. This particular pilot was very insightful in minor revision on most instruments for clarity, scheduling of study activities, determining the medium of communication, knowing children's concentration span and working relations with the teachers in this study process. It is important to note that, the pilot population and the data collected were not incorporated in this thesis. A description of these instruments is presented in the next subsections.

4.4.1.2 Visual Stimulus Illustrations (VSI)

This instrument which was designed by the researcher with the help of an artist was used to collect data from the child participants about the events that were consisted in the illustrations and their views on how the events relate to their lived experiences or other children they knew. The VSI which consisted of a pictorial illustration was based on an imaginary story of animal family which encountered adversity. The participants were required respond to questions emanating from the VSI. VSI are considered by some child developmental researchers to be appealing especially to younger children. Prosser and Burke (2008) noted that, visual culture which is normally combined with participatory research is central to the study of various aspects of childhood. In addition, Segun (1988) demonstrates the importance of visual illustrations to children by asserting that the sensitivity of children to pictorial illustrations and other visual stimuli tell a vivid continuous story. This pictorial language is ideal for use with preschool children for it stimulates their imagination, arouses their perceptions and develops their acumen. VSI in this study used animals' pictorial illustrations. These illustrations were used as an instrument to serve as a point of interest to elicit discussions on what the children perceived as threats, risks and psychosocial support in their adversity. The VSI was a composition of a story that involved animals. Burke and Copenhaver (2004) observed that animals in stories allow children space for reflection to critically think about issues of life and problems experienced.

By using VSI, the researcher expected the children to recount the events in the illustration and by so doing; they interpreted and found meaning in the visuals that were presented to them (Ajibade & Elemi, 2014). According to the two researchers, pictures and images speak clearly to children and can conceptualize solutions to problems in their environment. It therefore became easier to integrate the information that was being conveyed to them effectively through captivation of their attention span through the VSI. The VSI were first piloted on 15 children aged 4-7 years in a different a school within Nairobi before it was improved and used in the study. Piloting research instruments is crucial in identifying any ambiguities and potential difficulties in their uses while determining the length of time needed to accomplish an activity (Munn, 1990; Somekh & Lewin, 2008). It also informs the researcher on the amount of time required for each instrument to be used The VSI was improved using the feedback given and finally printed in full colour of high resolution quality on 3 pieces of canvas sheets measuring 1.75 x 1 meters each.

Since the children involved in this study were preschoolers, the VSI were specifically designed to arouse their awareness of adversities, challenges, sources of psychosocial support and wellbeing aspects in immediate environment on young animals in the story presented. The children were also expected to liken some of the events in the illustrations to their own live experiences. The later bore the gravity of the VSI. The children were taken through the illustrated story which was facilitated by their teacher using the most common medium lingua of "Sheng". After being taken through the VSI facilitated by their teacher, the participating children were expected to reflect on the sequence of events therein, discuss, ask questions and be able to respond to the related questionnaire. This VSI illustration is covered in chapter 5 and the related questionnaire is contained in Appendix B in the appendices of the study.

4.4.1.3 Drawings

Drawing activity which was purposed for child participants was based on collecting information from the participants on two thematic areas; the experiences that made them happy and those that made them sad as OVC. Drawing is a familiar activity for children of lower ages. The drawings by children have a strong communication of their lived stories which can also be found in other forms like modeling (Prosser & Burke, 2008). In addition, when children draw, their perceptions of lived life are brought to the fore such as expression of emotions, and sensitive experiences (Sewell, 2011). When the drawing contents are narrated, the children are able to give a window into their internal representations of their world. The thematic drawing activities guide is found in Appendix C in the appendices section of this study.

According to Guillemin (2004), drawing is important in collecting data on a phenomenon that relates to health related circumstances such as terminal illnesses. When used by children, they tend to draw graphics that have meaning in their lives therefore being able to express their emotions, feelings and opinions through them. The children get an opportunity to express themselves in this activity even for those who have limited verbal expression. In drawing activities, children take time to think about what they wish to portray and they may add or change anything they wish; which gives them control over the activity (Punch, 2002). It can be possible for children to express themselves in hard to talk about issues, such as HIV/AIDS after drawing (Theron, 2009); thus becoming a point of reference which they narrate with

ease. As observed in this study, children were given an opportunity to provide insight into the information drawn on paper from a very personal view while at the same time looping the researcher into their world (Creswell, 2007; Malchiodi, 2012). Through the drawings, children express their feelings and things that influence their lives

Drawing activities in this study were used to explore children`s identification of psychosocial needs, support and wellbeing as experienced by them. This activity was piloted with children in a public ECDE centre in a different location from the study area. Children were presented with papers, pencils and erasers for this art expression activity. In the pilot exercise, it was noted that after the drawings were done and crayons on them, the colouring obscured a lot of the drawn details. At this stage it was decided that crayons would be omitted from the actual exercise in the sampled group of children.

4.4.1.4 Conversational Interviews for children

The exploratory conversational interviews were designed for child participants with open-ended questions which were to be conducted in an informal way. Conversational interviews play a vital role in giving an active voice and providing a platform for expression; which requires responsiveness in the participants and situational changes (Patton, 1990; 2002). Due to the children's concentration span and age, the conversational interviews were chosen as the most suitable option as opposed to the other types of interviews because, the interviewees were expected to make their contributions in a relaxed manner without feeling any intrusiveness on their part. In this study, the exploratory conversational interviews which targeted OVC with positive sero status, offered the flexibility children needed to express themselves in response to the issues that were sought in conversation way. Advantages of using conversational interviews are numerous but most importantly, the questions are open-ended and they give children unique opportunities to freely express themselves (Patton, 1990). The conversations which comprised of questions that were open ended and allowed free responses, were adapted to the children's linguistic level of understanding and were used to gain in-depth responses from the participants. The language adopted for this purpose was 'Sheng" a local conversational lingua popular amongst residents of Nairobi County which is a mixture of Kiswahili and English. The exploratory conversational interview designed for children was initially set to last between 10-20 minutes each session. Time factor was

important in enabling the children to join others in activities without them feeling they had been isolated. Appendix D shows the content of the interview guide.

4.4.1.5 Semi- structured Interviews for head teachers (SSI)

The semi-structured interviews were designed for the head teachers who were to serve as key informants on contextual issues of the study which included: the processes of admission, wellbeing and retention of the OVC in the ECDE centres. The semi-structured interviews which consisted of open-ended questions were intended to give the participants opportunities to respond freely and elaborate their expressions. This allowed for flexibility whereby clarity was sought on issues raised in the interview (O'Leary, 2005; Simons, 2009). The formulation of the interview questions was guided by the research questions that sought to delve into OVC welfare in the ECDE centres. The SSI comprised of open ended questions and were designed by the research to guide the respondents, and allowed for free responses without restrictions. They also varied in dimensions concerning the different aspects of OVC affected by HIV/AIDS in the centres. It was difficult to carry out the exercise with head teachers due to their busy schedules. Instead they nominated their deputy head teachers to the exercise.

The researcher conducted interviews with the deputy-head teachers' and all the interviews were face to face. The interview took place at the deputy head teachers' convenience and at the times that were agreed upon with the researcher. Their offices served as venues for the interview sessions which lasted between 40 minutes to 1 hour. Time was a great constrain in this exercise due to the busy schedule of these teachers and therefore some session had to be split in order for them to attend to school matters. In most cases, the interview sessions were only held when pupils' would retreat to their indoor learning activities. The deputy teacher declined to have an audio recording of the interview sessions for personal reasons and so, their responses had to be scripted on a note pad. The interview schedule which was developed for teachers is contained in Appendix E in the appendices of the study.

4.4.1.6 . Questionnaires for ECDE class teachers

Questionnaires are research instruments designed with open or closed questions or statements to which respondents must react (Babbie, 2007; White, 2005). The study used open ended questionnaire that were self-administered by the class teachers were designed with clear instructions to the participants before they were to respond to each question by filling in the

spaces provided. The questionnaire was first piloted on two former primary school teachers who were students in the postgraduate programme at the University of the Witwatersrand; and later two ECDE teachers from the Western part of Kenya. Theirs was to read through and identify areas that needed to be improved on. This was important in determining the length of time required, identifying redundancy of features, clarity of words used and to find out if the answers given were a satisfactory expression and an interpretation of the question asked (Munn, 1990). They all gave constructive feedback which was used to strengthen the instrument by creating clarity in questions, merging some questions and simplifying the terms used among other changes. This proved to be very useful in improving the quality of the research instrument before it was administered for data collection.

The development of the questionnaire only considered specific questions guided by the research objectives. This tool of assessment was divided into three sections. The questionnaire which was constructed with focus on the teachers was divided into three parts. Part A sought the background information of the participant, part B information concerning the OVC the teachers handled at the centres, and part C sought information on the support they are provided with, challenges experienced and how these challenges are addressed. Specifically these questionnaires assessed the psychological, emotional and social aspects, hygienic conditions and nutritional experiences of the OVC at the ECDE centres. The questionnaires are contained in Appendix F in the appendices of the study.

The class teachers were required to respond to the questionnaires after which they suggested that they would return them to the researcher after three working days. This was because they had to find time in their busy work schedules and three days gave them amble time to give their responses. The researcher gave reassurance to the teachers that confidentiality would be upheld and that their responses were to be used for research purposes only. The questionnaires were administered to teachers at their ECDE centres. The teachers were allowed to study and recollect their answers onto the questionnaire. Although the questionnaires were to be collected after three working days, it took the teachers between four to ten working days to complete them. They were later given a token of appreciation for their time and participation in the research process in terms of mobile phone airtime for the constant telephonic calls they had to make to keep the researcher updated on their progress.

4.4.1.7 Focus Group Discussions (FGD) for children

Focus group discussions have been found to be important in obtaining background information; and can be utilized in research with children to discover their perceptions and their feelings (Naranjo-Bock, 2011; Simons, 2009). This however has been very common in researches where older children and adults are involved. Studies indicate that FGD have been useful in creating mind maps that aid children in understanding relationship amongst the issues under discussion; mainly governed by age appropriate questions and session's durations which do not stretch them. In cases where FGDs are used when researching with children, they are usually held in smaller groups compared to adults where group sizes may vary (Simons, 2009). This study utilized focus group discussions targeting the child participants and the other teachers. These were very significant in getting more information on group views on psychosocial aspects and wellbeing of OVC at the centre in aspects of the research that may not have been captured in responses of other designed research instruments. The FGD guide for children which was developed for this purpose is contained in Appendix G of the appendices section of the study.

4.4.1.8 Focus Group Discussions (FGD) for teachers

Focus group discussion for teachers was utilized in getting group views on the OVC they handled in their OVC. This was important in providing insights into formation of interpretations concerning these children which would not have been possible in interviews or questionnaires (Somekh & Lewin, 2012). It was important to know how they reacted to each other's views to systematic questions that were prepared for the discussions. This increased the credibility of the data collected (Babbie, 2007, p. 308). The guide to the FGD for teachers is contained in Appendix H of the appendices section of the study.

4.4.1.9 Infrastructural assessment

An infrastructural and resource checklist that was designed informed by the education policy guidelines to assess the ECDE centres' infrastructural capacity to address needs of orphaned and vulnerable children in the centre was utilized. The checklist was designed for the purpose of collecting information to ascertain the infrastructural capacity of the ECDE to accommodate and address the psychosocial needs of the OVC by the researcher. According to Gallagher and Clifford (2000), infrastructure includes basic physical installations in forms of personnel preparation, technical assistance for programmes, applied research and evaluation, planning and coordination of support elements. What constitutes infrastructure is

the basic organizational structure that serves as a foundation for its operations; and sometimes the mechanisms that support the planning, coordination and accountability Azzi-Lessing (2009). The Infrastructural guide is found in Appendix I.

4.5 Data Collection Procedures

Two research assistants were recruited and trained for one week on the research processes of this study. They worked closely with the researcher during the data collection phase. The purpose of the study was explained to all participants before data collection began. Information letters that had been earlier prepared were given to the teachers requesting them and the OVC for their participation in the study. The teachers passed this information to OVC verbally while retaining the letters to parents due to reasons explained latter to the researcher. Whereas 4 class teachers gave written consent without conditions, one deputy head teacher gave a written consent on condition that no audio recording was to be done. The teachers on internship gave verbal consents after being taken through information concerning the study. However, they first had to consult with the head teachers who allowed them to participate in the study. Questions on clarity or more information on their role as research participants were answered by the researcher. Since data collection was varied, it involved many approaches. This called for constant communication and sometimes rescheduling of exercises making sure there were fewer disruptions in the ECDE programmed schedules. The deputy head teachers were requested for appointments for their interviews while the teachers were each given a questionnaire to fill and were to return them after a week while dates were also set for the FGD.

4.5.1 *Data collection procedures with the OVC*

Multiple data were collected from the children through responses to VSI questions, drawing activities, conversational interviews and FGD. First the children were taken through the VSI presentation which was printed on 3 canvas sheets measuring 1.75 x 1 meters. The teachers who had been earlier briefed on the flow and finer contents of the meanings in the story therein facilitated the presentation of VSI to the children using the common lingua which is a mixture of Kiswahili, English and a mixture of other ethnic languages of Kenya. This was to ensure that the children followed the flow of the illustrations keenly. The children actively participated in the presentation which was punctuated with moments of paralinguistic expressions. These were actively incorporated to give them a lasting understanding of the

milestones in the visual illustration. Afterwards, they were given related comprehension question to respond to, and their answers were written verbatim for them by the researcher, research assistants or the teachers. This was because, they were not competent to write everything on their own in the time frame given.

After one week's break following the VSI presentation, the children were issued with A4 size plain white papers, HB pencils and erasers for the drawing activity. The activity was to be done twice on separate dates. Children were asked to make two thematic categories of drawings. The first category of drawings required them to indicate what makes them sad in the ECDE centres. After 3 days, they repeated the exercise with the theme of what makes them happy at the centre. These exercises gave the children the freedom to draw what they felt or perceived to make them sad or happy. This facilitated them in identifying and expressing their perceptions of psychosocial issues affecting their general wellbeing.

The drawing engagement saw children in deep concentration and quietness. Some of the children whispered to themselves as they drew, others knelt on the floor, while others went flat on their stomach to draw. Some other children made their drawings on their tables while standing as they shifted their heads from one side to the other, erasing here and there as they progressed in their activities. All these spectacular positions which made them totally absorbed in the activities were deemed comfortable for them as they retrieved information in quietness that enabled each one of then to draw what they wanted to share with the researcher. Crosser (2008) observes that drawings give important insights into children's overall physical, emotional and cognitive development. While engaging in the activity, the children interacted closely with their thoughts, an activity which was evident in their whispers and body postures. On achieving one set of graphic representation made, a child would run to show the teacher and researchers for emotional support; and they in turn would complement them. The children were proud to show off their drawings as the activities gave them autonomy.

The drawing/writing activities gave the children the opportunity to express their perceptions about psychosocial support and their wellbeing in ECDE centre. After each category of the drawing activities, the researcher gave the children the opportunity to talk about every piece of their own composition in their drawing and respond to questions regarding some of the expressions indicated in their graphic presentations (Campbell et al., 2010; Wright, 2007).

The information captured in their drawing or writing was written for them on the page behind their drawings. Cole (2012) examines that when visual art in the form of drawing is introduced in a conversational dialogue, it opens another pathway to human experience with ability to reinterpret and represent the subject matter. Reflecting on this, the exercise enabled the children to articulate their lifeworld experiences in a more meaningful way narrated in their own words. Although some children drew more than the two required a total of 90 drawings collected, one from each thematic area provided.

The exploratory conversational interviews were conducted in between breaks during the drawing activities. The settings of the interview also varied to allow the children to suggest where they would feel comfortable talking to the researcher. A subsample of the OVC was identified by the teachers for their fluency in communicating and ability to be articulate in discussions. From the eight who were identified and were requested to participate in the interview, only six initially consented to participate in the conversations; but later, there was one refusal to proceed. The exploratory conversational interviews were found to be useful because of the richness of the information the children gave. The conversations were to establish the children's experiences as the OVC traced them from home to their ECDE centres. This was to ascertain their psychological, social and emotional statuses, the nature of psychosocial support at their disposal as well as assessing the children's personal experiences while at the ECDE centres. All these were significant in helping the researcher to gain personalised data on the children (Simons, 2009). The exploratory conversational interview which was designed to last for 10-20 minutes took a bit longer. Time factor was important in enabling the children to join others in activities without them feeling they had been isolated. The children chose the experiences they wanted to voluntarily convey to the researcher.

The researcher allowed the children to participate in choosing where they felt comfortable to take the conversational interviews. Some preferred to be outdoors to watch other children play and this made them gel with the rest in activities after the conversations; while others were comfortable to take theirs indoors. The researcher and each interviewee agreed on the exact location of the interview before the interviews commenced. Two of the children chose to be outdoors for the conversation, but not far from the activities of the rest of the other children; a factor that may be different when holding interviews with adult participants. This as was later realized, was to ensure that they did not feel isolated from the rest of their peers. Whenever they felt like dashing in and out of the conversation session or to join the rest of

the peers in activities they were free to do so. Interestingly they would come back into the conversation and continue from where they had stopped while taking their 'break'. According to Patton (1990), the choice of interviews is important and children need to feel freer for the exercise not to look interrogative. The outdoor interview sessions were very interesting in the way the children were engaged and not distracted by activities that were around them. They created a space within the open space to talk about themselves which was a very unique choice. The child participants were debriefed at the end of each interview sessions by a member of the research team who was a trained child counselor as well as a research assistant during this study's fieldwork sessions. She was available for extended chats with the children especially for assessment, psychological services and referral whenever the need arose.

Later each centre organized for a session for a FGD for the child participants for the purpose of gaining more in-depth information on group views about other aspects that had not been addressed by the other designed research instruments on the issues under study. The discussions were set within the school compounds that hosted the ECDE centres. The discussions were themed around the VSI young animals, the events surrounding the animals' lives and how they were similar or dissimilar to theirs. This was to include all the exciting activities they had experienced to make it as fruitful session as possible. Only children in centre 2 took part in the FGD. Those from centre 1 did not participate because the set date coincided with Kenya's parliamentary elections; and the School and centre had been identified as a polling station. During this time, the children were to be away from schools and thus failed to take part in FGD. It is important to mention that, in the initial stages of the discussions especially for the children, none of the teachers wanted to have the session discussions audio recorded due to suspicion that the information gathered would be highlighted in the Kenyan national media. This would expose then to numerous conflict in the slums where most people there believe that anyone who appears in the media is paid and they were afraid they would demand for the money or threaten them. As a result, most of the information from the children was recorded in notebooks by the researcher and her team, which denied this study some minor details.

4.5.2 *Data collection with teachers*

Data from teachers was gathered to compliment and supplement data collected from children. It was important to know the extent to which psychosocial support and wellbeing of OVC

was factored into ECDE programme and how the children overall experiences were catered for. The researcher first requested for an appointment from each of the head teachers from the two centres. She explained the nature of the study to the head teacher and their role, while at the same time sought to obtain a verbal consent from them. The head teachers from the two centres referred the researcher to their deputy head teachers in charge of the ECDE section of the schools. Their busy administrative engagements in and out of their school could not allow them to be meaningfully engaged in the study. The deputy head teachers who had accepted to play the role the head teachers would have played in the study initially declined to sign the consent forms that had been designed for them. Instead gave verbal consent due to what they termed as regulations from their employer (Teacher Service Commission). However, after explanation, they consented to do so. In addition, they declined to have any audio recording but readily agreed to take part in any area of the study; and this was respected.

Class teachers were given consent forms (Appendix A (1) to sign. However, it was challenging when initially one class teacher allowed the researcher and her team to access the OVC and wanted minimal involvement unless assurance was given that she would not be punished in any way. She thought that the Nairobi County education office had sent the researcher to find fault with her teaching. A detailed explanation of the study process and reassurance was given that there was no consequence she would face whether she agreed to participate or declined; and that anonymity and confidentiality were to be upheld and whatever information she gave if she chose to participate, was only for the study's purpose.

Data from deputy head teachers' were collected through face-to-face interviews which were held in their offices at their convenience and by appointment. One deputy head teacher provided statistics of OVC in the whole school including the ECDE section. In contrast, the class teacher of the centre within the school initially denied enrolling such children in her class. However, on learning that the deputy head teacher had already provided the information, she cooperated by giving more detailed information especially in the focus group discussion. This showed how sensitive the issue of OVC associated with HIV/AID was viewed by class teachers and their fear of reprimand.

Class teachers' data was obtained through the questionnaires designed for them and the FGD which were audio recorded. Although this was conducted during the preparations for Kenya's parliamentary elections, the teachers' FGD in centre 2 materialized as was agreed but in

centre 1 it was only possible after organizing for a special meeting. The FGDs were conducted face to face with the discussions themed on psychosocial experiences, PSS and WB of the OVC affected by HIV/AIDS. Initially, the teachers were not free to divulge information on deep issues affecting the children under study, but at a later stage they did. This was after trust had been established between them and the research team. Whenever the researcher needed clarification on any issues that were raised by children, the teachers willingly responded with the details. Initially the class teachers were apprehensive about the use of audio recording but at a later stage when trust had been established, they allowed the researcher to go ahead with the audio recorded. The audio data was later transcribed by the researcher who is well conversant in Kiswahili, *sheng'* which in most cases were the medium of communication and English languages. This enabled her to have a deeper grasp of the gist of the collected data.

4.5.3 *Data collected using infrastructural assessment sheets*

According to UNICEF (2010) a friendly school environment is crucial in ensuring the holistic development of any child; because the children are supported physically, socially emotionally, culturally, spiritually and educationally among others. Key features when considering school infrastructure include: classrooms, play grounds and facilities, sanitary facilities cleaning running water, food and nutrition, protection enclosure among others. It was necessary to assess the infrastructural facilities to ascertain their capacity to address the needs of children of diverse backgrounds including the OVC. An assessment sheet was used to collect information on the infrastructural capacity of the two sampled ECDE centres for the study. The assessment was also used to explore the support provisions made for OVC who were affected by HIV/AIDS.

4.5.4 *Observation and Field notes*

Observations were made in the course of this study on the different events the OVC were engaged in together with other children and notes made. Observation as a method was useful in gaining a comprehensive picture of the ECDE environment and settings, in the provision of the psychosocial functions of the OVC. Simon (2009) notes that observations capture the experiences of those who are less articulate on certain issues thus providing for authentic view of their functions in their natural environment. In addition, documented observations in research provide rich descriptions for analysis and interpretation. Since the ECDE centres

were natural setting for the child participants, it was important to observe the OVC under study in an attempt to ascertain the psychosocial aspects of their lived experiences.

The researcher and the research assistants created a good rapport with the children and their teachers and blended well into their activities whenever they were at the centres. This made the children refer to the researcher and her team as "new teachers". Observations were made on the children both in class activities and outdoors during their play time to establish their responsiveness and relationships amongst themselves and their teachers. A log book was kept where all the activities and reflections related to the studies were recorded for the days the research team was in the field. The research team took notes during the study processes and in cases where activities were of interest to be documented, still photos were taken to collect the data after permission was sought, which in most cases was given verbally. The researcher also kept records and had time to reflect on thoughts, feelings and behaviours during the data collection phase in a diary and journal which also included all the events of the visitations to the centres as part of information that was to be used to clarify any grey areas in the event any appeared in the study. There was close collaboration with the study participants and the research team for feedback.

4.5.5 *A summary of the data collection methods used*

Table 3 Data collection methods utilised in the study

	Method used	**Data Collected**	**Objective addressed**
1	VSI	Perceptions of PSS and WB	1
2	Drawings	Children drawings,	1, 2, 4
3	FGD	Lived experiences, perceptions	1, 2, 4
4	Conversational in-depth interviews for children	Experiences, Perceptions,	1, 2
5	Semi structured interviews for head teachers	Experiences, contextual issues	1, 2, 3, 4
6	Questionnaires for teachers	Experiences, contextual issues	1, 2, 3, 4
7	Infrastructural assessment	Capacity for PSS and WB, Structural provisions, personnel,	1, 2, 3, 4
8	Observation	Processes in the ECDE centres, relationships, interactions and programmatic provisions.	1, 2, 3, 4

4.6 Qualitative data preparation

Data that was collected varied as the methods were multiple and different in nature. Children's drawings were sorted out and coded manually. Parts of the interviews and FGD that had been audio recorded were first transcribed and translated and back-translated to ascertain the accuracy of the translation by the research team and to ensure they do not lose their original intended meaning. Accuracy of information was checked over and over by looking at the drawings, listening to the audio recordings and reading the transcript against observation notes made during the data collection process. Each category of datum related to each research method was put in a separate file. The files of interviews and FGD were then stored on CD-ROM. Together with the transcription notes, field notes the drawings, questionnaires and infrastructural assessment sheets, the data were securely locked and only accessed by the researcher.

4.7 Data analysis

According to Simons (2009), insight and understanding of research are gained through analysis and interpretation of collected data drawn from the participants' expressions of feelings and actions. Data analysis consists of preparing and organising the data for analysis, reducing the data into themes through codes, condensing the codes and representing the data in a report form (Creswell, 2007 p.148). This study utilised thematic content analysis with a phenomenological-hermeneutics approach which has its philosophical foundations in phenomenology and hermeneutics. Thematic content analysis was found suitable for its flexibility and exploratory power; while phenomenological hermeneutic approach provided for sensitivity to the theoretical underpinnings through participants' subjective experiences and meanings attached to the experiences (Ajjawi & Higgs, 2007; Braun & Clarke 2006, Creswell, 2007). Identification, analysis and patterns within the collected data in the study were analyzed, allowing for flexibility in the thematic contexts, which generated rich detailed description of data on the lived experiences of psychosocial support and wellbeing of the OVC under study (Braun & Clarke, 2006; Wilbraham, 1995).

4.7.1 *Phenomenological Hermeneutic Approach*

Phenomenological hermeneutic approaches which stemmed from the works of Edmund Husserl (1859–1938) and Martin Heidegger (1889–1976), focus on lived experiences of the individuals in a particular phenomenon and allows for description, reflection and

interpretation; as well as being attentive to how the expressed experiences are perceived by the individuals in the sense of their lived world (Creswell, 2004, Denzin & Lincoln, 2003; Finlay, 2009, Langdridge, 2007). Edmund Husserl and Martin Heidegger who were both German philosopher who believed that it was important to describe phenomena as lived and as experienced by the researched; while at the same time finding latent meaning in why things are the way they are. Thus, the participating individuals partnering with the researcher, they share their experiences by identifying and bringing them to fore.

According to Somekh & Lewin, (2012), phenomenology is the logic world as it is experienced and how a 'person' 'experiencing' it is understood. Thus, phenomenological research endeavours to clarify situations, create understanding of the lived experiences lived by people in their everyday life through data collected by the researcher (Giorgi & Giorgi, 2008). The approach seeks situations in which the persons, who had first-hand experiences, describe them as they actually took place in their lives. In this manner, it reveals how persons' experiences are like, what they mean and how lived worlds present themselves to the individuals in context (Finlay, 2009). The main purpose in such cases is to encapsulate as accurately as possible the phenomena as experienced within the context of the experiences which took place (Giorgi & Giorgi, 2008). The language used in description of the lived experience in their context and their perceptions of them in the context brings out the meanings of their experiences. This involvement of people of self-expression, ability of sense and expression of inner feelings and emotions without shame or inhibitions make the participants experiences organic (Finlay, 2009); and brings out the essence of those experiences. Through accessing the lived experiences in this manner, there is an exploration of common features in the participants' lived worlds for the researchers to gain better understanding and perception of other people in similar circumstances (Pascal, 2010).

Hermeneutics is an approach of interpretation and understanding of texts, especially in the modern sense which is seen as transformative through educative processes' (Somekh & Lewin, 2012 p. 295). Besides hermeneutics research understands, acknowledges the situation location of interpretation, recognizes the role of language and historical interpretation; it also views inquiry as conversation and is comfortable with ambiguity (Kinsella, 2006). According to Gavin (2008), it is believed that there is need to understand events from a standpoint that incorporates the cultural and social aspects influencing them; whereas artistic works, human behaviors such as language and speech patterns, social groups and rituals also add to the

richness of studies. The use of hermeneutics in qualitative research therefore, provides for an understanding of a situation, acknowledging the situation's location of interpretation and the role that interpretation plays in that particular situation (Finlay 2009; Pascal, 2010). Understanding of situations emerge through interaction processes between the researcher, the research participants and the information conveyed during the processes of research; while the interpretation comes as a result of insights drawn from the research findings (Ajjawi & Higgs, 2007; Pascal, 2010). In this study, there was need to completely understand the lived experiences of the child participants within a natural environment to gain insight into their lived lives.

While the phenomenological approach helps in getting the essence of the lived experiences, the hermeneutics places emphasis on interpreting and understanding the experiences in textual form. The combined approaches provide for a process of appropriation in interpreting the lived lives and meanings attached to them through the subjective perception of the research participants Lindseth & Norberg (2004). Through interpretation of textual data whose meaning structure is examined as a part of life world of the participants, insight to possible reasons to situations and how individuals relate to them is brought to the fore. Thus the essence of the meanings expressed in lived experiences is brought out through the interpretation of expressions in written text. Understanding a particular phenomenon and interpreting that phenomenon as it appears in written text or written words, is essential in this approach (Lindseth & Norberg, 2004). Through the collected data of narrations, drawings and other responses to the research tools from the research participants, the experiences of OVC and deeper meaning to their expressed experiences were sought out whereby an understanding of their lived lives was reconstructed. According to Cole (2012), an inclusion of the interpretive nature of concealed meanings in lifeworld phenomenon is termed as being-in-the-world and being-in-world-with-others. Subjective experiences of individuals in the lifeworld through narratives of individuals' lived lives and the uncovering meanings attached to the experiences are of essence (Kafle, 2011). The experiences under investigation and the trends described through various data collection methods thus created a rich description of the phenomena in OVC's lives, which others could relate to. Therefore, the choice of phenomenological hermeneutic approach which is founded in the interpretive view to research, was premised on the belief of the OVC subjective experiences and insights on experiences that made contributions to their psychosocial needs, support and wellbeing

through practical ways by looking at accounts of the phenomena of their experiences as lived by them (Cohen 2001; Kafle, 2011).

4.7.2 *Process of analysis*

The study's interest in understanding the lived lives of OVC explored the psychosocial experiences and their perceptions of wellbeing. Appropriate methods used in the accrued data and the phenomenological hermeneutic approach utilized, provided for each child's uniqueness as an individual and as a social being in a defined environmental space which was a crucial factor in this study. Creswell (2007 p. 159) outlines analysis of phenomenological approach summarized as follows:

- Description of the phenomenon under study
- Development of a list of significant statements in the data sources
- Grouping the significant statements into meaning units
- Description of what the participants experienced with the phenomenon
- Description of how the experience happened
- Composite description of the context of the phenomenon

The phenomenological approach which guided the researcher in obtaining the contexts and meaning to OVC lived experiences was critical through a deep reflection of the data adduced in various forms from the field. This reflection was also extended to getting meanings of what data provided through subjective expressions which included the participants' tones, body language, activities, drawings narratives and the use of spaces provided in their ECDE centres. Through feedback from research participants and triangulation of the various forms of data, there was quality enrichment of the needed information in from data collected. These were then subjected to thematic content analysis which is a descriptive presentation of qualitative data (Creswell, 2003).

Braun and Clark (2006) suggest phases in TCA which in summary include:

- Familiarization of data
- Generation of codes
- Theme location
- Reviewing of themes
- Defining and naming themes
- Producing a report.

After data collection process was concluded, the data went through phases of verification whereby the researcher had to check with the participants especially the teachers through subsequent visits and phone calls when the need arose. It was not possible to check with the children who had since moved to different classes or schools. The researcher went through all data collected to familiarize with it, sorted the graphics of children's drawings, reread all interviews transcriptions for the purpose of gaining depth and meaning as possible themes were explored. The data was first categorised, manually coded and thematic relationships established within each set of data as per the collection method. Initial preliminary data analysis that was done during different data collection phases and progression up to completion was also incorporated together with field and observation notes which prepared a stronger platform for thematic development.

Information was collapsed as themes were reviewed and dealt with at different levels within the data categories so as not to lose the essence of the information given. This was a labour intensive exercise and as a result, voluminous data were created which needed to be reduced. According to Creswell (2000), qualitative thematic data analysis involves reduction of voluminous data into manageable units and can be in the form of categories, patterns, themes whereby an interpretive dimension is added. The researcher had earlier attempted to use Atlas ti.7 analysis package to manage the data, but later abandoned the idea due to multiple data which included non-textual forms. Nevertheless, data was critically analysed manually into themes, categorised and validated. In each category of thematic content analysis, focus was placed on expressed experiences of the OVC and description given in their drawings, narratives and conversations; and supported by data accrued from teachers. This was aimed at producing a rich report and as well as giving reflections and interpretation on the children's expressions including drawings whose features had not been fully narrated, while being attentive to how the expressed experiences were perceived in them (Creswell, 2004; Campbell et al., 2010; Wright, 2007). In addition, the units of information gathered were further scrutinized for protective processes while also being attentive to how children felt about the risk exposures.

4.7.3 *Trustworthiness*

Trustworthiness is important to in ensuring the authenticity of the study. To achieve this, there was need to look at the truth and value of the data collected (Lincoln & Guba, 1985).

The criteria of getting the truth value in a qualitative study are in transferability, dependability, consistency and confirmability. These are important principles in achieving credibility in a study (Lincoln & Guba, 1985; Morrow, 2005; Patton, 2002). In this study, these principles were followed during data analysis.

4.7.3.1 Credibility

According to Lincoln and Guba (1985), credibility involves ensuring that the study findings are believable from the research participants' point of view. This study used multiple data collection approaches and triangulation was utilized to achieve credibility in findings. A research team which was engaged in data collection had debriefed sessions and confirmed findings with the adult participants. Internal consistency of information obtained from the study was validated through engagement with the participants, checking the correctness of information with research assistants and debriefing participants about progress made on the research. According to Morrow (2005, p. 252) a thorough rich description of the source data of participants' experiences and contexts ensures credibility.

4.7.3.2 Transferability

Transferability is the degree to which results are generalised to other settings or contexts (Lincoln & Guba, 1985). When there is sufficient information on issues that are central to the study, then readers are invited to connect them by comparing with other researches in the similar contexts to achieve the transferability (Morrow, 2005; Patton, 2002). However, Lincoln & Guba (1985) hold the view that, there is need for sufficient information and descriptions to be provided by the original researcher to allow for comparison later by other researchers. In this study, the researcher has provided a detailed provision of background of the study in chapter 1, a description of the phenomenon under study in chapter 3; methods that were utilized in data collection in chapter 4 and the empirical findings in chapter 5 and 6.

4.7.3.3 Dependability

Dependability involves the process of getting findings in an explicit and repeatable manner (Creswell, 2003; Morrow, 2005). To achieve, there needs to be an audit trail through the chronology of activities and processes of the study, data analysis, thematic development and analytic memos (Morrow, 2005). In addition, tools used for data collection, raw data, and a journal for personal notes should be included to achieve dependability of findings (Lincoln &

Guba, 1985; Mouton, 2010). In this study, the researcher achieved dependability through extensive description of data collection instruments and processes provided for in subsections *4.4.1* and *4.4.2*; and triangulation of data accrued from various participants in the study.

4.7.3.4 Confirmability

Confirmability addresses the main issues under research (Morrow, 2005). This is premised on the need for integrity of the findings which have to be adequately provided in the study. In this study, a diary was kept of all the events and the details of all the participants were secured in safety. Through multiple use multiple methods of data collection, participant checking, and confirmation of the study findings and presentation of results to peers, this study's confirmability was assured through triangulation.

4.7.3.5 Triangulation

Triangulation ensures the credibility of a study. According to Campbell (2011), triangulation which involves the use of more than one approach in a research for trustworthiness is crucial in establishing credibility. In the current study, methodological triangulation was supported by numerous research methods of data collection. This was important in providing deeper insight and enrichment to the phenomenon under study. For respondents' triangulation, the researcher involved more than one individual for the same data collection tool for the purpose of information comparison. The data that were used in triangulation involved responses from VSI children questionnaire - 45, thematic drawing- 45, deputy head teachers SSI interviews- 2, children's CI- 5, teachers FGD- 7, children's FGD-5 and infrastructural assessments - 2

The study findings were triangulated to determine consistency with regard to the information collected. Creswell & Clark (2007) have identified two forms of triangulation: methodological triangulation and respondent triangulation. According to Punch (2003) this ensures trustworthiness and the richness of the study findings. The researcher also planned with the teachers for follow up sessions, and to look for opportunities to share some of the information on the research findings in form of workshops or seminars for ECDE teachers and education officers in Kenya.

4.8 Ethical consideration

Somekh & Lewin (2012 p.28) note that, "…ethical principles and guidelines are to be adhered to throughout the research process with the purpose of protecting research participants from harm, and should endeavor to empower them throughout, including when reporting on the outcomes and in publications". Data collection process in this study was only considered after obtaining ethics clearance from the University of the Witwatersrand, Human Research Ethics committee (Non-medical) under protocol number H121009 and; seeking official permission from Kenya's Ministry of Education through the National Commission for Science, Technology and Innovation (NACOSTI) under permit number NCST/RRI/12/1/SS011/410 (see Appendix J). An introduction letter from the Nairobi County Education Office to the ECDE centres was also sought which informed other relevant area authorities in administration structures of Nairobi County, and the head teachers in whose schools the sampled ECDE centres were hosted, my intent to carry out my study. This was necessary for purposes of gaining access to the study location, the minors who were to participate in study, their teachers, and observing other ethical requirements as it is the norm for researchers in the Republic of Kenya.

Ethical considerations were weighed in throughout the research processes which included informed consent. Informed consent is an important part of a study when dealing with human subjects (Alderson, 2008). All the participants in this study were informed of the nature and purpose of this study. Thereafter consent was sought for their participation without coercion. The children were given an explanation to the nature of their participation in the study in a language they could understand. They were allowed to ask questions which were responded to instantaneously. They were also informed that they could renegotiate their voluntary participation so that they could withdraw their participation at any stage of the research process with no consequences (Gallagher, 2009). Their views on issues that concern them were respected. All this information was in writing and was read to the participants in the language that was comprehensible.

The study also observed children`s rights by asking them for their informed consent or the consent through their teachers (Szelag, 2011), which was obtained from the parent(s)/Guardian(s) through the teachers. In cases where there was no parent, teachers acted in loco-parentis. Children were made aware of their rights to withdraw anytime they wished to. Their safety during the research activities was guaranteed as they were all conducted in

their school compounds. Services of a counselor were also available in the eventuality that should any participant be in distress during data collection sessions, s/he could be assisted.

The purpose of the study was explained to all participants before data collection began. All ethical conditions were met whereby teachers were asked to sign a consent form as proof of acceptance to participate in the study. However, one head teacher and a class teacher chose to only give verbal consent to participate in the study as they did not want any of the sourced information traced back to them. Conversely, they were assured of uttermost confidentiality and that data collected would be used only for the intended purpose of research. Consent for still pictures of children's activities as part of the data collection was also sought from the ECDE centre administrators and permission was granted verbally. Participants were also involved in choice of places where they wished to have the data collection carried out. These choices were also discussed on their suitability and the views of the participants were respected.

In analysis and reporting of data, the researcher ensured that anonymity was adhered to. This was done by using pseudonyms for the children's contributions, code names for the centres and the teachers as it is in chapter 5.

4.9 Participation of younger children aged 5-7 years in this research

Assent of younger children in research was a very important step in ascertaining their lived experiences. Children in this research had their rights upheld as provided for in the UNCRC (1989). Although HIV/AIDS, orphanhood and vulnerability are considered to be very sensitive statuses, the study used participatory approaches that were considered suitable in studying with children. The medium of communication was "sheng", a lingua commonly used in the urban poor areas of Nairobi. This language consists of a mixture of Swahili, English and some of the coined words in the slum areas. This language was used in facilitating research activities and ensuring active listening which was punctuated with commonly known paralinguistic forms used in instructional processes. The facilitation enabled children to freely express their feelings, emotions, thoughts and other matters that were pressing. By adopting child friendly research approach in this manner, the researcher was recognising the children's experiences and agency as significant in giving a voice to their world (Prosser & Burke, 2008). However, in the conversational interview process, out of the

five that had consented to participate, one later declined. This was respected. The four who remained, participated well and when they used gesture and at times silence in response to the conversational interview questions in matters they felt were hard-to-talk-about, that was communicative enough.

4.10 Methodological limitations

This study had some limitations. The term psychosocial is a very wide and multifaceted concept that traverses various aspects of lives of children whose ages range from 0^+ to 18 years. Focus was however mainly put on the psychosocial support and wellbeing of OVC located in the ECDE centres which have children whose age range from 4^+ to 6^+ years. Children who were sampled for the study were at the transiting level of pre-primary to primary school; which is normally referred to as pre-Unit class within the county of Nairobi. This denied the study data from the other lower levels of the ECDE classes which could have given more insight on this study.

This study gives a description of the psychosocial experiences of the OVC public ECDE centres in an urban setting of the medium to low income area out of 7 districts of the Nairobi County. Nairobi County is a metropolis of multi ethnic nature and has a concentration of a variety of ECDE centres. There may be major disparities in the psychosocial backgrounds of the OVC in different parts of the city of Nairobi as well as other parts of the Kenya whose data would have given the study more insight on OVC. The qualitative nature of the study necessitated the use of purposively sampled population which may limit generalizability of the study outcome. Nevertheless, the use of multiple methods which were used for triangulation was to ensure the richness of information accrued.

Due to relative recentness in efforts to alleviate the impact of HIV/AIDS on children in sub-Saharan Africa, there is limited study in the area of psychosocial aspects of OVC in ECDE centres in Kenya and the larger continent of Africa in general. Consequently, there was paucity in literature on the subject locally, which limited the basis for well-developed prior arguments and literature review in this area. The study's literature review was therefore heavily drawn from recent studies from other countries, grey electronic literature, as well as reports and papers presented at various continental and international fora.

Another major limitation was experienced in the timing of the study. This study was carried out at a time when major restructuring processes in the education sector in the Republic of Kenya were underway, and especially so in the ECDE centres whereby it was not yet very clear whether county governments or the national government had the administrative authority over them. This difference was also reflected in the schools where the ECDE centres were hosted. Whereas resources for other levels of education are supported by the national government, the ECDE which forms the cradle of the Kenyan education system is not factored into the mainstream education. This therefore implied that, service delivery and particularly to children under study had high likelihood of being compromised.

The data collection period for this study coincided with changes in political landscape through general parliamentary and presidential elections. Thus, several interruptions were experienced in the sampled ECDE centres as they served as election polling stations. This denied the researcher the smooth flow of her schedules as initially designed, more quality time with the children as some stayed away for fear of election violence. The research period had to be split in three phases with three months apart. However the initial intended activities were completed and telephonic communication maintained between the researcher and the ECDE teachers whenever the need arose.

Issues affecting OVC in the area sampled for the study are treated with somewhat suspicion and monetary expectancy after their participation as some NGOs did. This was clarified to the researcher from the onset of the study by the teachers that parents/guardians of the OVC were not required to be directly involved for they would demand to be paid for any information given. This was a great setback for it denied the study insights from guardians/parents' perspective.

In spite of the initial official authorization to undertake the study in Nairobi County by the NACOSTI, there were other levels of authorization for instance at the Nairobi City Education office and the Sub-County commissioner's office which had financial implications. This was because the study had been cleared by a foreign university and not a Kenyan University which was part of the new regulations for researching with children as a result of the restructuring of the education system in the County of Nairobi. The study process was therefore delayed by one week. On the other hand the sampled child participants were faced

with many distractions due to transitions in their lives, and their stage of development also demanded for a lot more patience.

4.11 Chapter summary

This chapter has highlighted the methodological perspectives and data collection approaches that were found suitable for the study on the basis of objectives set and the participants involved. The study design and methods employed were detailed; while the study sample and sampling procedures given. The chapter also highlighted data collection procedures, preparation and analysis processes. Triangulation was used for the purpose of dependability and trustworthiness. Ethical issues which were considered and followed in all the stages of data collection processes have been discussed as well as the methodological limitations in view of the experienced limitations in the study. The next chapter presents findings from thematic views expressed concerning OVC psychosocial experiences.

CHAPTER 5 : FINDINGS ON CHILDREN'S EXPERIENCES

5.1 Introduction

This chapter presents findings on children experiences as expressed by children under study. The presentation has been done using phenomenological hermeneutics approach as described in subsection 4.8 of chapter 4. This approach was adopted to unravel the participants' subjective experiences and meanings attached to them as guided by the study aim, and integrated within the resilience theoretical frame. Due to the fact that child participants were infants, multiple qualitative methods were utilised to get as much information as was possible for triangulation. The qualitative data were collected using qualitative data methods which included VSI, interviews, questionnaires, FGD, drawings, observations and infrastructural assessment as stated in chapter 4; which accrued huge qualitative data. As a result, presentation of findings from data analysed has been categorized in sections and subsections using each method type in line with the study objectives recapped below.

i. To describe the psychosocial experiences and challenges of OVC
ii. To identify the level of awareness among OVC and their teachers on the psychosocial challenges OVC face and the nature of psychosocial support given to address them.
iii. To assess the infrastructural capacity of ECDE centres in meeting the psychosocial needs and ensuring wellbeing of OVC.
iv. To discover the extent to which the Kenyan policies have contributed to opportunities for psychosocial support and resilience nurturance among OVC in ECDE centres in Nairobi Kenya

The findings have been presented in multiple ways which include tables, children's drawings and narratives, quotations and inferences made on the field notes to add credence to children's experiences. The use of multiple methods was necessitated by the need to provide enough data for triangulation. The following parts specifically provide insight into the experiences of OVC.

5.2 Experiences of the OVC

The presentation of findings and interpretation of this section follows the salient issues in this thesis which are: i) younger OVC who are affected by HIV/AIDS have psychosocial experiences that affected their development and wellbeing, and that (ii) ECDE centres potentially have the ingredients of offering psychosocial support for the wellbeing of younger OVC and resilience nurturance. This was informed by the aim of the study which explored

the psychosocial support to the younger OVC in the context of HIV/AIDS in ECDE centres, promotion of their wellbeing and opportunities for resilience nurturance.

Exploring the psychosocial experiences of younger OVC affected by HIV/AIDS is important given their ages and challenges they encounter upon entering into the ECDE programme as stated in chapter 1. For some, going to ECDE centres was getting into unfamiliar environment and wider society. Thus, it was of interest to find out the kind of experiences they had, how they adjusted in the new environment, types of support and opportunities for resilience extended to them. The study outcomes have been presented in sections of this chapter guided by qualitative method utilised and salient themes that emerged. These themes have been provided for in sub-sections, briefly interpreted and any unique or unexpected outcomes highlighted.

Presentations in this chapter have been made using the resilience theoretical lens with phenomenological hermeneutic approach. The psychosocial perspectives of Erik Erickson (1902 -1994) were also incorporated in an attempt to understand the psychosocial developmental aspects of the children's experiences. Since the age set under study included participants between 5-7 years old, their emotional, physical and social development bordered within stage two to stage four of Erik Erikson's psychosocial developmental perspectives. Thus, analysis of their responses also reflected on these developmental perspectives. Children are said to have resilience when they are aware of their own difficult circumstance and that of others, can negotiate around difficulties, can cope, adapt and thrive when exposed to protective factors (Garmezy, 1971; Luthar et al., 2000; Masten 1990; Rutter, 1985; Werner & Smith 1989). This was sought for in the findings from the OVC which have been presented considering their unique features and contextual thematic areas.

5.2.1 *Research tools recapped*

Drawings, conversational interviews and focus group discussions were used. The researcher took into consideration the following: i) the children's developmental stages, which meant that they could not utilize tools suitable for adult and ii) language competences of the children participants which necessitated the choice of activities that were appealing to them as expressed in sub-section 4.4 and 4.5 in chapter 4. This was important for triangulation purposes.

Due to general paucity of information on qualitative research methods for children under 10 years in sub-Saharan Africa and in literature; which would have been used for comparison, the primary methods utilized and findings accrued form the basis of information enrichment in this section. Only responses from sampled child participants who were present at the time study activities were conducted in the ECDE centres have been presented. To uphold anonymity of the participants, pseudonyms have been utilized in presentation of findings in line with the study's ethical requirements. The following sub-section presents the visual stimulus illustration (VSI), one of the major tools utilised.

5.2.2 *Psychosocial experiences through Visual Stimulus Illustration.*

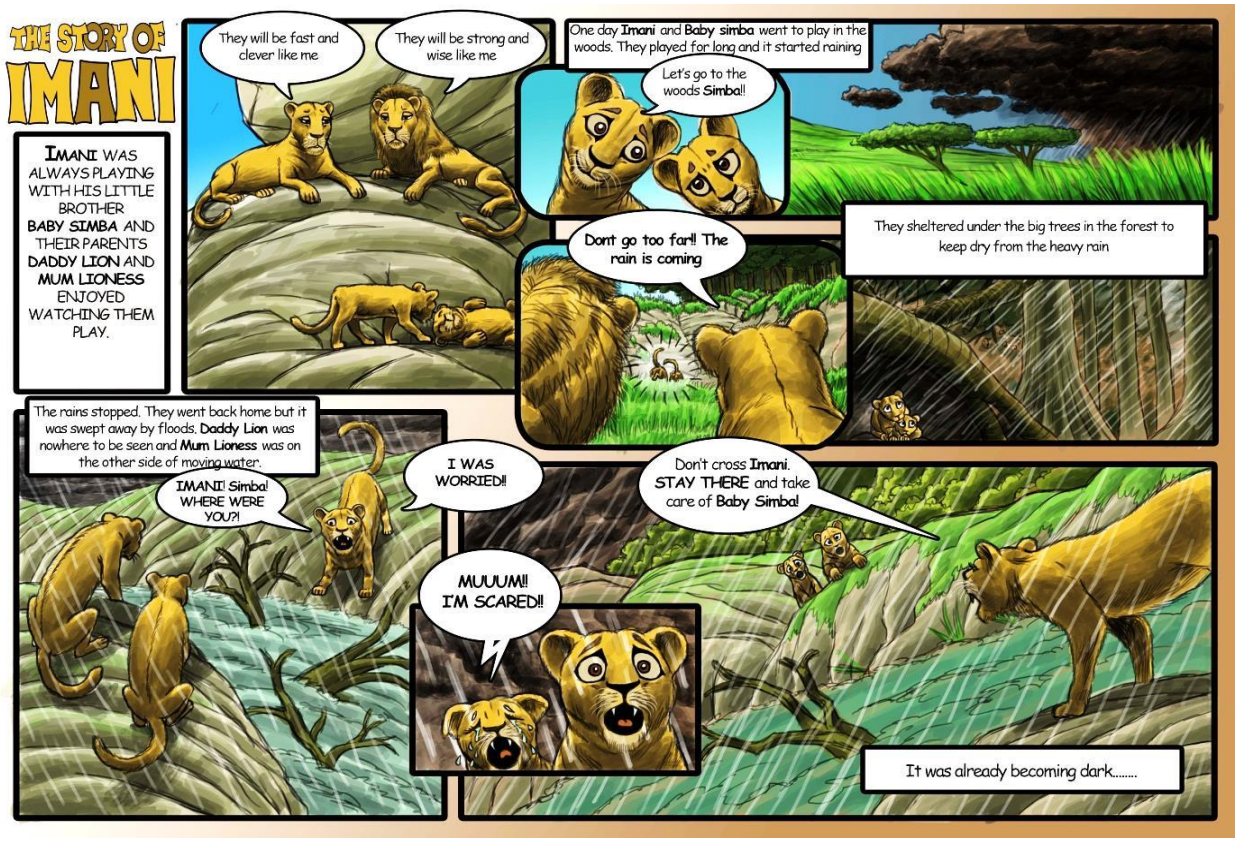
This section presents the story line of VSI and compressed responses from the questions asked. The researcher's goal for using the VSI was to provide a prompt act as a reference for children to reflect on their lived life experiences, since children do not think randomly as adults do (Pica, 2012). VSI have been embedded in this subsection to provide clarity and a flow in the findings. First, children were sampled and invited a separate class for a story time session as part of a class session on their class timetable slot. Part of the preparations for the VSI presentation involved asking children to present stories of their own. A few children volunteered to narrate a short story each while others listened actively through their responses of urging on, encouragement at every pause, singing as each story demanded and so on. This offered positive preparation for the children and as a good precursor to the VSI presentation. After this preparation, the printed canvas sheets of VSI were displayed at the front of the class revealing its pictorial illustrations in a sequential manner. This enabled the children to view them and talk about them as they thought through the pictorial sequence for about fifteen minutes.

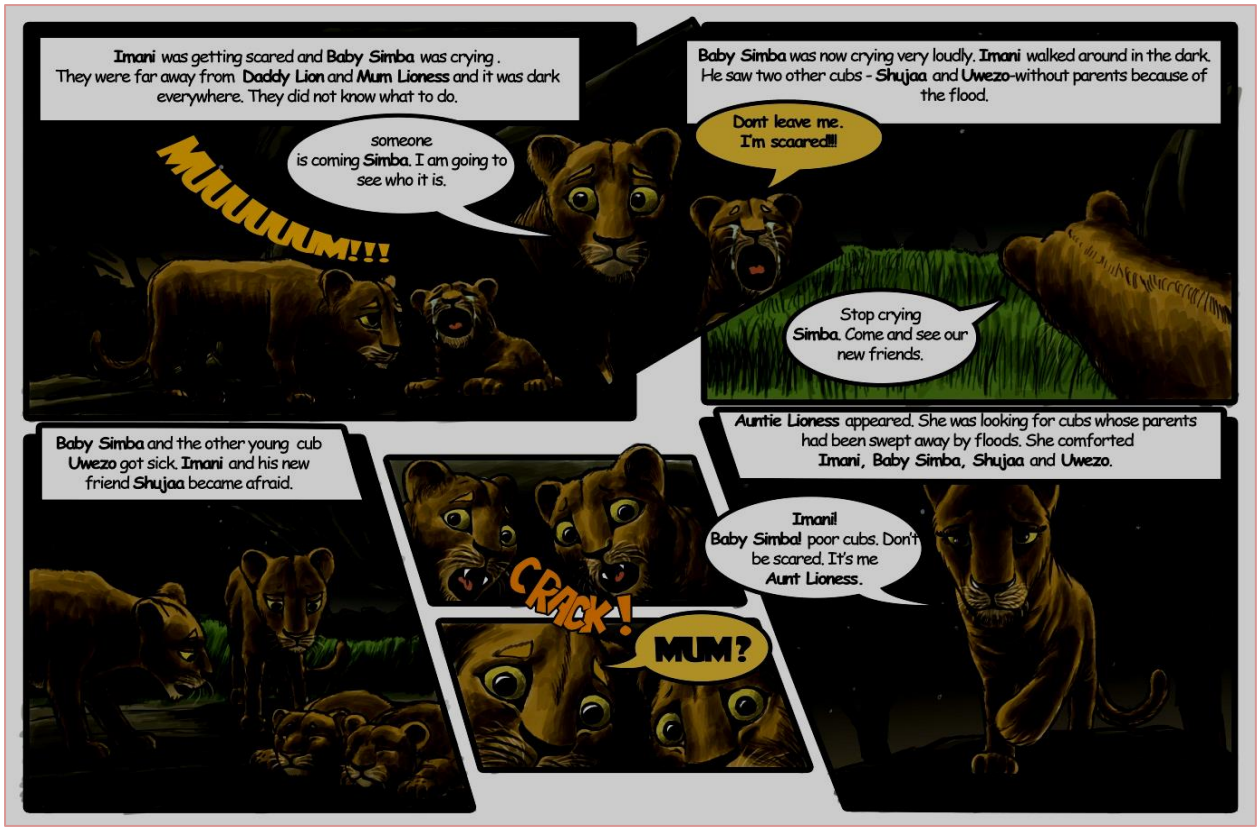
The class teachers who had been earlier briefed by the researcher on the presentation began the session with the preliminaries of story-telling as was the norm in a story telling session with children. They then took the children through the pictorial story using *sheng* language. The use of "sheng" made it easier for conversations to be generated freely without language barriers. In facilitating the story, teachers simplified it to the level of the children's understanding, during which time they worked in tandem with the researcher to ensure that the essence of VSI remained the focus of presentation. Children remained actively engaged, participating through para-linguistic responses and expression of emotions that came up within the story such as: sighs, fright, happiness, sad songs and happy songs. This was for the

purpose of sustaining their attention and at the same time ensuring that they remained as interested as possible.

This was repeated for clarity after which the children were asked to recount events therein to each other in pairs to ascertain their comprehension of what had been relayed to them. They were also informed that they were free to ask any questions where they had not understood. By so doing, they were offered an opportunity to internalise the sequence of events in the VSI. Conversations that followed thereafter guided them to respond to a set of prepared questions about the VSI and their individual answers were written down by the researcher and the three research assistants. The following section is a sequential presentation of the VSI- story both in picture and text.

5.2.2.1 Psychosocial Experiences Sequential VSI through animal pictures





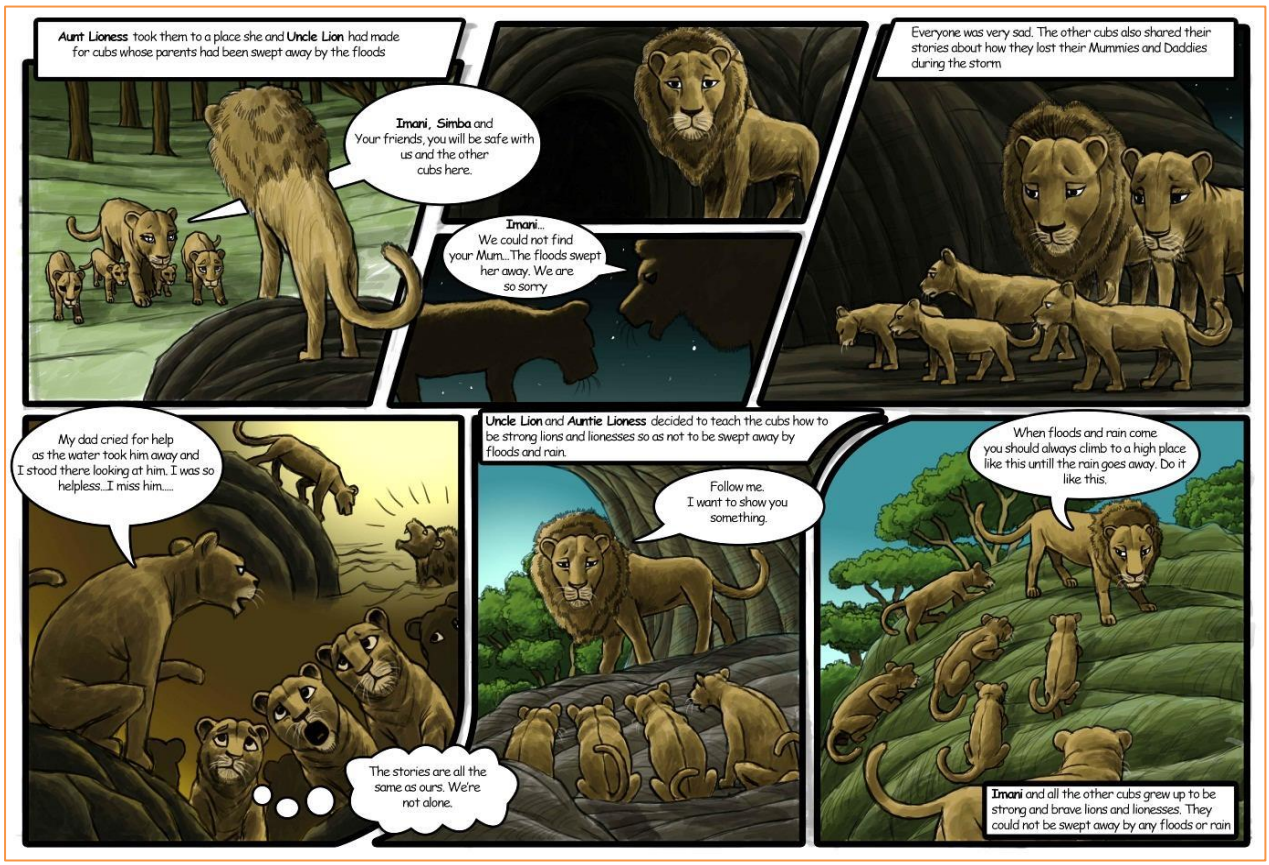


Figure 5-1 VSI in pictorial form

VSI textual sequential storyline as presented to the Children

This is the story of Imani, a young lion. He lived with his family. He had a brother called baby Simba, father called Dad Lion and mother called Mum Lioness. They were a very happy family. Imani and baby Simba enjoyed the company of their parents very much and loved to play in their presence to the happiness of their parents. One day Imani asked baby Simba to go with him and play in the woods. Mum Lioness told them not to go deep into the woods since it looked like it would rain. Imani and baby Simba continued to play and enjoyed their time in the woods.

Suddenly! It started to rain heavily. There was thunder and lightning. They were afraid. They could not go back to their parents since they were far deep into the woods.

Then Imani thought, "Me and my brother baby Simba can shelter under a tree to keep dry".

And so they sheltered under a big tree. It rained on and on for a long time. When the rain stopped, there was a lot of moving water everywhere. Imani and baby Simba walked through the water trying to find their home but all they could see was only water everywhere. Their home was not there. It had been swept away by the strong moving water.

They were afraid. They thought, "… where is dad and where is mum?"

Then from far they heard mum Lioness calling them, "Simbaaaaa! Imaniiiii!"

"We are here mum!" Imani responded.

They ran towards where their mum was calling from but could not get to her. There was a lot of strong moving water between them and their mum.

"Do not come across. This moving water can sweep you away", Said Mum Lioness

Baby Simba starts crying. "Mummie!!! I am scared."

"Don't cry my baby. Imani please take care of baby Simba till the water goes down". Mum said

It was getting dark and darker. Imani started getting afraid.

Then it became pitch dark everywhere. Baby Simba continued to cry. Imani and Simba were stranded not knowing what to do. They felt alone and more afraid

Suddenly, there was a crackling sound. They were very, very afraid.

Imani was afraid but went to check what it was as he left baby Simba behind. Simba cried more and more and this was very disturbing.

As Imani searched for the crackling sound, he came across two cubs Uwezo and Shujaa. They too did not know where their parents were after the rains.

"Simba come and we have new friends, Uwezo and Shujaa", Imani called out.

Baby Simba joined them.

It was very dark and in that cold, Baby Simba and Uwezo become sick. They could not move any further. Imani and Shujaa did not know what to do.

Then they heard a crackling sound and were afraid.

Uwezo called out "Mummiie!!!"

"It's me!!!" came the voice. It's me Auntie Lioness".

Auntie Lioness appeared. She told them she had been looking for any cubs whose parents had been swept away by the rain waters. She comforted Simba and Uwezo who were sick and took them all to her home where she lived with uncle Lion. They found other cubs there.
"You will be safe here with the rest", She said
Imani and Shujaa told uncle Lion what had happened. Uncle Lion went out to continue with the search but came back to inform them that he could not see any of the parents. There was sadness on the faces of all the cubs.
Auntie Lioness sang songs of comfort to the cubs as they sang along. ***(The class joins in the singing of a familiar sad song).***
Later, the other cubs also shared their stories about how their parents were washed away by rain water.
One of the other cubs, Ukombozi said;
"Imagine, my dad was crying out for help as the waters washed him away".
"I stood there watching helpless, and was looking at how the water was taking him".
"I miss him"
Neema who was a female cub also narrated of how her mother almost got swept away by floods but was rescued by uncle Lion. She was still sick and staying far away with another family of lions.
Imani thought, "so their stories are like ours ..., so we are not alone in this ..."
Everyone was very tired and so, Auntie Lioness sang lullabies, she made them warm and settled them in for the night. ***(The children join in the singing of familiar lullabies).***

The following morning, uncle Lion and Auntie Lioness took care of the sick cubs and they got well from their sickness after a few days. When there was no more flood water, Uncle Lion decided to teach all the cubs on how to be strong so that they could escape from floods caused by rain water. They practiced this with him over and over on how to stay strong when rains come. Auntie Lioness also helped. Uncle Lion taught them how to always climb to higher ground whenever they saw rains come and stay there until the flood waters go down. They practised this every day until Imani and all other cubs grew up stronger and brave lions and lionesses. They were no longer afraid of rains or floods and Uncle Lion and Auntie Lioness were very proud of them all.

5.2.3 *Effectiveness of VSI in reflecting children's experiences*

The story of Imani is an imaginary VSI whose settings are in the animal world. In most African cultures, lions are viewed as very powerful fierce animals that cannot be easily challenged by jungle circumstances. Thus, many of the African folklores and some stories for young children's depict lions as the kings of the jungle. By using them in this VSI, the intent was to show that even the strongest and most fierce animals can face adversity. Nevertheless,

the difference is in what these younger animals can be able to do in order to negotiate around those adversities, with some help, in order to survive.

Animal stories are popular with younger children across cultures. According to Burke and Copenhaver (2004) animal stories touch on the emotional chord of children, which make them more curious; and they create a lasting bond which mirrors the world as they perceive it. This could explain why many childhood stories whether in oral narratives or written forms are populated with animals that hold human characteristics such as being able to converse and engage in activities like going to the farm, cooking etc. The current study's VSI had animals that were personified in order to help the participating children relate to events and experiences illustrated in the story.

Vygotsky (1986) observes that, forms of imaginative illustrations are tools that help in creating structures in the mind of children. He believed that, these were thinking and language devices that helped children have a deeper sense of understanding what was presented to them. Therefore, this VSI was one of the ways of getting to stimulate lived experiences in the children under study. It also helped them to make adjustments in their understanding when they started conversing about events captured in the illustrations and how these events were related to their own lived lives. This reflective approach to their lived experiences had the potential of providing possible solutions to some of challenges they perceived to have had in their own lives as OVC.

Uncles and aunties to most Kenyan children are considered to be very important persons in their lenses for they take up varied roles such as: minders, male and female relatives or mentors; including those who care for children in orphanages and any other persons who took interest in children's wellbeing. Child participants fully related to their roles when it came to helping orphaned animals to adapt after loss of their parents in the floods. This included taking the young through grieving, providing hospitality, caring for the sick, encouragement, being happy about their achievements in attaining skills taught and ensuring sustenance as they grew. These were in part profound aspects children captured in the VSI as being very supportive to the young cubs in their adversity that resulted from floods.

The conversations that followed after the VSI presentation opened up spaces for participants to talk about issues related to death of parents, floods, darkness, loneliness and how a happy

family can suddenly turn tragic for young ones. Thus suggests that, cognitively, their mental structure had already been enabled to express their lived experiences while relating to the animals in the VSI. Although such phenomena can be considered to be above the comprehension of children their age, the VSI facilitated it, serving the purpose for which it was meant for in the study.

Comprehension questions generated for children were based on the events in the VSI. They formed a guide to subsequent conversations and discussions on psychosocial experiences emanating from the VSI presentation. The questions were also used to stimulate awareness and create comparison between the events in the VSI story and OVC own lives. These led to a number of interesting outcomes. For example, some children felt they should visit the young animals and also tell them their own lived experiences. Others claimed that if they visited these young animals and since their own uncles had not yet taught them how to be strong, they were afraid it would rain and they would risk experiences such as those Imani and Simba went through. This showed the depth of their comprehension of the VSI. Other salient issues that emerged from conversations were gathered as data, sorted, categorised and compressed. Although there were seven guiding questions for the child participants, their responses have been consolidated and presented in form of themes. The following sub-section presents the compressed data based on VSI guiding questions (see appendix E).

5.2.4 *Children's responses to questions on animals' experience through VSI*

Children's responses to a set of questions on the psychosocial experiences of animal characters in the VSI were explored. A majority of the children were able to accurately recollect the tragic events especially those that had to do with the younger cubs when they returned to their parents. This was in response to the first question which required them to recount what they remembered in the story. Some identified the young cubs not just as animals, but as young ones with human characteristics; a factor that is consistent with most children stories in literature (Burke, 2004). This was evident in how they looked at both the risky and protective psychosocial experiences of the animals. The children's responses have been captured and compressed in the following sub-sections. Pseudonyms have been used in line with ethical considerations.

5.2.4.1 Risks and vulnerability associated with the young animals in the VSI.

Young animals may be at risk when not near their parents. Question 2 and 3 of the VSI (check Appendix E); sought children's comprehension of the types of feelings of the cubs had after not finding their mother, and the difficulties they encountered. In giving a description of the animals' experiences, their answers were varied. Their perceptions of risk and vulnerabilities as experienced by animals were identified and compressed as follows:

- *Loss/death of the father through the floods,*
- *difficulties getting to their mother who was far away and could not 'mother them',*
- *heavy rain and a lot of moving waters that made the "children" animals scared,*
- *loss of home where they were unable to cook and eat,*
- *Simba not feeling good [well/ sick] due to lack of 'breastfeeding'.*

Breastfeeding was an unexpected response since it did not feature in the VSI storyline. Although it could be concluded that Simba was a 'baby' lion and needed to suckle, it was observed that, the child who generated this response spoke fondly about suckling as she sucked on her thumb. She explained how baby Simba missed his *'munyonyo'*[9] and that that made him hungry which caused him to cry. This kind of response was suggestive of a child who may have been deprived of maternal care, nutritive needs or other psychological and physiological needs which caused fixation through the sucking of her thumb (Warren et al., 2000).

Other risks that were identified by a majority of children were associated with sad moments and challenges. The children were asked to express these moments as they took up participatory roles in the enactment of some of the events they identified within the story in a guided conversation. Below is a summary table of the compressed children responses.

Table 4 A summary of risk factors as identified by children

Psychosocial challenges	Physical challenges
- Helplessness - Bad (Negative) feelings - Loss of parents - Loss of care - Fear	- sickness - Hunger and not having favourite food *('chapatis'*[10]*)* - No shelter - Lack of protection - Darkness - Cold "due to lack of blankets" [sic]

[9] '*Munyonyo*' is a slang word for breastfeeding or feeding bottle for babies
[10] '*Chapatis'* are flat bread - one of Kenya's popular delicacies loved by most people.

As illustrated above, the children identified the risks the animals faced, both physical and psychosocial. This was crucial to ascertaining their comprehension of emotions of the animals in the VSI. However, lack of blankets and '*chapatis'* for the young animals were also unexpected responses since blankets and *chapatis* are associated with humans and were not mentioned in the VSI. For the children to have thought of the animals' experiences in this manner, suggested that, they were stretching their imagination and possibly projecting their own suppressed lived experiences of deprivation of delicacies and general comforts in their lives.

5.2.4.2 Protective factors associated with the rescue of the cubs.

In reference to question 4 (see appendix E) which required children to identify emotion associated with what the animals felt when they were found, they identified the help that came in form of Auntie Lioness as playing a vital role in rescuing Simba and the other young cubs. Interestingly, they were able to add dimensions of Auntie Lioness and Uncle Lion's home to have the semblance of human home settings with sitting rooms, kitchens and cooking stoves. While some mentioned that the young animals got blankets to keep them warm, others were of the view that Auntie made tea and bread for their hunger, and also made them more warm and comfortable. Thus, they related to the physical needs of the animals and recognized external support in Auntie Lioness. Below is a summary of their perceptions about the protective experiences after rescue.

Table 5 A summary of protective factors as identified by children

Immediately after being found	After getting to Auntie Lioness home
- Joy - Comfort - Happiness - Feeling good - They had someone to tell how their mothers were carried away by water	- Warmth, - Food - Uncle Lion trying to trace their parents - Friends with similar challenges - Listening to others stories - Uncle Lion teaching them to be strong - Growing up

From the illustration above of protective experiences, it is evident that the children perceptions of the rescue by Auntie Lioness in the VSI are in terms of positive support, which gave the cubs protection against the harsh experiences they had gone through.

5.2.4.3 Children understanding of protective experiences in the VSI

Question 5 (see appendix E) intended to explore whether the children understood protective experiences in the VSI. In their responses, they described the animals' reactions were alone in the dark without their parents and the role of Auntie Lioness. A majority of the children were able to identify cubs' togetherness in the woods as a very strong protective experience. Some argued that, by Imani discovering the other cubs and staying together when darkness set in, enabled Auntie Lioness to locate them and take them to her home together. According to some, this could not have happened had they been in separate places. Thus indicating that, the idea of being in a group was viewed positively. Consequently, they viewed the act of Auntie Lioness putting the rescued cubs together with other cubs at her home and talking to all of them as enabling them. They felt this facilitated their meeting and making new friends they could talk to as expressed in some of their following sentiments.

> *…you see Imani ...found those other friends and they were talking… and then they were crying together ...and afraid together. Then their aunt found them together* (***Jeni- 6 years old)***
>
> *...listen! listen! [drawing the attention of others to what he wanted to say]. Imagine, I think ... Imani was helped by the new friends in calming baby Simba …* ***(Rinje 5 years old)***
>
> *... and [baby] Uwezo. I do not think he could do it alone… especially when Simba continued crying…then [he became] sick* ***(Ramo- 5 years Old)***

The above views were also upheld by others who felt that if the young animals had not been found together, they would have been lost in the woods for ever, never to be found by anyone. According to them, the fact that the young animals were together in their difficulties lessened their predicaments of loss. Their views were indicative of the possibility of children's understanding of agency of the young animals and group support for security.

5.2.4.4 Children's predictions of the animals' future through experiences of VSI

The children were able to give their opinion and projections of how the future lives of the cubs would be. This was in response to question 6 (see appendix E) which sought to find out from the children if they could be able guess transitions in the young animals' lives based on the VSI. The projections given were varied with some indicating vulnerability and others showing optimism, showing how varied their perceptions were as shown below.

Table 6 A summary of children's prediction of the young animals' future

Protective (Positive)	Vulnerability (Negative)
- Getting other fathers and mothers - Living their lives with their friends - Living in a big family with Uncle Lions and Auntie Lionesses - Living a good and happy life - Growing strong and stronger	- They will always remember their father and the floods - They will never see their parents - Floods will come back again when they will be the age of their mum.

The responses are indicative of the OVC ability to interpret events in VSI and challenges which in effect impacted on the animals' lives. For some, a hopeful prediction about the future of the young animals was ideal and for others they predicted negativity. These predictions suggested the children's own internalized feelings and struggles. Indicating that, those who expressed optimism could have viewed negative events in the cubs' lives as transitional, while the contrary viewed them as vulnerability. This could have been an illustrated possibility of their view of life in their own lenses as orphans or vulnerable children.

5.2.4.5 Comparison of experiences in VSI to children's own or known experiences

During the discussion in reference to question 7 (see appendix E) where children were to compare the young animals' experiences in the VSI to their own context or people they knew, and a majority of them who responded to this question were able to draw comparisons. Most of what was expressed showed risks experienced, drawing from a wide range of psychological, emotional, social and economic hardships as seen in the following sub-sub-sections.

5.2.4.5.1 ***Narration of peers' exposure to risky experiences***

Through subsequent conversations, children talked of other children's experiences and how the experiences affected them. Below are samples of their responses.

> ***Maria:*** *Shiko my friend… Shiko's mum died and her dad left her… She went to live with her auntie to be her mum… My friend's mum and dad did not agree together [sic], then they separated. One day the dad got sick and died in the house…They looked for my mum then they were taken back to the ushago (rural home) where they now stay with their another [sic] mother.*

> ***Pretty:*** *Some… my friends, their mum passed in the mud and fell sick. … she was worried of dying leaving my friend and other children. The children from [after] school took her to 'hosi'[11] [sic]. The following day someone tell them mum dead… The children had problem of behaviour… some become 'thiefed'[12] [sic]…They were taken to church and after maaany[sic] days, they become good children.*

Maria's illustration gives a revelation on her friend's experiences of bereavement, change of care, conflicts at her foster home, separation, sick guardian, second bereavement and later her relocation from urban to rural environment. The transitions in Maria's friend's life were many for her to cope with which also affected their friendship. In addition, Pretty revealed how her friends' experiences of their critically sick parents, hospitalisation and bereavement which caused disruptions to the otherwise normal lives of children. According to Pretty, the behavioural problems of her friends were as a result of death of their mother. Pretty identifies the church as having played a role in correcting their behavioural problems. The researcher observed that, Maria and Pretty talked with confidence and emotional maturity exhibiting a deeper sense of comprehension of what befell their friends as they made their contributions in the conversation. Their awareness and maturity is suggestive of how the thinking of young OVC in urban areas is heightened by events in their lives and that of their friends. Subsequent discussion with the researcher illustrated more awareness of their peers' risks and consequently the extent to which they were equally affected directly, and how their relationships with them suffered.

5.2.4.5.2 *Children's expression of lived psychosocial experiences*

In reference to how the children drew comparisons of their own lived experiences from the VSI, some expressed their grief, change of lifestyle, uncertainty of their parents' whereabouts, burials which are not explained to them, and wondering if their parents will ever come back. Some of these sentiments are stated below.

> ***Ado****: Me…I felt bad, I felt bad because mine [parents] died.* ***(A 5 year old boy)****.*
>
> ***Rete****: They say dad died… and I feel bad, very bad in here (pointing to the chest)… but sometimes… (He shrugs his shoulders)* ***(A 5 year old boy)****.*

[11] **Hosi** is a sheng word for hospital
[12] ***Thiefed*** *was used by the child to denote thieves.*

> ***Olo**: First it was my mum [who died]…then dad. Life changed, it changed I even don't know… life is hard... It changed… just like that…* ***(A 6 year old boy)***
>
> ***Shiro:** I …I have my mum… but she die [sic]. We go to church. And they say she go to heaven. In church there are m-a-a-a-ny peoples [sic]. But they don't tell me when mum will come back…* ***(5 year old girl)***
>
> ***Ota:**… there was this time they put my dad in a box … then they took him [long pause] and put in a corner [grave]* ***(6 year old boy)***.

The above illustrations indicate the nature of psychosocial challenges of children who lose primary caregivers experience. It can be observed that, they had been enabled to express those feelings, experiences and challenges freely when they were given the opportunity to do so. Although children's experiences were of a wide range, they externalised and expressed some of the hard-to-talk about issues of their lived lives in an enabled supportive environment. This demonstrated the ability of this group of children being aware of their own trauma and opening up to traumatic experiences of loss of parents and changes in their lives. When the researcher sought further clarification from their class teachers, it was suggestive of their inability to express what they shared at their level in a normal conversation. This reiterates the important role the VSI played in enabling the OVC to access their lived experiences.

5.2.4.6 Children expression of own vulnerable experiences as other children's

Some of the orphans' expressions of psychosocial experience indicated detachment. They talked about calamity befalling other children when in essence they were referring to themselves, their siblings or other family members as illustrated below.

> ***Odida:** A dog chases these children, some kids are stolen by bad people… they have nobody like parents…* ***(5 year old boy orphan)***

Although Odida in the above illustration referred to some kids, in an extended chat with him on this matter, it was found out that he was referring to himself and his encounter with dogs in unfamiliar environment. He believed it was because of the loss of his parents which denied him security in the new environment he had been taken to, that the dogs chased him. The kids he referred to were his siblings who had been distributed amongst relatives he termed as bad people for causing separation between him and his siblings. As it is in many cases in urban settings of Kenya, maternal orphans or double orphans are normally shared amongst extended

family and relatives for care. In extended conversations with Odida, it was observed from his tone and hesitations that, he had undergone unpleasant experiences as a result of separation from his siblings. His belief that his siblings had been stolen by bad people as a result of being orphans just showed how he was coping from his emotional and mental distresses by detaching himself from that traumatizing experience of not having parent of his own and his siblings. This illustrates how experiences of death and separation for some orphans' interfere with their emotional and mental wellbeing, and how they **detach** them from their realities in order to cope.

Distress and **disorientation** after a parent's death were also found in some of the grieving children, which distorted the way they perceived and expressed themselves. One would have mistaken the child for talking about other child as expressed through Sidha's words below.

> ***Sidha:*** *…It was very bad…very, very bad …the dad … the mum died … she used to cry and cry, she cried a lot (she says this as tears welled in her eyes).*

Sidha explained how the parents of her friend died starting with the father and later the mother, which saddened her a lot. Due to her reaction after his explanation, the researcher sought clarification from the teacher on this matter. It emerged that Sidha was referring to herself and her grief for her mother who had since died. It was however not clear to the teacher what happened to her father. The class teacher also verified that the two children, Sidha and Odida had recently been orphaned and were still grieving the loss of their caregivers.

The two illustrations above show how orphanhood gives a range of experiences that distort mental wellbeing through detachment and disorientation, possibly as a way of coping with negative experiences. This finding offers insight into psychosocial issues affecting grieving children and the need for staff members in ECDE centres to get beyond only knowing the orphanhood or vulnerability statuses of children they handle. It also highlights the need to identify those at higher risks and seek to accord them psychological support for adjustment in their lives. Sidha and Odida were later referred to the research team counsellor for further psychological services.

5.2.4.7 Children expression of own protective experiences as other children's

Experiences of separation of parents, separation of siblings, hospital's inability to preserve the health of parents, and grief which were expressed earlier by OVC, may appear to be all negative to those children who were affected. However, there were some who gave accounts that were positive as shown in the excerpt below.

> ***Eda:*** *… her parents went away … maybe like those of Simba. … she is in school even with parents washed [away] … but their auntie come to take them to safe [their rescue]. Now she is with auntie… happy with auntie… she is [yes she is]… (Smiling).*

The illustration above indicates that Eda was referring to another child. However, more inquiries were made on this matter for verification from the class teacher and it was revealed that Eda had been taken by her maternal aunties who lived together and it was reported that she seemed to have adjusted well after the loss of her mother. According to the teacher, she was not like 'others' meaning that she appeared to have reconciled the loss of her primary caregiver through the support given by her kinship and had adjusted well.

In concluding this section on responses elicited by VSI, the findings suggest that a majority of the OVC understood the experiences of cubs in the VSI. Consequently, the exposure to VSI enabled them to share some of their own varied experiences of loss which compromised their wellbeing. It later emerged that most of the children had never had any forum that allowed them to talk about many of their experiences to other '*people*'[13] as one teacher expressed. As a result, those identified for showing signs of anxiety, tearing, detachment or were reportedly withdrawn by the researcher and her team, were given extended psychological services by the counsellor who was a member of the research team. It was also recommended that, the class teachers make arrangements for follow-up assessment sessions with the counsellor and possibly their guardians. This was because they were considered to possibly be at a higher risk of mental distress.

5.3 Children's psychosocial experiences expressed through drawings

Ascertaining OVC lived psychosocial experiences in terms of their attending ECDE centres was important to this study. There was need to know type of needs they had, psychosocial

[13] *A term used by the teacher to mean unfamiliar persons, unknown persons to the children.*

support extended to them, and how their wellbeing was affected. Children in this study were asked to make two thematic drawings. Firstly, the children were required to make two thematic drawings one indicating what made them sad and the second indicating what made them happy when in their ECDE centres. After being given an A4 plain white paper and a pencil to make drawings, they had an opportunity to narrate the experiences expressed in their drawings. They were given opportunity to provide a verbal narration, expressing experiences and emotions captured in each of their drawing. Their expressions were written at the back of their drawing by the researcher and the research team for each child.

A total of 133 drawings were collected from the 45 children who participated in the study with some submitting more than the expected two. However, after sorting them out, only two drawings which reflected the thematic provisions were selected from each child. The graphics drawn and narration collected were further sorted and later analysed. Through these drawing activities, their experiences were deduced and some were checked against observations made. Where clarifications were required on some drawings or narratives, teachers' perspectives were sought.

This section provides presentations both in visual and textual form which have been arranged according to the thematic categorisation and identification of data. Descriptions of the children's narratives explaining their drawings has been given, excluding 'other voices' in order to address in part their lived experiences and psychosocial factors as expressed by them. Phenomenological approach was utilised in this case in an attempt to provide an understanding to the events depicted in the drawing, meanings attached to them in the context in which they were drawn while at the same time respecting the views of the children (Malchiodi, 1998 p.35). A major identifiable and outstanding uniqueness of the children's drawings was in the compositions of experiences in both the sad and happy thematic areas within one single drawing. This was also taken into account when capturing the dominant sub-themes and where there were overlaps on issues presented within a single drawing, the salient ones were considered.

5.3.1 *Challenges and psychosocial needs of OVC*

This section provides children's drawings of the sad thematic experiences which unravelled disturbing psychosocial needs the OVC. These experiences were categorized according to spaces and locations as depicted and narrated. Some of the experiences were located in the

children's home environment and neighbourhoods, others on routes to their ECDE centres and others within the ECDE centres' environment. The subsequent subsection expounds on these areas.

5.3.1.1 Loneliness in home environment as a psychosocial concern

Although the study's intention was to look at the experiences of the OVC while in their ECDE centres, their home experiences came up strongly and could not be ignored. A majority of the children had a lot to talk about this in terms of their varied experiences at home. Although most of their homes were located in the slums, they were of different categories with some located in poorer areas than others. The drawings revealed that some children experienced loneliness as a result of not having minders/carers at home and therefore they were exposed to either neglect or confinement indoors in order to keep them 'safe' whenever their parents/guardians/minder went away. To the children, these were sad experiences as suggested in the following illustration and narrative below.

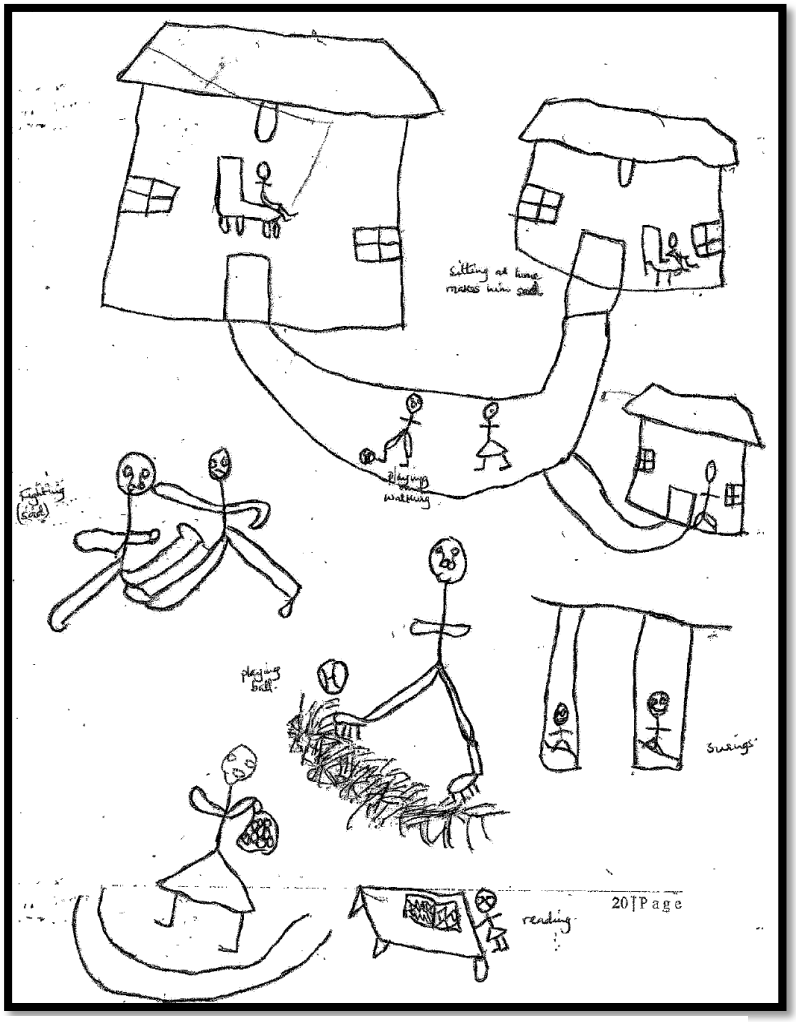


Figure 5-2 Inzolo- A 6year old boy

> ***Inzolo**: I sit in the house alone. I look out [through the window] I see children play… In this house and this house here… I just sit in the house one place and then the other place and wait for auntie. I don't go to play. She says outside has bad people.*

The above narrative illustrate experience of confinement and loneliness when Inzolo had to be left alone in the house by being locked indoors and not allowed to participate in activities with other children outdoors. Instead he could only peer through the window and observe others play. Inzolo's sentiments suggest that his auntie's actions were already programming him to mistrust the world outside the confines of the home. This imprinting of negativity put him in a dilemma as to how other children could not experience the bad people his auntie talked about especially when he saw them play outside their homes and not him. Further inquiry from the teacher indicated that, Inzolo who was a maternally orphaned boy was being fostered by his aunt and had moved houses several times in different neighbourhoods. The action of his auntie protecting him by confining him indoors may have been appropriate, but it seems it made him feel vulnerable. This is because children are naturally social beings.

Other children's experiences of loneliness were slightly different. Besides not having someone to keep them company while at home, they were neglected by being locked out of the house and would be left without any companionship or adult care. This was a sad experience as illustrated in one of the drawings below.

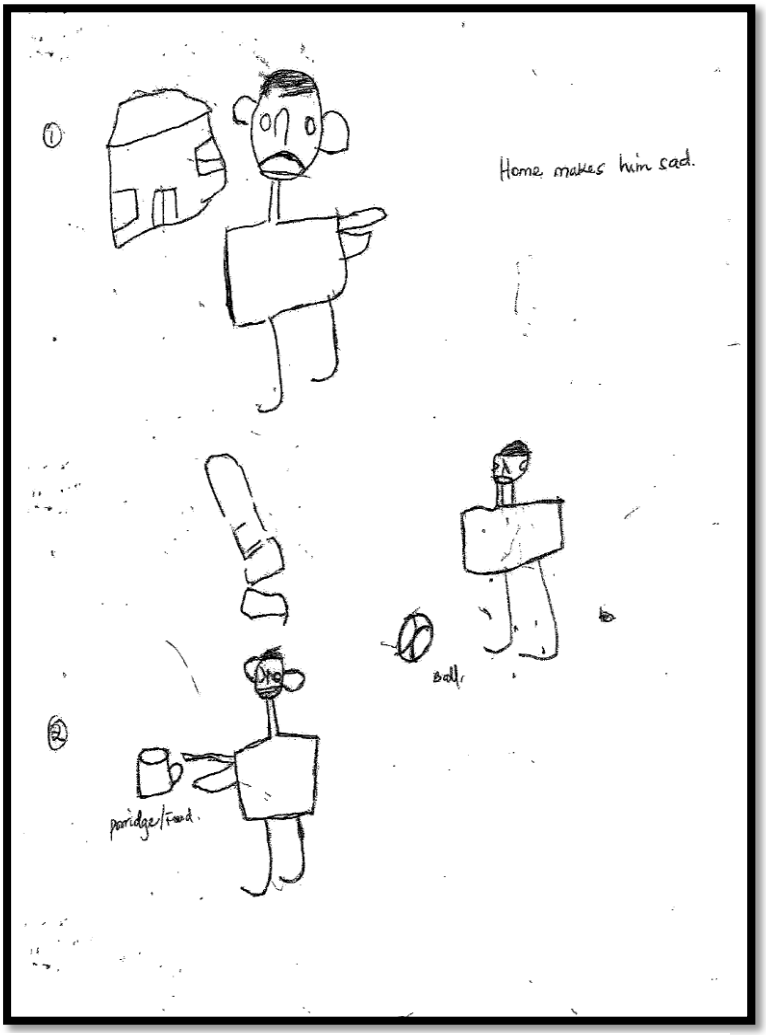


Figure 5-3 Jay- A 5 year old boy fostered by a relative

Jay*:… Here I am home …left home alone. I play alone…eat alone. It is only me alone.*

In the illustration above, Jay's drawing shows a house that has been locked. Even as he positioned himself in three situations in the same drawing, he expressed his loneliness as he played and ate alone while at home. There were no other children or persons shown as in the case of Inzolo.

Although the two children had different experiences, one for indoors confinement and the other of neglect outdoors, they both experienced loneliness and a sense of abandonment. The two lacked the company and association of other children for socialization, and adult care which are important for the wellbeing of children their age. Loneliness as an experience brought out by both Inzolo's and Jay's suggests the psychosocial consequences of unsupervised care. The two children show how unsupervised care of orphans negatively

affects their wellbeing. Loneliness with depression and emotional detachment in children especially when the individuals have unmet interpersonal needs in an otherwise established social network have been found to work against their wellbeing (Nato & Barros, 2003). This potentially leads to social isolation. For children such as Inzolo and Jay, some emotional and social relationships were important to avert possible negative outcomes of the situations they found themselves in.

5.3.1.2 Home associated tragedies as a psychosocial need.

Fire disasters in some of the children's homes were found to be a disturbing experience for the OVC. Although fire disasters are a frequent occurrence in many slums of Nairobi, to the OVC under study, this affected their wellbeing and disrupted their lives significantly as indicated in the following drawing.



Figure 5-4 A drawing of Ware a 5 year old girl

> ***Ware:*** *This is where home was… fire came at night… I go there to look for our house, my friends and play…*

Ware's drawing reveals his experiences of tragic fire disasters which led to his displacement. The five year old girl had to contend with going back to play in the ruins that remained of her home as well as to look for friends as shown in her drawing and explained in her narrative. Tragic losses of dwelling places through fires were found to cause devastations to affected OVC who lost all their meagre possessions, leaving them with nothing. Such fires were potential contributors to OVC vicious cycles of poverty and desperation.

Since most of the slums of Nairobi County are congested settlements with poor state of housing, they are constantly under threat of fire outbreaks with devastating consequences. Although such tragedies separated children as parents or guardians looked for alternative shelter, Ware's account indicates that children were still able to move beyond the tragic loss through their own individual networks of neighbourhood friends. Through play in the open spaces of their former razed down homes, they were removed from the harsh realities of such kind of disasters and loss. These tragic experiences of fire which mostly occurred at night in the slum areas were found also to be traumatizing as resounded in the following words.

> ***Rete:*** *Everywhere is danger… all round home. Where we walk, where we play… and the houses…the fire come at night and houses burn [sic].*
>
> *(Conversational interview extract from 6 years old boy).*

The status of orphanhood or vulnerability notwithstanding, fires tragedies created many more vulnerabilities and psychosocial needs for the OVC which need to be supported.

5.3.1.3 Psychosocial challenges of living in orphanages as a psychosocial need

The study found that, orphanages which were known as '*homes'*, were a source of distress to the OVC. There was an indication that homes which were alternative foster care arrangement for OVC were a congested environment, a place of unhappiness to the OVC who felt left out in care and other things that happened around them. Consequently, this became a source of psychological distress as expressed by Ella in her following drawing.



Figure 5-5 a drawing of Ella a 5 year old girl

> ***Ella****: Here is 'home'. We live in a 'home' [institution]…this is me and my 'brothers' and 'sisters' [other orphans in the orphanage]… Sponsor is taking care [of us]… Sometimes there is food and sometimes we stay like that [hungry]… Sometimes we are happy when we get something [food] like where we go to church…*

Ella's expression of experiences in her '*home*' as indicated in her illustration above are indicative of challenges faced by younger orphans who live in orphanages within the slum areas of Nairobi. Notable features in the drawing are the facial expressions indicated by the

shape of the mouth of all the drawn human figures which suggests the unhappiness Ella and her peers experienced. Strikingly as observed from her tone, was her expression of sadness which she showed by placing her hand on to her chick, especially with the mention of food and lacking what to eat. She also sighed from time to time, taking long pauses which suggested that this was a heavy matter for her. Further observation of the drawing indicated that there were many *'sisters'* and *'brothers'* of Ella showing how crowded orphanages were. Although there is a cup, pot of food which is covered, a house and a vehicle, she did not mention these features.

Ella's case was indicative of experiences of the OVC in the informal foster care institutions. The children experienced lack of personalized adult care and abject poverty which made them a disadvantaged lot compared to their non-orphaned peers. The findings also show that OVC in the orphanages within the slums lacked basic necessities especially regular provision of food when donor funds run out. However, as Ella indicated, churches at times came to their aid through emotional and material support and this made her feel happy. When more clarification on this matter was sought, it was revealed that, the class teachers were only privy to experiences reported to them. This implied that, there other OVC whose experiences in orphanages were unknown and therefore remained unaided psychosocially.

5.3.1.4 Bereavement, separation and loss of home as negative psychosocial experience

A majority of the orphaned children were also found to have been affected by experiences of bereavement and grief. And at times, due to change in care, they felt lost as a result of separation from siblings, while others suffered abandonment. Such experiences were captured in their graphic representation and narrations as shown in one of the following drawing.

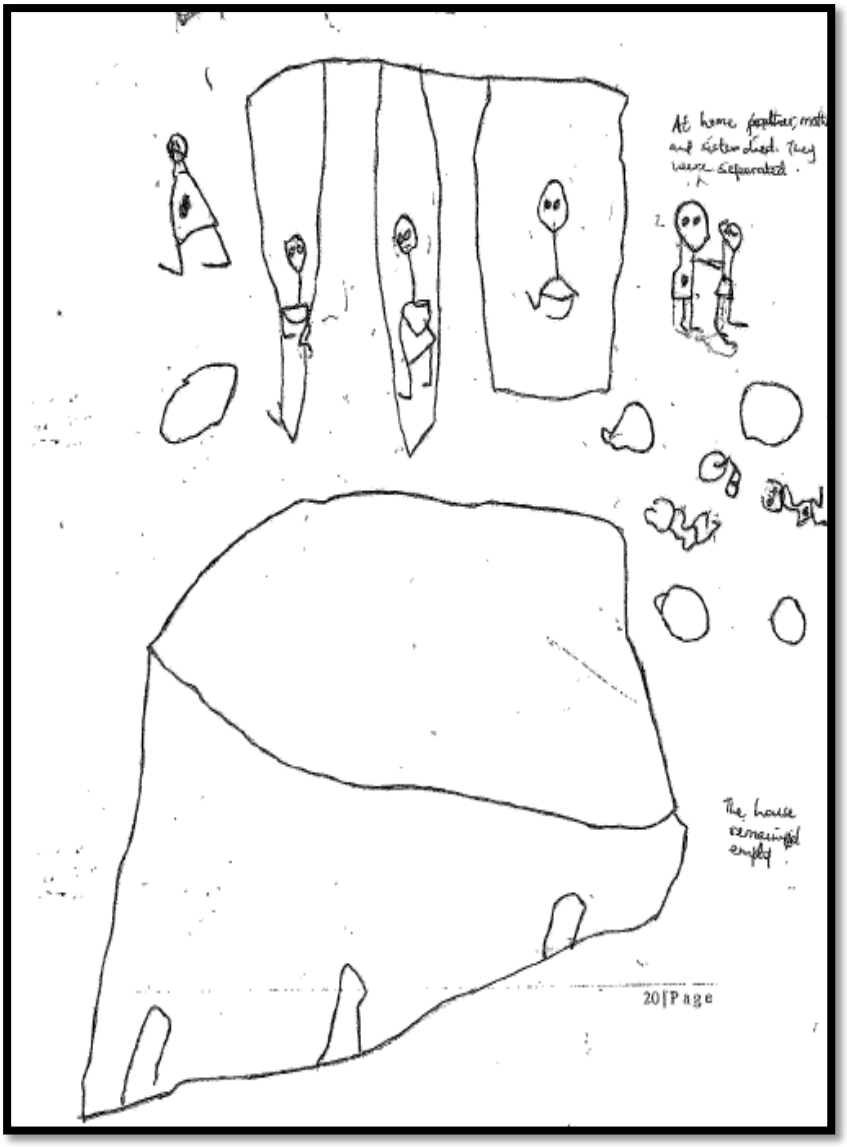


Figure 5-6 A drawing of Uri a 5 year old boy

> ***Uri*** *(pointing at each of the figure drawn)… Mum, fathe [sic], sister dead… put in the corners [graves]. Me here… and sister was taken and … as in …taken apart [separated] and home has no body there…house is remained alone [empty].*

The drawing and the words of Uri reveal how bereavement preoccupied some of the OVC causing deep emotional distress especially when separated from their siblings. Though it was not very clear from his narrative who took him into custody, Uri experienced double tragedy. He did not understand why his family members were put in the graves, covered with soil and why he had to be separated from his siblings. As observed from his tone, it was evident that, he longed to be with his siblings in his home which according to him had been deserted. This could have been a probable way to piece up his life after the loss of parents. This window of

insight into the orphaned children's thoughts indicates how experiences of bereavement take time to be resolved especially in younger children. After this drawing and narration activity, Uri was identified for extended psychological services by the research team's child counsellor and the class teacher asked to advice his guardian to consider follow-up sessions.

5.3.1.5 Abuse as a psychosocial challenge

Many OVC drawings depicted experiences that exposed the OVC to risks, some of which showed children exposure to sexual molestation in their home environment as indicated in the following drawing.

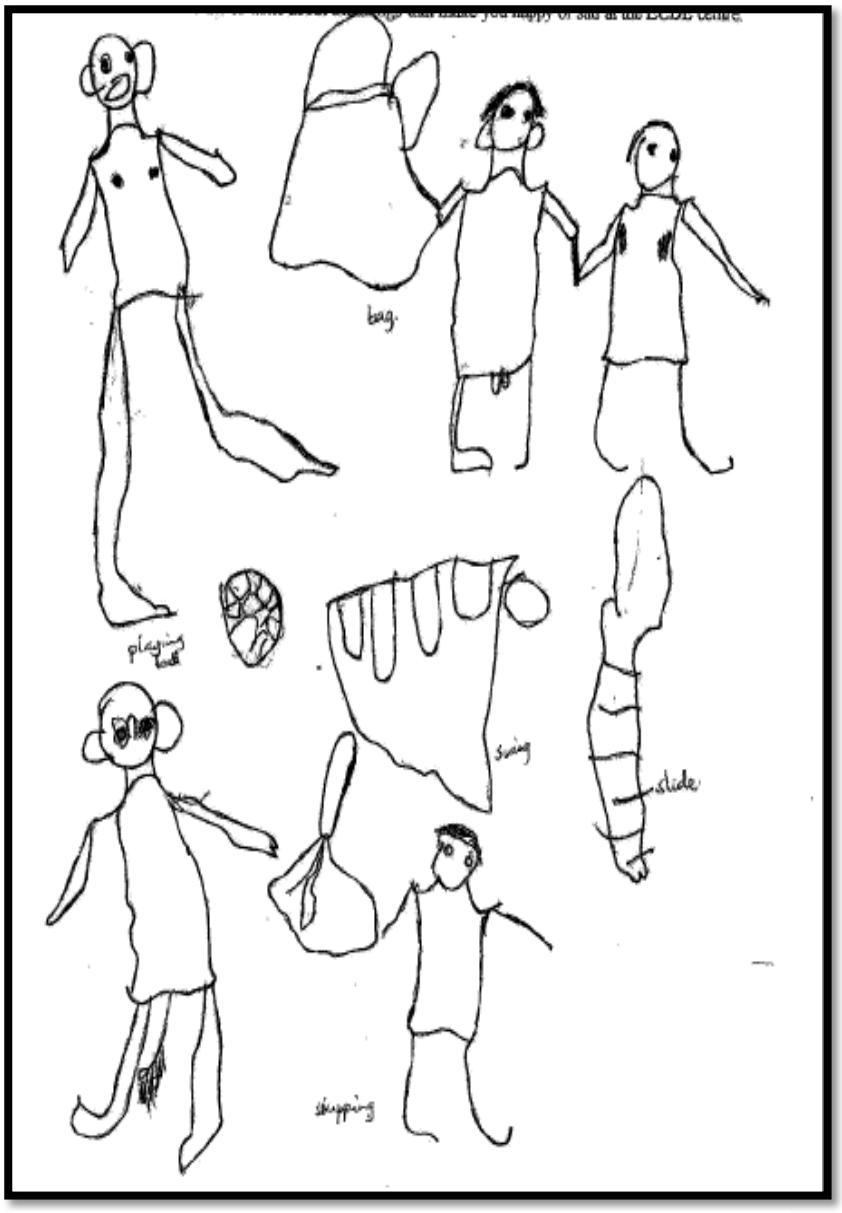


Figure 5-7 A drawing of Indo a 5year old boy

Indo: *(the child brought this drawing, could only mumble 'tabia mbaya[14]' and not say much other than shake his head in affirmation or denial when asked questions on which of the graphics presented 'tabia mbaya').*

Indo's drawing is an indication of the dynamics children may have from exposure to '*tabia mbaya'* activities which according to young children, are for adults. Drawing of the genitals and dots on chests indicative of breast were suggestive of indecent exposure Indo had been subjected to. Although the child was five years old boy, by drawing genitals in a class activity was suggestive of distress he might have experienced. When asked to talk about his drawing, he appeared shy not to say much or give more details. However, his silence and struggles that were evident through wanting to say something while unable to get words to express himself, pointed towards the dynamics he had within him over what he was communicating. Suggesting that, the contents in the drawing were dense and not easily penetrated with words. However, the drawing shows the ability to access impenetrable thoughts the child harboured as opposed to words which he struggled to express the same. According to Mortensen (1991) a child's graphical representation that exposes genitals is an indication of deep emotional and psychological distress. Indo was later referred for psychological services and follow up assessment by the researcher to the team counsellor.

In concluding this sub-section, it is important to note from the findings of OVC drawings and narratives the meaning of home environment, how they needed to feel safe and secure in them. The findings suggest that a combination of experiences from home environment undermined the OVC wellbeing and their sense of family, home, comfort, socialization, protection and safety in their homes was lacking.

5.3.2 *Experiences of children on their journey to the ECDE centres*

The study findings revealed that, experiences on OVC journeys to and from their ECDE centres had a significant psychosocial effect on their wellbeing. It was common that a majority of the orphaned children went to their ECDE centres unaccompanied by adults, and some had to walk most of the way to their centres on their own. They encountered a wide range of experiences which included gangsterism, distance, dangerous dogs, overcrowding and dangerous movement of people during rush hours, crossing busy roads and danger of

[14] Tabia mbaya which is translated to "bad manners" means indecent acts which may include indecent exposure and sexual assault or even rape.

children being knocked down by moving vehicles. The following subsections present these experiences as conveyed by the children in their drawings and narratives.

5.3.2.1 Gangsterism as a risk exposure to psychosocial vulnerability

Gangsterism was found to be a disturbing feature in children's drawings. The study found out that, most of the graphics depicting gang activities were drawn by boys. In their drawings, they showed gangs in several risky activities and as the following drawing below suggests.

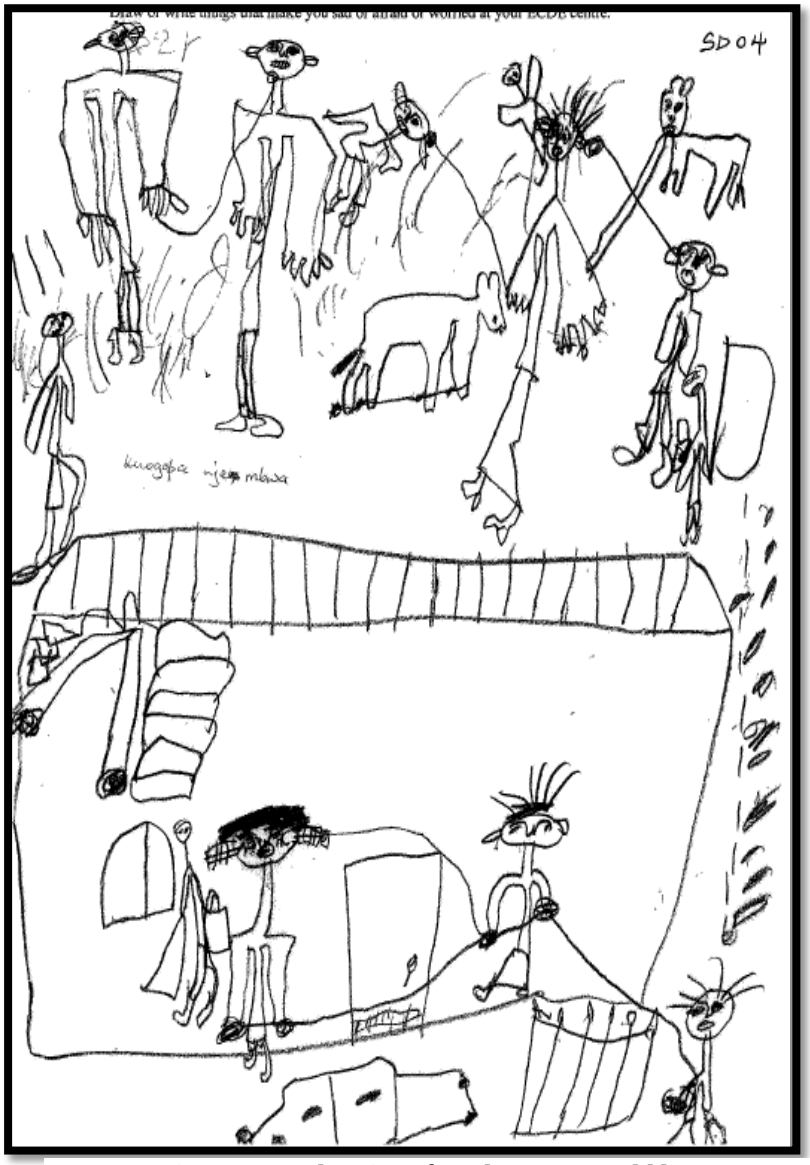


Figure 5-8 A drawing of Arak - a 5 year old boy

Arak: *These bad people …'mungiki'*[15] *… they scare me…*

[15] *Mungiki* are an outlawed gang group known for terrorizing people and reside in the slums of Nairobi

Although Arak did not say much about his drawing, his body language and the tone used were emotionless. This is suggestive of deep traumatizing experience. Granted he mentioned they scared him, his lack of more verbal expressions or emotions was indicative of internalization of fear. In addition, graphic presentation in his drawing point towards his lack of feeling through scary features of animals, and humans with strings around their necks, or pulled in a bushy environment. The human graphics have dreadlocks which are usually associated with *mungiki* gang or other gang members in Nairobi. This drawing gives an indication of a psychologically disturbed child who had been exposed to activities of mishandling people by gang members. M*ungiki* gang are known for disturbances and insecurities in the county of Nairobi. They are known to have leaders who forcefully administer oaths to young people to belong. Those who do not adhere to their tenets are often subjected to inhumane torture. The dreadlocks which Arak has accentuated in his drawing is indicative of the fears he has. Due to lack of committed adults in the lives of some of the OVC, there possibility of exposure to such inhumane activities and rituals performed by gang members was high and this left them very confused.

Similarly other boys' drew chaotic nature of gang wars. Whenever wars broke out in the slum areas for whatever reasons, children were the most affect as suggested by the following drawing.



Figure 5-9 A drawing of Soji a 5 year old boy

***Soji**: …there are many bad peoples on the road… to school [ECDE centre] …*

Soji referred to people as bad for as he pointed to those who had guns and according to him, caused disturbances on his way to the ECDE centre. While the interpretation of the drawings may be confined to the words of the child, a closer look at the drawing reveal that there was a lot that was going on in his mental spaces. Soji's drawing shows a child whose sense of security was confronted by scary gang groups carrying crude weapons and harassing passengers who were in vehicles and those on foot.

Similarly, the drawing below continues to confirm the chaos and insecurities the gang groups posed to the OVC as they move to and from their ECDE centres.

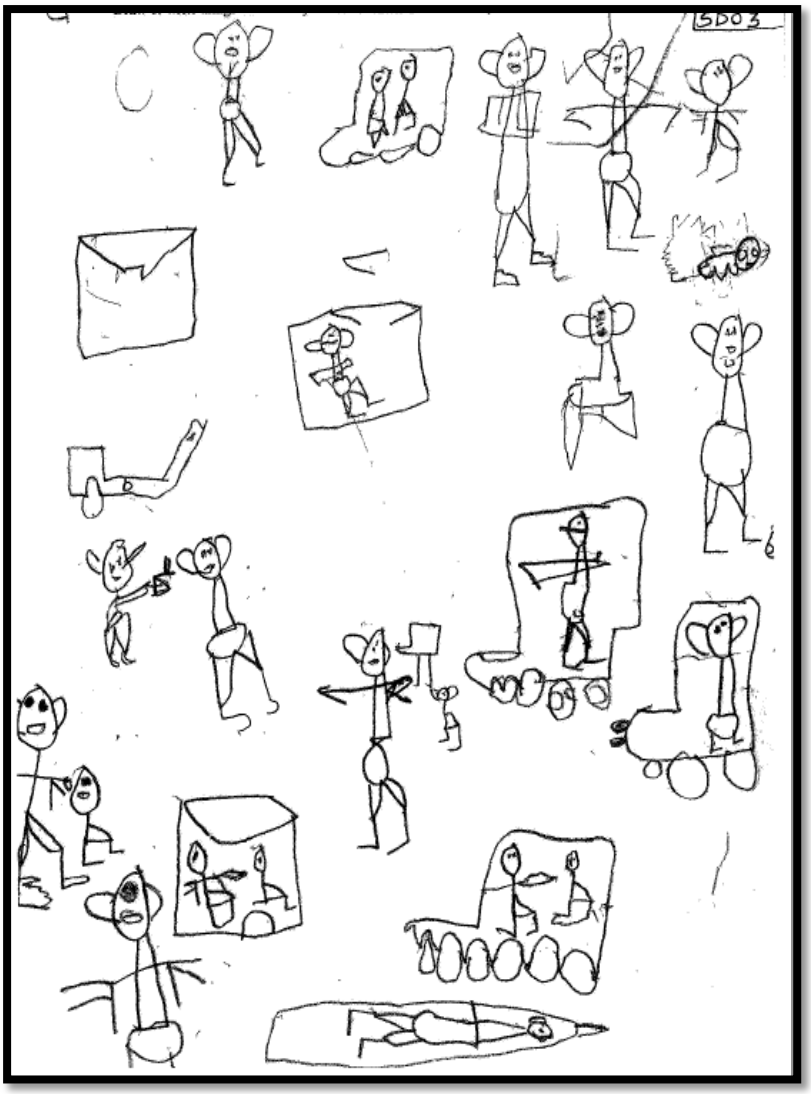


Figure 5-10 A drawing of Koki a 5 year old boy

> ***Koki****: the bad people [gangsters] here… this child is under this car…bad people…fighting…*

Koki's mention of 'bad people", and the drawn person below a car which suggests that a vehicle had run over him, indicates the notoriety of gangs in slum areas. Besides, the drawing indicating that the gang members were dangerously armed, some of the people drawn have omission of body parts such as hands, or are mono-eyes. This depiction of missing body parts is suggestive of the dangers, fears and helplessness caused during gang disturbances and fight.

Arak, Soji and Koki's drawings reveal children's journeys through hostile neighbourhoods, the susceptibility of OVC especially boys, and their constant struggles of reaching their ECDE centres under very difficult circumstances especially whenever there were gang wars.

It is important to note that most children from the slums areas of Nairobi get to their schools on foot for lack of transport. Interestingly as earlier stated, the drawings that depicted gang activities were mostly highlighted by boys as opposed to girls, showing the increased risks of boys.

5.3.2.2 Psychosocial needs resulting from distance, crowds, vehicles and dogs.

The study found that many OVC's journey experiences as they access their ECDE centres in the mornings and in the evenings posed varied difficulties. The length of time used to walk long journey to ECDE centres left some exhausted. They experienced crowding of pedestrians, vehicles that were driven dangerously and dangerous dogs which were found to expose the OVC to negative experiences. A majority of those whose drawings showed journey geographies identified crowding as a sad experience in their drawings for they had to navigate through narrow paths en-route to their ECDE centres. According to the OVC, they had to compete with adults from the slums who aggressive rushed to and from their work places through the same narrow paths children used. This made children fearful to walk alongside them and it affected their movements to a near stampede as one child put it.

> *"I am afraid to walk with big people… if I would be walking with my 'adults' [sic], I would not be afraid"* ***(Conversational Interview-Dora 5 year old)***

The above illustration is suggestive of children who went to ECDE centres unaccompanied. The 'adults' referred to in the excerpt above was suggestive of significant adult relatives who would have made Dora feel secure during the rush hours by walking with her. It was observed that some of the young children in Dora's ECDE centre would have either their parents or guardians carrying them on backs or holding their hands as they walked to school. For a majority of the OVC who had no significant adults in their lives to walk them through the paths, this was a difficult experience.

It is common for crowding from slums to spill over on to main traffic networks in Nairobi. These networks also became very busy with vehicles during rush hours to pick passengers. It was during such times when several young unaided school going children risked getting knocked down by speeding vehicles whose drivers competed for passengers. It was observed that vehicles would be driven in total disregard for traffic regulations. Some had to cleverly time adults crossing to follow suit not necessarily being sure of the timing. This meant that,

those children who had to cross roads to their ECDE centres were at a higher risk as indicated in the following drawing.

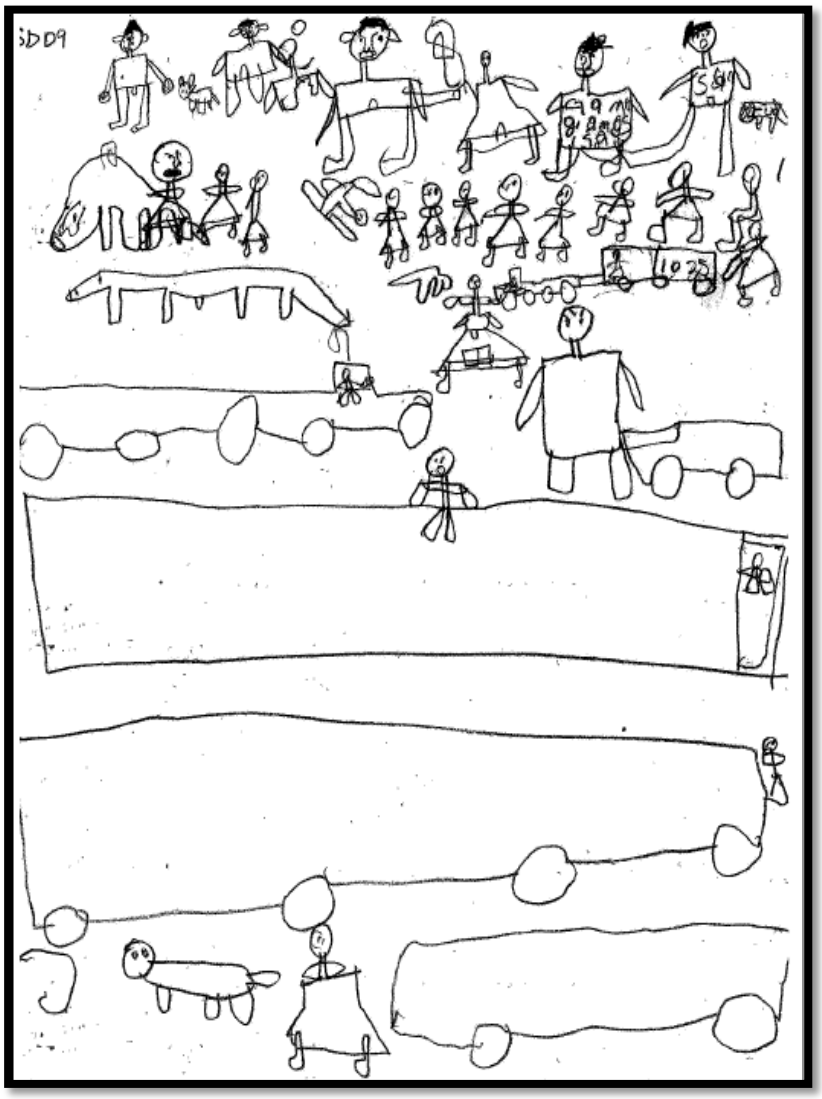


Figure 5-11 A drawing of Galo a 5 year old boy

> ***Galo:*** *…in the morning and evening…the cars are many…I fear that one [pointing at the long vehicle close to the child crossing the road]…*

The illustration above suggests that, the vehicles were dangerously close for children to cross the road without being afraid. Galo like many other children risked crossing roads on their own through many vehicles which instilled fear and was a constant source of worry.

Besides drawings of vehicles indicating a knocked down child, Koki's drawing in *Fig 5-10,* some of OVC drawings also presented graphics of animals as part of their sad experiences on their journeys to their ECDE centres. The findings revealed that, besides the vehicles, most OVC encountered fierce dogs as they had to contend with waking up very early to start their journey to their ECDE centres, sometimes alone. A majority of children who drew and mentioned dogs as a sad experience claimed that, dogs barked at them on their way to ECDE centres and this frightened them. An example is given below.



Figure 5-12 A drawing of Nawil a 5 year old boy

> ***Nawil:*** *… many doggies [sic] …they are many… everywhere to school. Then the cars… you see here it has stepped [sic] on a small child, then here it has stepped on a girl…*

The above illustration is suggestive of disturbing experiences of dogs. In addition vehicles have been shown to have knocked a child. Although there are other human graphics drawn, the child did not mention them in her narration of the story she was presenting in the drawing. Nawil's drawing presented more dogs than any other children's drawing suggesting the degree to which dogs had disturbed her. However, many images of dogs in her drawings could have been but a representation of many sounds of barking she was exposed to. There was a possibility that she did not know how to present the many dog barking she experienced. This may have prompted Nawil to present them as real dogs. As much as Nawil did not explain more about the vehicles apart from saying 'it stepped on a small child and a girl', it reiterates the traffic risks children faced as earlier mentioned in Soji's, Koki's and Galo's drawings.

5.3.2.3 Bushes and grass around schools as habitants for fearful animals

Access to the centres' compound was found to pose challenges for some of the OVC especially in wet seasons when bushes and tall grass would overgrow around the centres compound and in the playground. These bushes and grass were found to turn into habitats for small animals such as wild cat and rodents which were found to scare children who came to school unaccompanied. The school playgrounds were also affected in wet seasons. Children indicated that the grasses were found to have snails which crawled on their play balls as expressed in the following drawing.

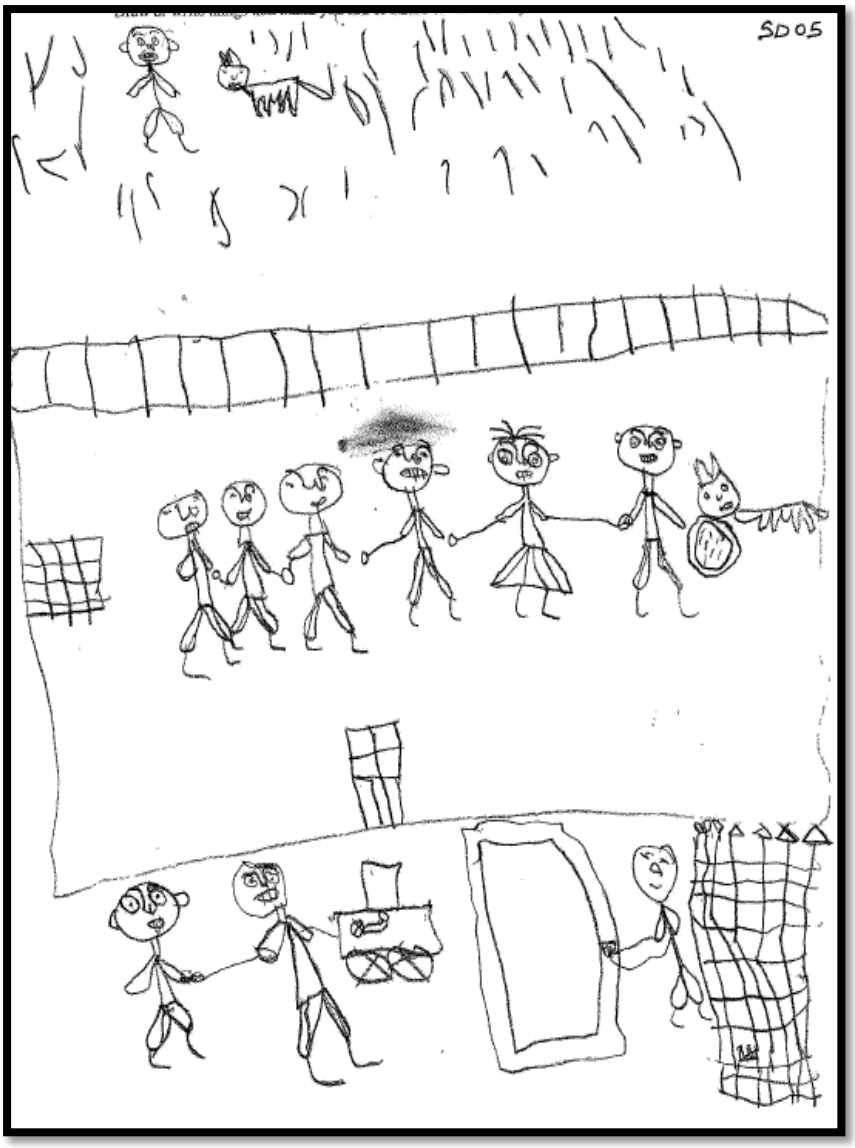


Figure 5-13 A drawing of Indo a 5 year old boy

***Indo**: ...I go around this bush ...there are the animals (rats or wild cats)...this boy come in car... sometimes the gate is locked...you see here where we play and dudu[16] came on our ball*

Indo expressed fear for the bush that grew outside and the grass inside the school compound in his illustration. He claimed the bush had stray cats and rats which scared him when he walked alone which instilled in him fear especially since he came to school unaccompanied whereas the other child was brought to school by a parent in a car. This was unique to the OVC who had to be constantly fearful when going through such places to their ECDE centres. Although the school playing ground is expected to be safe, Indo indicated there were

[16] ***Dudu*** is a Kiswahili word for insect but in this context it referred to a caterpillar and snails which were common on the playground in wet seasons.

dudu that crawled on their ball while they played. The researcher's observation of the field also revealed some caterpillar and snails in patches of tall grass on the playground. In addition, Indo's view of other children brought to the centre by a parent in a car indicates that, they were saved them from experiences such as his. The parent is drawn holding the hand of his child walking toward the school gate as Indo walks in alone. Indo also revealed, whenever he was late for school, he felt alone and more so when he would find the school gate closed. For those children who were escorted by their parents or guardians or driven in cars, the researcher observed that there was always someone to explain to the teacher what cause their delay as opposed to OVC who had no one to do that for them. This finding reveals how unaccompanied children felt. This is an important insight for it reinforced the need to organize such children for their safety. Although the primary section of the school had neighbourhood club for children, it was important to factor in the ECDE children in the same clubs at the earliest opportune time for them to feel safe.

In concluding this subsection, gang activities, vehicular accidents, crossing roads, crowding on paths, distance, dogs, bushes and lack of companion to school were found to be some of the experiences that made the OVC sad. The findings highlighted in this sub-section reinforce the importance of psychological safety for the young OVC during their movements through their slum neighbourhoods which had dangerous dogs and on to main roads that were not child friendly. Whatever the meanings of the experiences were, they had a significant negative effect on their wellbeing.

5.3.3 *Experiences within the centres environment as psychosocial needs*

ECDE centres' environments are expected to offer positive experiences to OVC. However, some of the children's drawings revealed exposure to negative experiences. Some of their drawings included compositions of the children's negative encounters some of which have already have been discussed but incorporated with others not earlier discussed just to emphasize how these aspects were intertwined and continued to affect the children at their ECDE centres.

5.3.3.1 Lateness for classes a source of unhappiness

ECDE centres class activities were welcomed by most children. However for some, this was a source of fear and negative experiences. In some situation the children did not feel positive

or fully accommodated due to their physical and psychological circumstances, especially when they were late for their classes. This caused them a lot of mental anguish as supported by the following drawing and narrative.

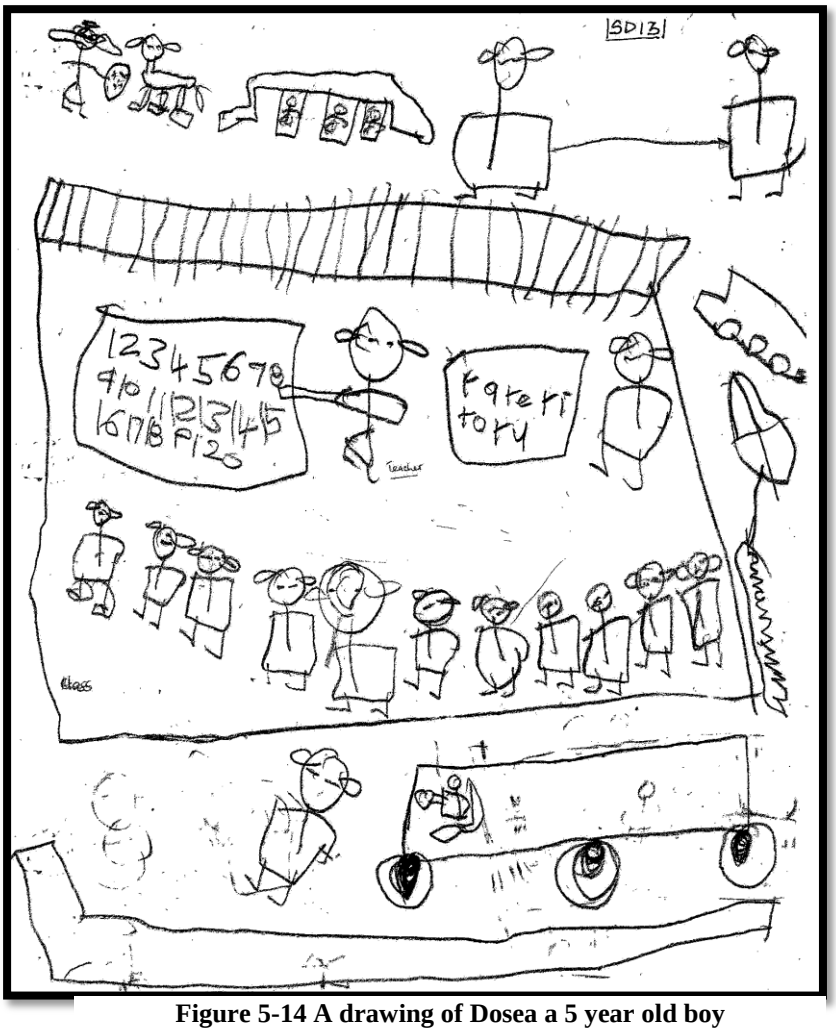


Figure 5-14 A drawing of Dosea a 5 year old boy

> ***Dosea****: Here… I am afraid when I come late… I am afraid of teacher's cane… if she beat me… and I fear teacher when she teach numbers … I stand…and… sometimes I have not eaten… then she tell me to stand behind [secluded in a corner for not answering questions]… here I fear the car to knock me dead if she [teacher] tell me to go home.*

The drawing and narrative above is indicative of a child whose home situation impacts on his arrival for class in the ECDE centre. The child's experiences of his teacher using a cane when late, being taught while standing and hungry, were stressful. Dosea's non-response to teachers' question which could have been an effect of hunger earned him a place and isolation into the naughty corner which was a preserve for children who needed remediation.

According to Dosea, he had been isolated for not being like the rest of his peers. His other fears included being sent home by the teacher and imagining that, he would be knocked and killed by a moving vehicle while crossing the road as it had happened to some children as was commonly talked about. This finding reveals the extent to which some OVC harboured many fears, which potentially added to their distress. A closer look at Dosea's drawing also reveals omission of hands and mouth on images of self, which suggested experiences of helplessness, and was indicative of other underlying unresolved psychosocial issues.

5.3.3.2 Experiences of risk exposure and vulnerability to and within centres

As earlier stated, some of the experiences encountered by OVC on their way to their centres had a negative impact to their wellbeing. Other negative experiences at their centres, added to their distress as expressed by a child in her drawing given below.

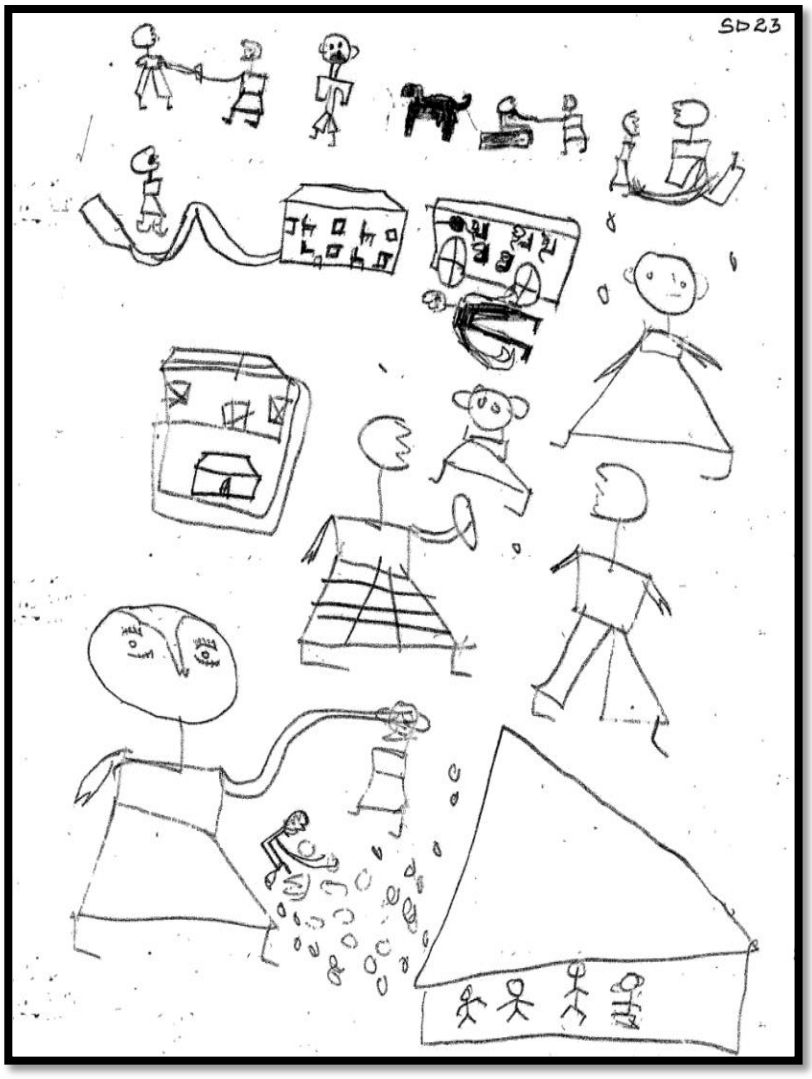


Figure 5-15 A drawing of Ice a 5 year old girl

Ice:* …*the doggie …very scary…then this child who is stepped on [knocked down] by the car when he was going to school …then this mother cry… this boy here*… *very bad [bully]*…*then here is teacher…the food pour then she pull my ear.

Although Ice's focus was on experiences in her ECDE centre, in her narrative she gave an account of some of the events that took place on her way to the centre. A closer look at the drawn dog and the child who was knocked down by a vehicle, have been darkened. The dark shading may imply traumatic memories she might have wished to blot out of her mind. The lady she calls "this mother" has drops of tears around her head to show how much she cried on realising a child had been knocked down by a car. In addition, by making reference to "this mother" potentially points towards Ice's own maternal deprivation. The drawing of a disfigured face of a bully who confronted her, and her face disfigured is indicative of how he made her feel angry. Anger in this case according to Ice meant not having a good face. The graphic presentation of the teacher larger than those on other human figures pinching her ear shows her perception of the teacher as intimidating and punished her for an accident of pouring food. The teacher has been drawn without a mouth which is suggestive of gagging whatever words she spoke to her. The act of her teacher towards her caused both nutritional and emotional deprivation which could have been the reason for regression into negativity, thus affecting her wellbeing. Ice's drawing reveals a mixture of negative experiences most of which are confrontational.

5.3.3.3 Discrimination in outdoor activities as a source of unhappiness

Some OVC children felt discriminated against and sometimes viewed the discrimination based on gender lines especially in outdoor activities. As one child put it, there was a general feeling that girls were favoured over boys. That was why he, as a boy, felt that he was always picked on by others; and were it not for his teacher he would have had no friend as indicated in the following drawing.

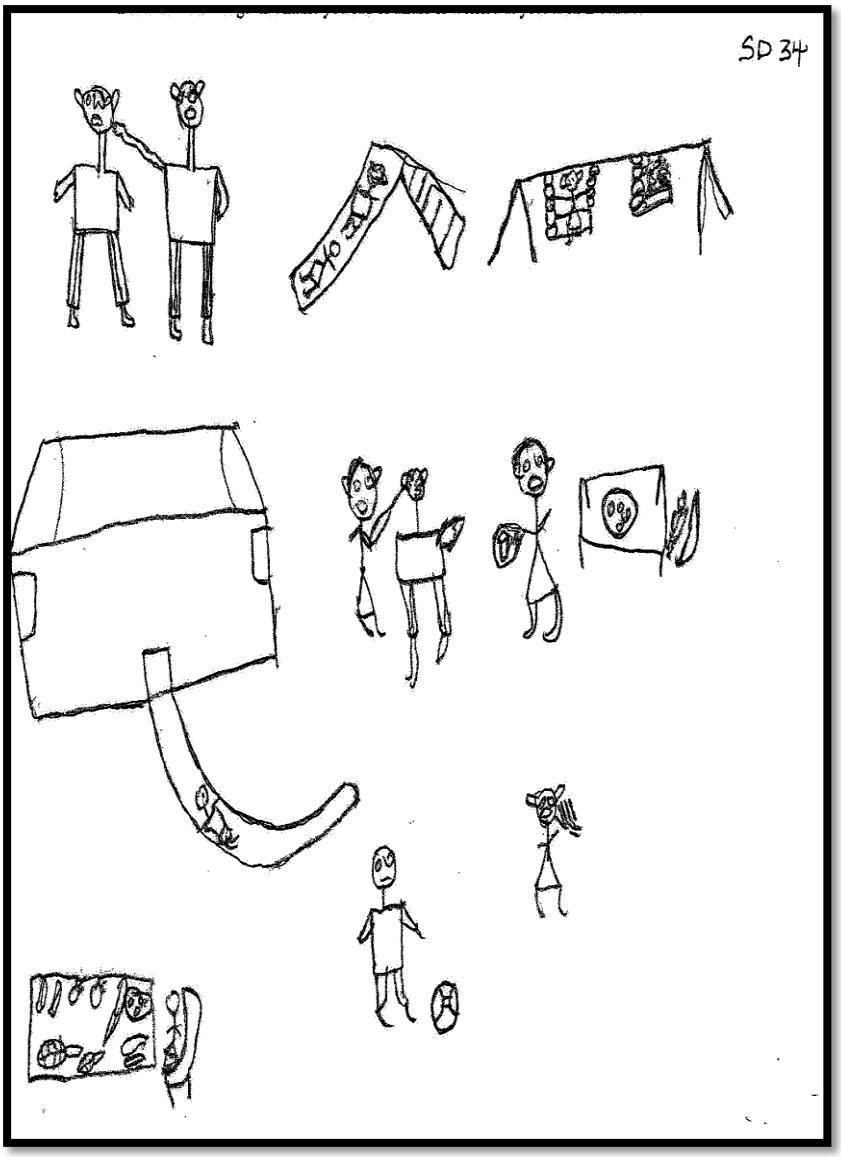


Figure 5-16 A drawing of Lewo a 6 year old boy

Lewo:… *this boy… he don't [sic] like me …and this girl here… this one…she don't like me again. But teacher give me food. … here, is banana and fruit… I do not have money to buy …when I am with me myself [sic] I play and nobody disturb me…*

The drawing and narrative of Lewo reveal feelings of self-helplessness harboured by some OVC when they compared themselves to others in the centre. Lewo drew himself as a helpless child when he was bullied by both girls and boys. Although he was a boy, he was still bullied by children of both genders. Lack of money to purchase what he yearned for from a nearby market made him feel dejected. Although he identified his teacher as a neutralising factor who provided him with food, other experiences were negative. Lewo's narrative illustrates how OVC felt about their statuses and their powerlessness to stop bullying at the

ECDE centres. As seen from other five children, this was a sentiment shared by mostly boys. This implied that it is important for OVC to feel liked by their peers, and teachers can facilitate this as they monitor cases of bullying. Lewo found solace in playing football alone which was positive isolation suggesting the positive effects of play and games for such children in distress. This enabled him find a balance while at the centre. This finding is something that can be encouraged to manage negative energies emanating from negative experiences in a learning environment.

Similarly Amuj expressed feelings of fear for bullies in the ECDE centre and his inability to get fruits that he so craved for as illustrated in the following drawing below.

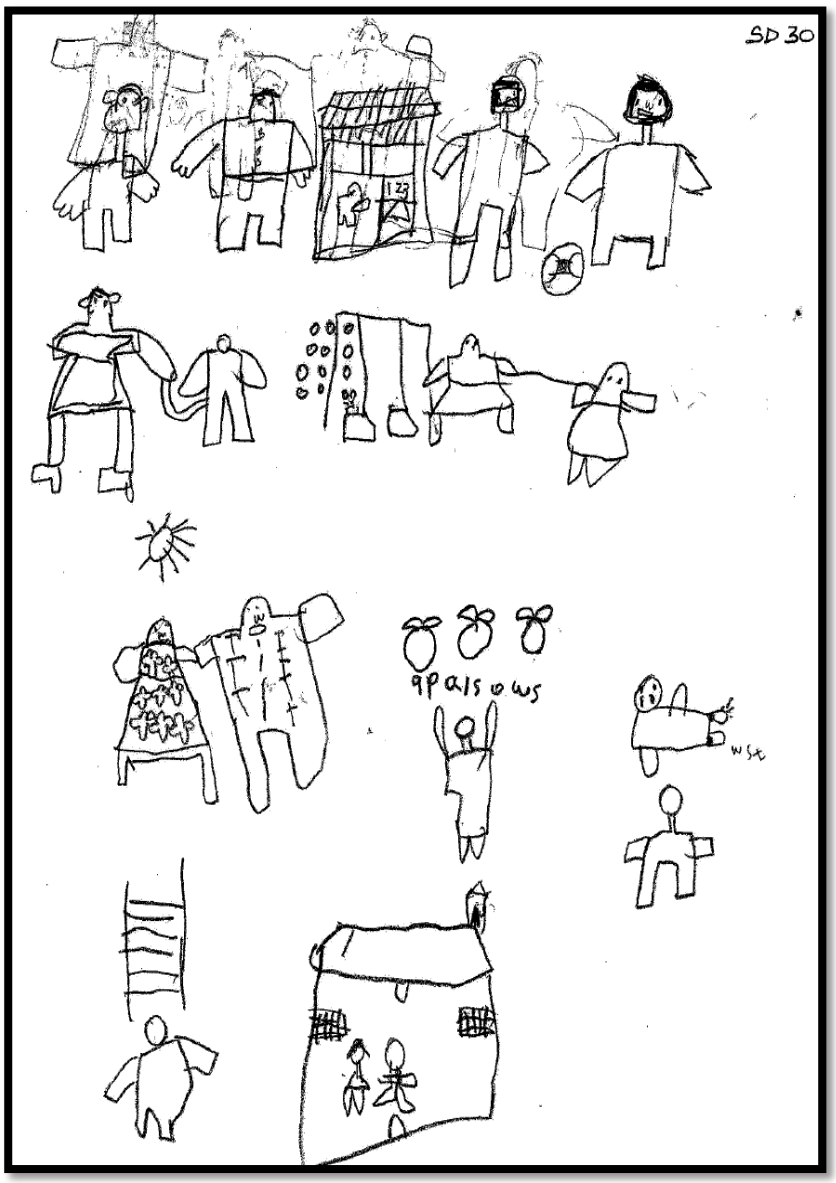


Figure 5-17A drawing of Amuj a 5 year old boy

> **Amuj:** *the big boys … [gestures bullying] the swing cut here… I fall down and teacher beat me… when … it is hot …no money to buy apallows [apples]… I sit and I look at [apples]…then this is church I like…*

As illustrated by Amuj above, the experiences with bullies, accident on the swing and his inability to purchase fruits sold near the ECDE centres affected his joy. Amuj's narrative implies that his encounter with older children possibly from the primary section of the school posed risks to the young ECDE children. This finding suggests that, there is need to monitor younger children's whereabouts and to regulate their play time; with the younger children playing separately from the older ones to protect them from bullies. In addition, the narrative suggests that the hunger the child felt sometimes drove him to the market where he could not afford fruits like apples. However, when he went to church, he hoped of being fed there. The community church as revealed by other children in this study came up strongly as an important institution in bolstering the supportive efforts ECDE centres played by occasionally providing meals to OVC. Thus suggesting that, feeding programmes offered at the ECDE were not sufficient to cushion all OVC who had varied levels of appetites and hungers.

The study also found that some of the children had internalised that, as OVC, they always were susceptible to negative experiences at the ECDE centres. This was shared across gender. There was a possibility that when they were picked on for any wrong doing, they concluded that all negative things happened to them because they were orphans. An example is illustrated below.

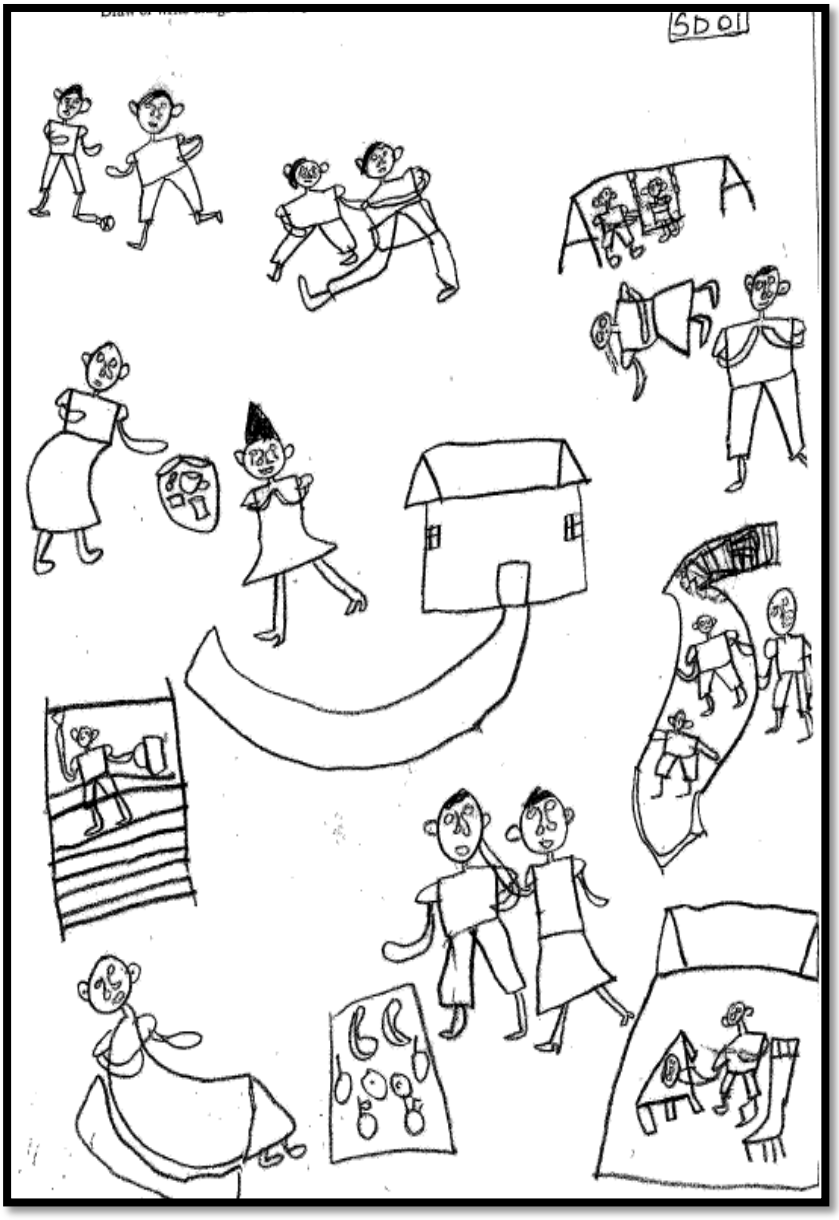


Figure 5-18 A drawing of Nzilo a 5 year old boy

> ***Nzilo**: ...us children [sic] we are not liked … look like here, here, here, and here… (Pointing to different parts of the drawings)…when playing they don't like. See here she is not liked. Here teacher says 'funra' and she says 'ofa'…*

Nzilo's illustration gives clarity to the voices of varied experiences some of the OVC had at their ECDE centres. He did not see himself alone in the suffering as a result of not being liked, but rather with others like him; his *'sisters'* and *'brothers'* as orphans from orphanages called themselves. Nzilo was sad that they could not get to play with others in the field for

they were not liked and in the process some of the OVC got hurt or felt bad. For example he pointed to the accident at the swings and the fallen girl who was crying and bleeding, while another was made to wash utensils at a time others were playing which made him unhappy. He felt orphans were discriminated against. Another experience of his inability to purchase fruits at the market and the teacher being unhappy disturbed him. For the teacher to call them '*ofa*' [orphans] and '*funra*' [vulnerable] were labels that displeased him. These labels made him feel that the teacher shunned them as orphans. He pointed to the lone person in his drawing as himself which suggested that, he sometimes preferred to withdraw and sit alone in the classroom during meal times to isolate himself from trouble. This finding suggests that, OVC who felt discriminated against were at risk of withdrawal and poor mental health.

An observation made by the researcher found out that, some children hanged around the fruit market which was outside the ECDE centres' compound after school hours; with hopes of being given over ripen fruits by the traders. Sometimes, the rotten ones would be thrown away at a dump site adjacent to the market. Whenever school sessions were over some children rushed there to scavenge and rummage through the garbage heaps to pick thrown away fruits, sugarcane peels and anything they found edible. This could have been as a result of inadequate nutrition, cravings and lack of pocket money to purchase something to supplement what the centre never provided.

5.3.3.4 Crowding in schools as a negative psychosocial experience

Crowding in the schools in which the centres were located was found to be distressful for some of the children. The OVC drawings revealed that the spaces used for play activities were not sufficient to be utilized freely together by all children. The findings indicated that, for some of the OVC, the crowds and the noises of children in school triggered in them memories of other traumatic experiences in their own lives a factor that was clarified by a class teacher on further inquiries on the matter. An example of children's experiences is indicated in the following drawing.



Figure 5-19 A drawing of Page a 5 year old girl

Page: *…this is many children… noise…a lot of noise…[folds her hands to the chest]*

The drawing and narrative reveal that although she had to join the large crowds to play, Page was unhappy with the crowd of children in their centre's compound. The fear for crowds pointed towards negative experiences. The researcher observed that, during break time whenever children came out of their classes, they were many shout which were very noisy. All these made Page fearful and would remain in the classroom with the teacher. Further inquiries concerning Page's reaction to noises and other children in the school revealed that, she initially used to be startled by the noises. Her teacher explained further that, her fear could have been as a result of experiences of the gatherings and wailings during the funeral of her mother. It is important to note at this point that, it is common in most of the Kenyan

communities for people to gather and wail loudly when mourning the loss of a loved one. This could have possibly been the reason for her fear and reactions to noises.

Therefore, for support to be effectively extended to such OVC in the ECDE centres, it was necessary for such psychosocial needs to be identified. From the findings discussed in the preceding subsections, it is clear that, some of the experiences impeded expected psychosocial support that could have been extended and harnessed while at the ECDE centres.

This section looked at the experiences that potentially posed risks and exposed OVC to vulnerability as expressed in their drawings and narrations. The findings revealed the OVC experiences in home environment, on their journey geographies and at their ECDE centres. As was revealed through most of the thematic drawings of what OVC expressed as sad, in part, they highlighted the children's psychosocial experiences that were indicative of risks they were exposed to and what made them feel vulnerable. The findings were suggestive of unmet psychosocial needs that required support for them to function optimally. Although some of children's experiences can be said to have been located in environments away from the ECDE centres, it is clear from that, they brought these experiences with them. This is important for the teachers who handle OVC in the context of HIV/AIDS. The next section presents experiences the OVC had in their ECDE centres that were potentially protective.

5.4 OVC protective and positive experiences at the ECDE centres

The OVC's drawings of with the thematic provision of what mad them happy contained protective and positive experiences. These experiences mostly depicted compositions of their lives within the ECDE centres' environment. By giving the children an opportunity to have their perceptions of experiences that made them happy on a piece of paper, helped them to reconstruct events that enabled them to overcome some of their psychosocial challenges as OVC. The visual information provided by the children was supported by the narration of the children's perceptions of positive expendable experiences which were also written for them on the back of their drawings by the research team.

5.4.1 *Perception of indoor and outdoor activities as positive psychosocial support*

Children activities, both indoor and outdoor were found to play a vital role in their joy of being in ECDE programme adding to their holistic development. A majority of the children's drawings that had expressions associating them with teachers in outdoor play activities, classroom situations, giving them food and travelling with them on buses for tours and excursions. The illustrations selected for this sub-section show varied positive experiences indicative of how most of the OVC perceived of their ECDE centres. The activities in the drawing are a composite reflection of what transpired in their perception of their daily activities and experiences that were positive while at the centre. The following is one such composition as captured in Naab's drawing.

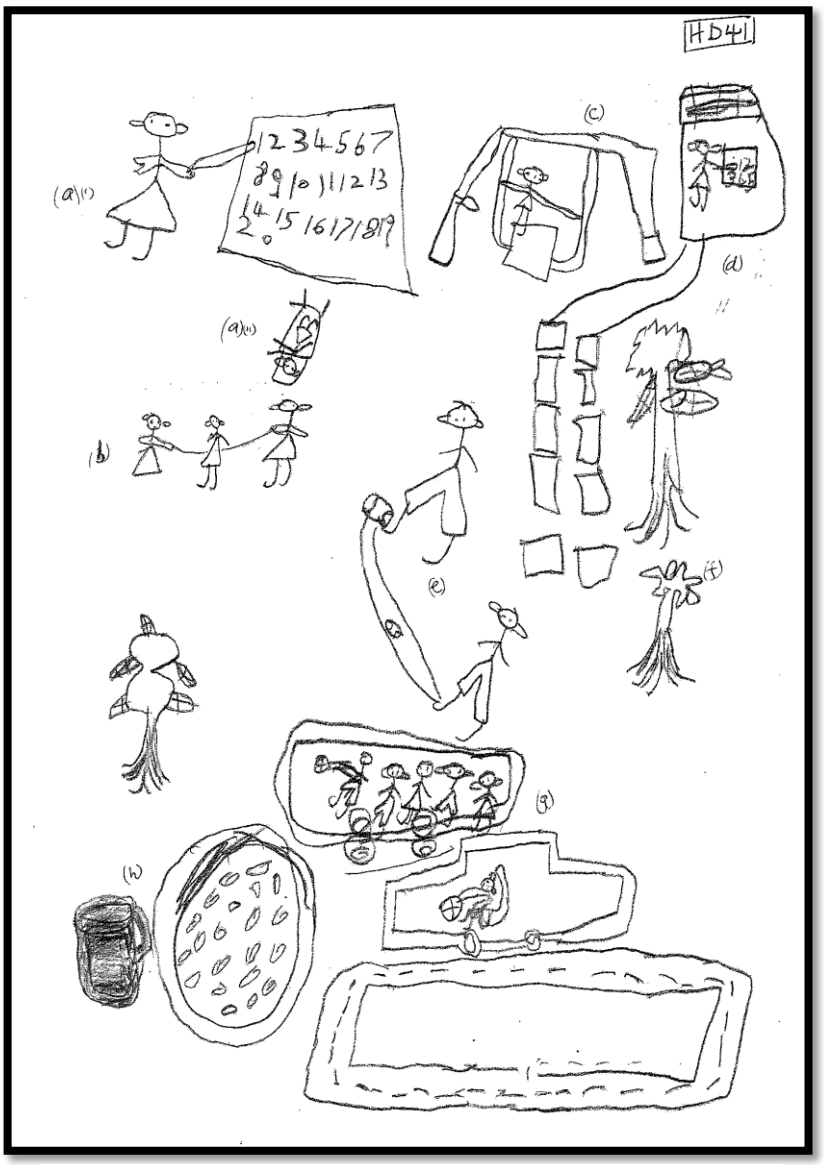


Figure 5-20 A drawing of Naab a 5 year old girl

Naab: *… this is teacher and me …these are numbers… skipping… here I am on the swing …class…the way [road] has no mud…here I play skipping …boys play football, these trees we play in the trees, in the shed, and then the car take us to fun place,… we eat food and drink porridge…(smiles shyly)*

Naab's experiences indicate that she not only got educational and nutritional support at her ECDE centre, but also got psychomotor skills which were vital for her growth and development. She was also exposed to other places away from her home area and the ECDE centre through excursions organized by their teachers which according to her were places where she had fun. Naab perceived her teachers in a positive way. This can be seen in the manner in which the teacher has been depicted as a facilitator of most activities that children found to be very exciting. This positivity in Naab was suggestive of protective factors in the ECDE centre that ensured her wellbeing. This view of the positive relationship with the teachers is also shared in the following drawing.

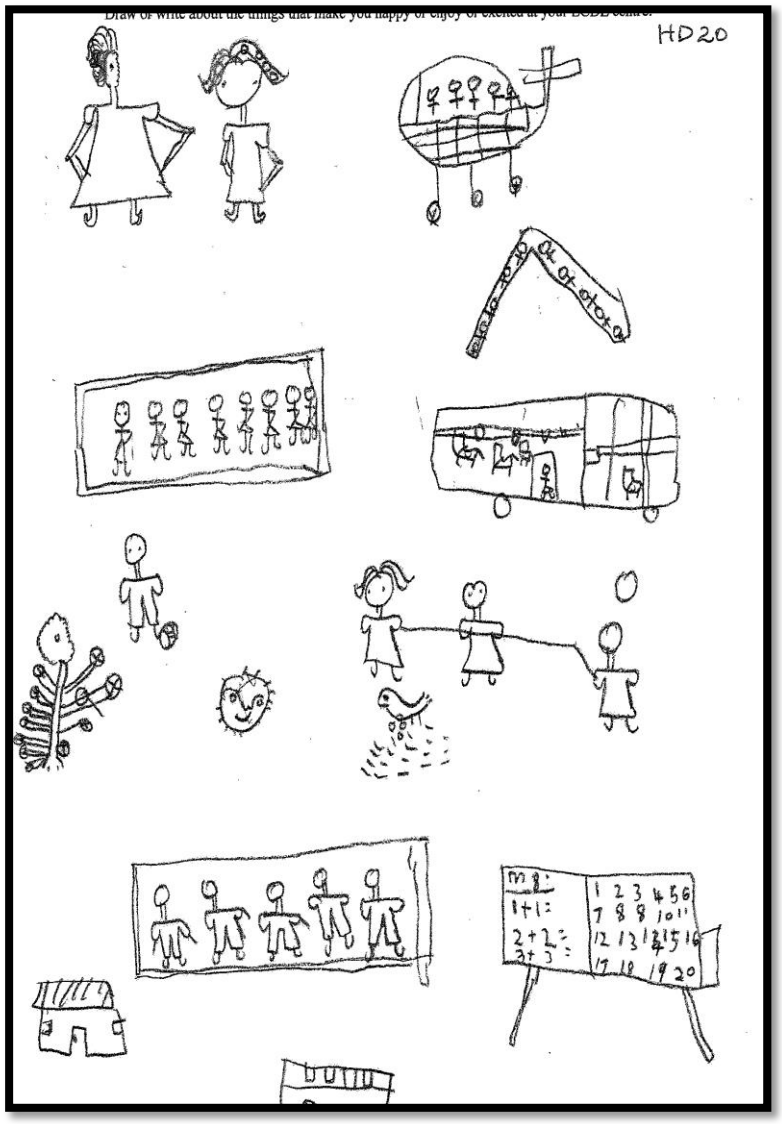


Figure 5-21 A drawing of Bera a 5 year old girl

> **Bera:** *I like teacher… here she and this one are smart and beautiful and her hair is long …this pilot flying the aeroplane…I like pilot… here we play ball girls this side boys that side …and this is sun smiling [bright] and then the slides…the bus take us for trips…Teacher swinging the rope for me to skip and then we go to class to read numbers…this I like…*

Bera's illustrates her subjective experience of her teachers and how she perceived them as beautiful with long hair. To her, the teachers were her role models. Her narration of her drawing is suggestive of how she enjoyed the school outdoor activities when the sun was shining (smiling) because that was when she could see aeroplanes pass by, which made her desire becoming a pilot when she grows up. The teachers also facilitated play with her when she would skip ropes as the boys played on their own. Bera's narrative reveals the centrality with which these children held their teachers. To them teachers were very important as facilitators of positive experiences and feelings through the various activities they were engaged in. This perception was also shared in the study across a majority of children. Bera's view was also echoed by Barasa and Loli as is demonstrated in the following drawings.

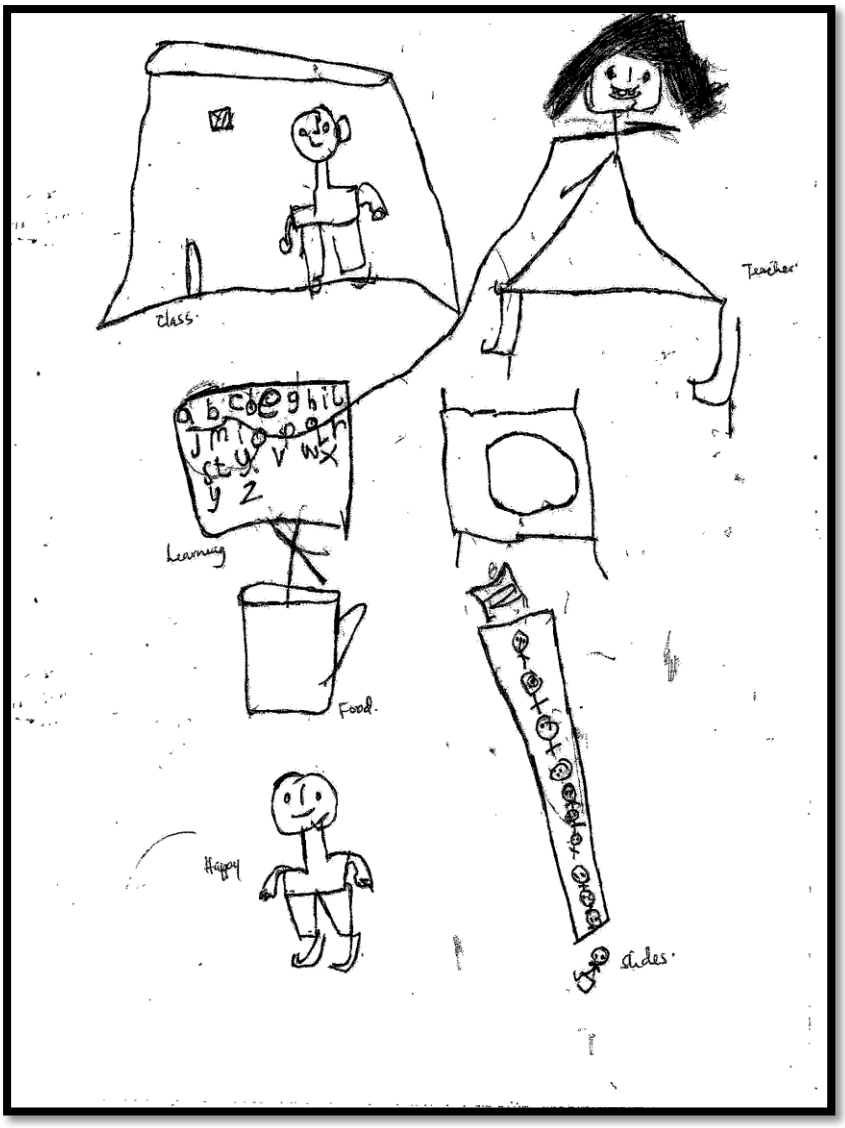


Figure 5-22 A drawing of Barasa a 5 year old boy

> ***Barasa:…****See how it is teacher is very smart…long hair and see her shoes…I get happy when I come and teacher comes …and she teach[sic] letters…this cup there is 'uji'*[17] *…and here food…we play…then I go home happy.*

Barasa's drawing and narrative reveal that his very smart teacher made him happy whenever he came to the ECDE centres because of the educational, nutritional and emotional support. He went home personally fulfilled and feeling very happy. The presence of his teacher in her smart dressing, together with class activities seemed to improve his wellbeing through the happiness he felt. Happiness is commonly associated with children who are emotionally healthy. Loli also shared similar experiences as expressed in her drawing below.

[17] '*Uji*' is a Kiswahili word for porridge

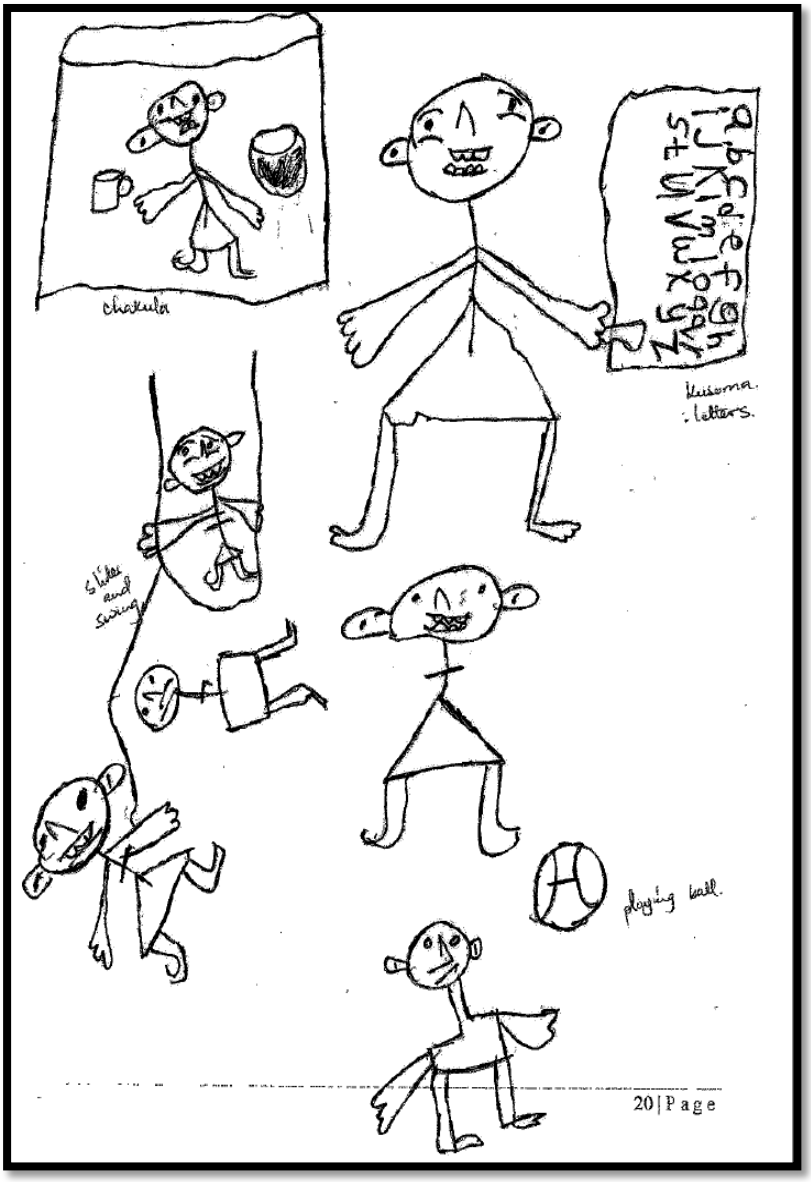


Figure 5-23 A drawing of Loli a 5 year old girl

> ***Loli:*** *My name is Loli. I am five year[s] old. I am in Pre-unit class in ECDE Centre [1]- primary school… I like me to go to school [sic]…I is happy with fun, food, here is cup… here is plate. Teacher is teaching me letter[s] …then I can go play here, here and… here I am veeery[sic] happy….*

Loli depicted herself as a happy child through the exposure of teeth on the image of herself in her drawing. As expressed in her narrative, she could easily identify herself by name and the name of her ECDE centre. She was also able to express her feelings of happiness. This self-awareness and locating herself in the ECDE centre's happy environment was significant in potentially enhancing many positive competences in her.

Happiness was found to be central to most OVC as depicted by Bera, Loli and Barasa, and consequently vital for most their general wellbeing. The activities a majority of these children highlighted in their drawings and narratives were located both outdoor and indoor seemed to be fulfilling. This fulfilment contributed to their general positive psychosocial adjustments.

5.4.2 *Multiple positive experiences as psychosocial support*

The study found out unique case of a child with positive sero status expression of positive experiences overly enjoyed in numerous activities in his learning environment within one drawing. Although his experiences of what made him happy at his ECDE centre were mixed, this was not uncommon for children his age. This is because most young children are believed to have a lot of energy and thus engage in various activities. However, for a child with a positive sero- status, this was unexpected. The following illustration demonstrates this and due to the size of the graphics presented, the child's sentiments have been captured in an alphabetical order according to the order in which the child narrated his composition.

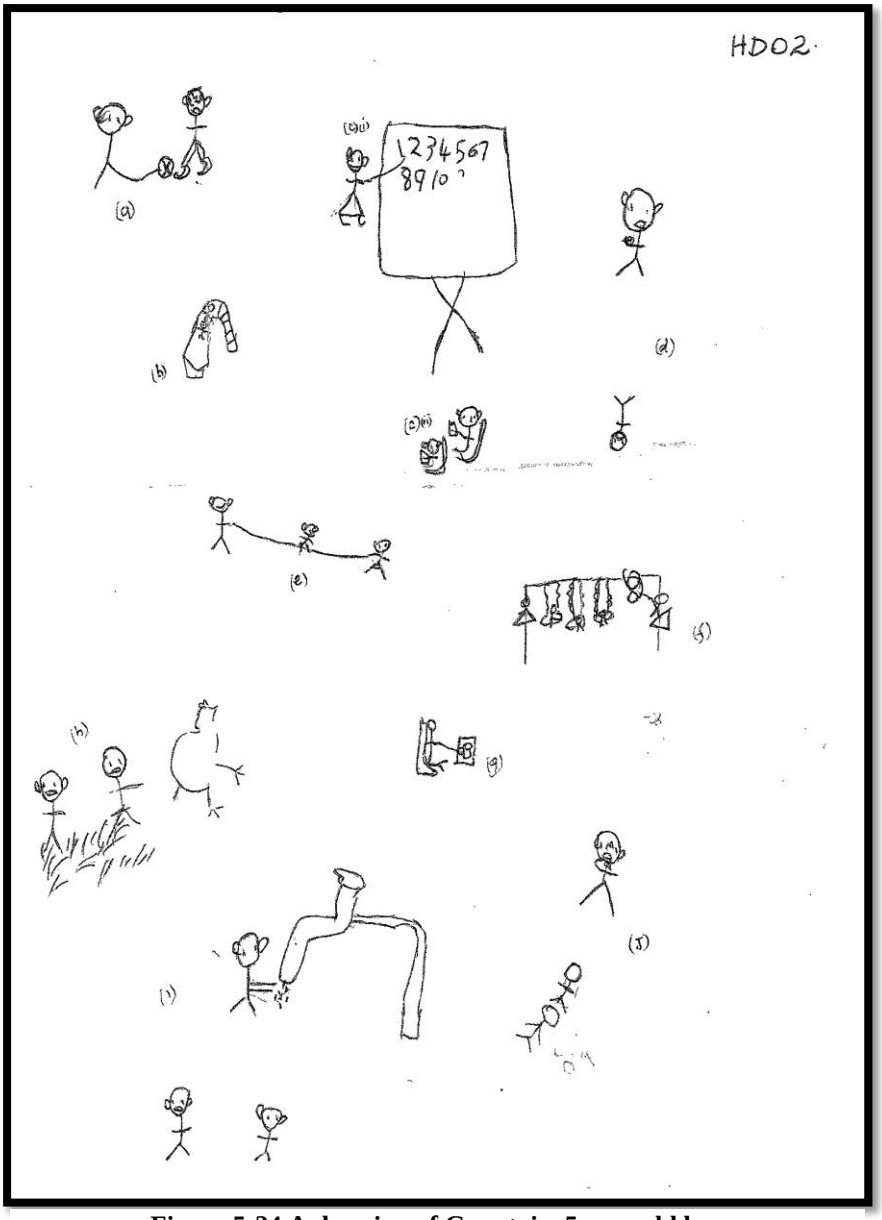


Figure 5-24 A drawing of Guantai a 5 year old boy

Guantai: a*) ...me and my friend playing ball.*
b) This is me sliding and I feel nice
c) i) This is teacher teaching me numbers
c) ii) this is me and my friend sitting in class writing numbers
d) This is me and my friend playing "su"[18]
e) Here I skip rope
f)…and here I am on the swing
g) ...this is me now eating good food
h) …me and my friend playing in the grass chasing the birds
i) … me washing my hands on running water from a pipe [tap water].
j) …this is me and my friend telling teacher bye

[18] "*Su*!" is a game where a child throws a ball and the other needs to catch it without letting it drop down. Otherwise he loses points. It requires one to be alert in order to catch it. It may be thrown with intensity and easily slip through the hands.

k) … here we going home. This is my story [he jumps up like in triumph].

The subjective views expressed in the drawing and narrative of Guantai a 5 year old boy with a positive sero status depicts a composition of activities that made him happy at the ECDE centre's compound where he spent most part of his time. As narrated, the child is active both out and in class, and derived a lot of joy in most of the activities he engaged in. His constant use of *"…this is me and my …*" shows that Guantai did not consider other children in the ECDE centre to have as much importance as himself, his teacher and friend. The connectedness between the three was pivotal to his happiness which he visibly expressed. The focus on his friend could also be suggestive of the competitive spirit between them and, that could explain the reason why his drawing of persons a part from his teacher, appeared in pairs in every activity. In his narrative, there was no mention of his positive sero-status condition, and according to his teacher, his guardian had not disclosed his status to him. Besides the classroom activities, the drawings also revealed outdoor activities which included washing his hands from running tap of water to support hygienic behaviours, playing in the grass, skipping a rope and playing a ball.

Besides the already discussed factors, other children found clean tap water to be a good element that made them happy in the ECDE centre. As indicated in the composite drawing below, Santa enjoyed having running water that he could use. It is worth mentioning that clean water is a big challenge in slum areas of Nairobi where it is uncommon to have running tap water. That is why water in taps at their school caused a lot of excitement.

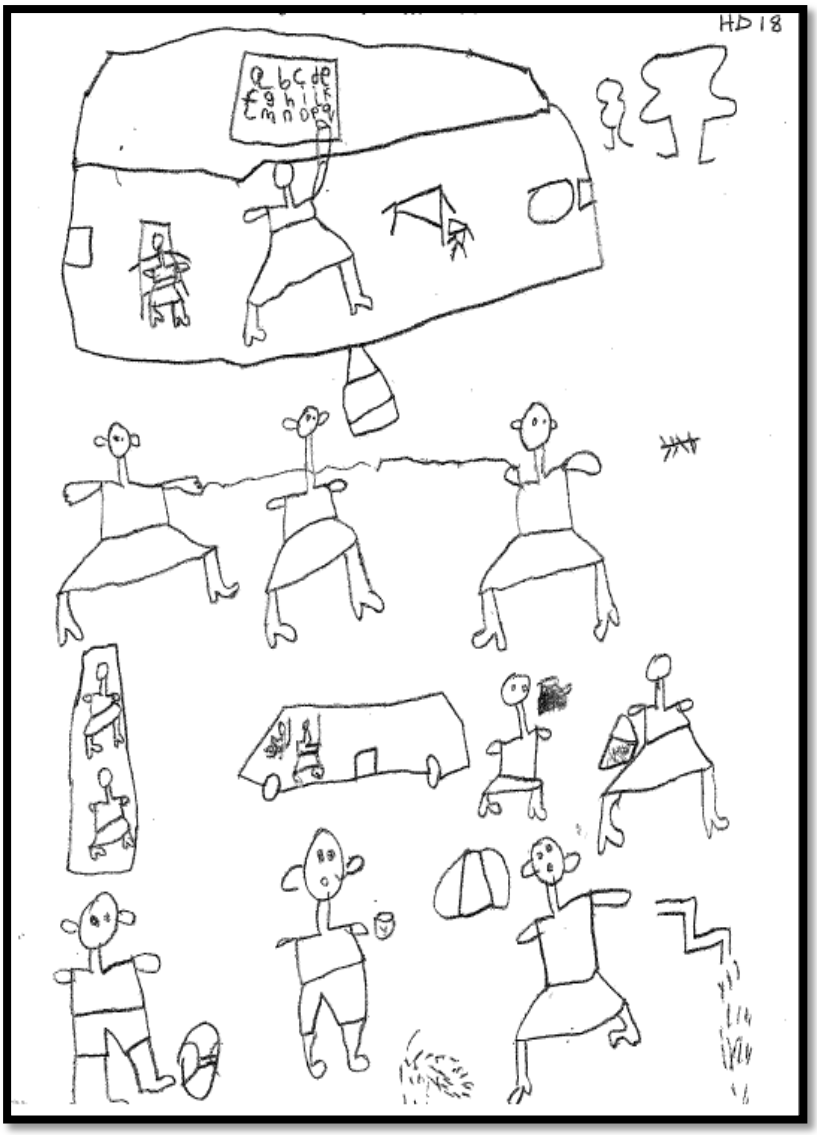


Figure 5-25 A drawing of Santa a 5 year old girl

In the above illustration**,** Santa expressed what others loved; including class sessions, how the teacher and other children were smartly dressed. Play and trips were her most favourite times because she was able to see other places that were far away from her familiar slum environment. She also reported that clean tap water made her more excited because she was able to wash her soiled hand after playing and that, she had been taught how to wash her hands after going to the toilet. However, a closer look at the human images in the drawing shows omission of some of the facial features such as mouths in the skipping activities, and other human images in the classroom. This omission could be suggesting that, the child did not recognize those people or parts on the bodies of people she was distant from (Spring, 2001).

5.4.3 *Gendered activities as positive psychosocial support*

Interestingly, the study found out that some children preferred to associate with other children of their gender as opposed to participating where boys and girls were mixed in activities that made them happy. This was expected of children at their age as they liken themselves to their peers of same sex as indicated in the following drawing and narrative.



Figure 5-26 A drawing of Nzilo a 6 year old boy

Nzilo was happy that his sister could go to skip ropes with other girls, play on the slide and on the swings while him and his friend who was a boy, played football. The idea of boys playing separately from girls was what he preferred as opposed to his drawing of negative

experiences where he expressed unhappiness for playing with girls and accidents occurring at the swings where one girl fell and bled as expressed in his drawing of *Fig. 5-17*. As was observed, it was unlikely for boys to play with girls unless they were under the supervision of a teacher. This was partly because of the energies and roughness boys had as opposed to girls which in most cases they seemed combative. Nzilo also expressed that, his best time was in class when his teacher taught him. In addition, he felt happier when he was eating in the open with others. This finding was suggestive of him eating in hiding probably when he was at home. Nzilo's illustration gives a window into how he perceived play especially along gender lines. Further inquiry from teachers gave an indication that, it could be good to take into account some cultural attitudes children come with to school especially those who may not have mentorship at home. According to the teacher, Nzilo had attitudes that could not be clearly explained especially when it came to grouping boys and girls in activities. Therefore, such children to be helped, they may need some guidance on how to socialize so as not to cause conflicts in activities where they have to be mixed on the playgrounds.

5.4.4 *Caregivers of non-orphans as a positive psychosocial support to OVC*

As expected, parents or guardians of OVC played a crucial role when they participated in their lives at ECDE centres. Some of the children were found to take pride in being escorted to the ECDE centres by their parents or guardians. This boosted their self-esteem and sense of belonging. As mentioned earlier, some of the OVC were never escorted, but befriended other children who had parents or guardians. It was found out that, they derived a sense of satisfaction from their association with their friend's happiness and family setting. For example, in the drawing below, Mike was happy that Shiro who was his friend was happy to be brought to school by her male guardian as shown in the drawing below.

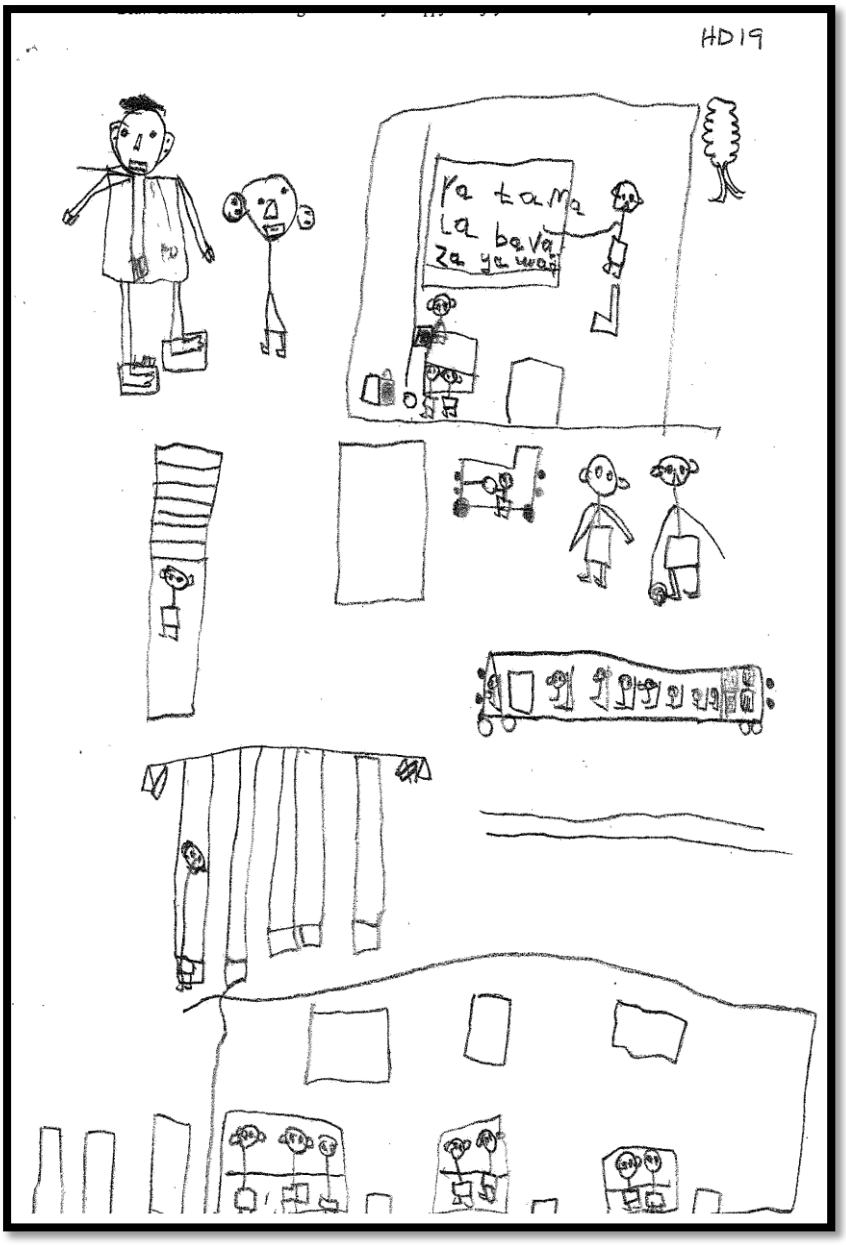


Figure 5-27 A drawing of Mike a 5 year old boy

Mike, who was an orphan, perceived Shiro's father as his own. He was happy to have a friend in Shiro who had a family and their world was filled with positive experiences of learning, playing on slides, swings, in the field, going for tour trips in a bus and going to a big house (hall) where they would sing, perform dramatized roles, and dance for an audience. He mentioned that, for most of the activities they engaged in, Shiro's father would come and observe them. He expressed the joy this brought to him. He considered Shiro's father as his own. However, a closer look at the drawing notably shows an omission of Shiro's hands. This is rather unexpected for Shiro compared to Mike whose image was missing in the drawing.

By drawing Shiro possibly suggested that, he believed Shiro had contentment in all the things that were happening when her father was around. Vicariously, Mike was contented too, able to experience a sense of pride and a degree of surrogacy by associating himself with Shiro. It was however not clear why he omitted himself in the drawing. In addition, he omitted arms on the drawing of his friend Shiro which can also bring in another dimension in interpretation to his drawing which was however not the focus of this study.

5.4.5 *Uniform and scholastic materials as a positive psychosocial experience*

Going to the centre while dressed up in uniforms was found to be perceived by a majority of OVC as a great achievement and taken with a high sense of pride as some them compared themselves to their peers who were yet to enrol in ECDE centres. Dressing in full uniform of a particular school and being with other children gave the OVC an identity they were proud of. Regular school attendance and provision of scholastic materials also gave them an organized setting with a sense of order and routine which was vital for their adjustment, and a healthy continuum in their lives. For them, it was a new beginning with new experiences within an identifiable group of children as indicated in the following drawing.

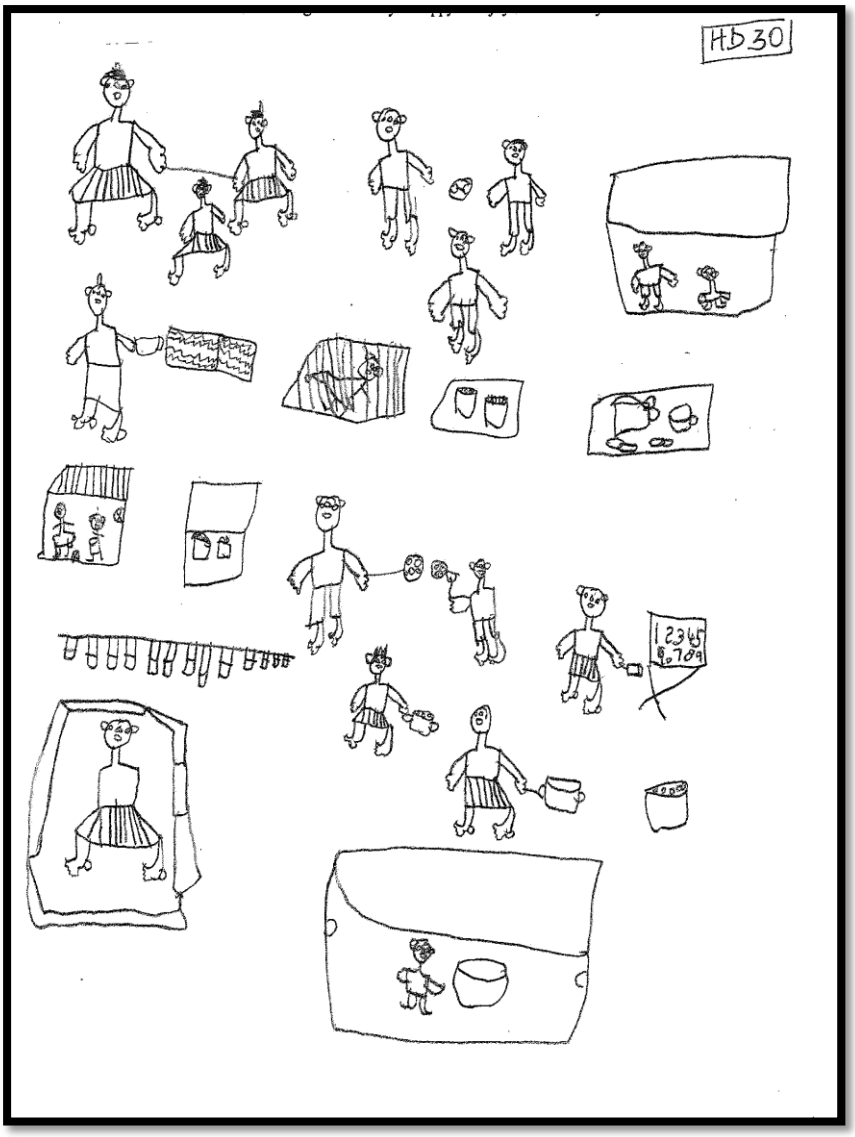


Figure 5-28 A drawing of Shika a 5 year old girl

Shika talked of looking smart in school uniform complete with shoes, and having fun with her friends in the play activities in school. The play activities referred to in the drawing above which added to her positive perceptions ranged from; skipping the rope for girls playing with the ball for the boys and the teacher demonstrating for the child how to read from books and writing numbers on the board. Although she did not mention this, a close look at her drawing suggests that they were also provided with food which was indicated in the drawing as cups and bowls. All these were very central to Shika. Feeling or looking smart for many OVC who had difficulties in provision of clothing, was a very significant contributor to their own perceived social image and psychological wellbeing.

5.4.6 *Play and feeling free as a positive psychosocial experience*

As earlier mentioned in the preceding subsections, childhood activities at their centres made children feel good about themselves. However, as one indicated, it made her feel freer by the end of her day to the extent of feeling like flying as indicated in the drawing below.

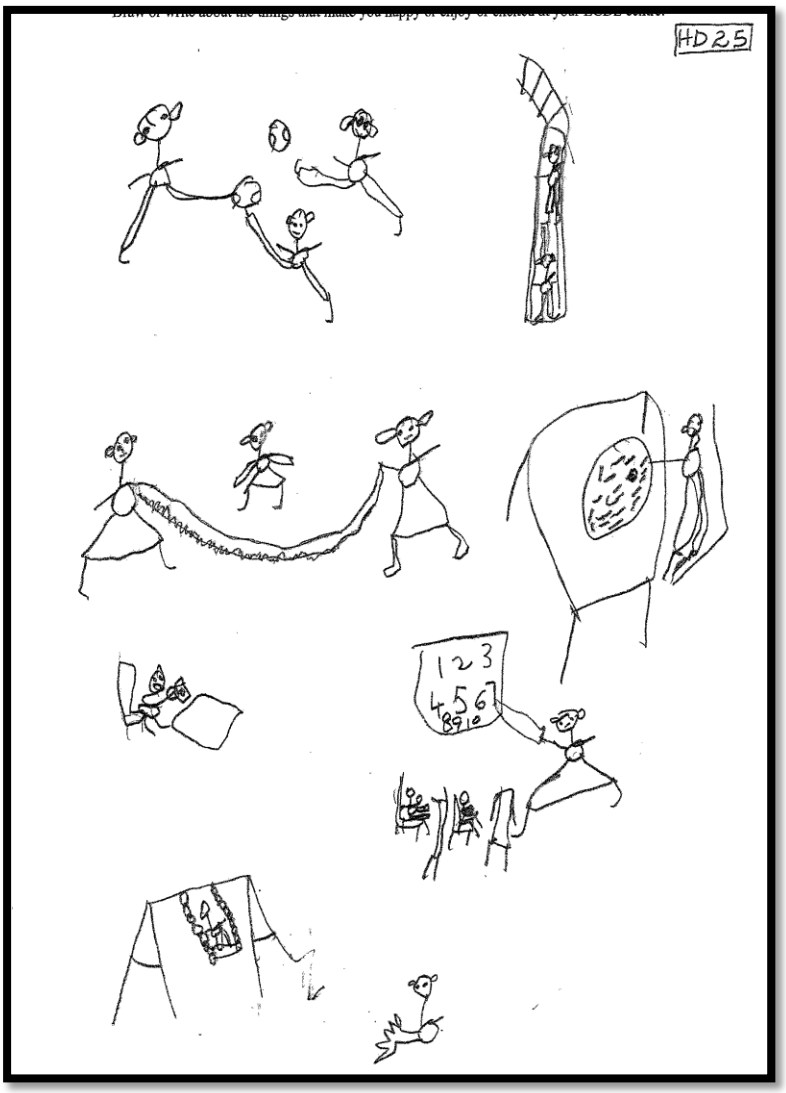


Figure 5-29 A drawing of Winnie a 5 year old girl

Winnie who was an orphan revealed in her narrative about her drawing that, what made her feel good was not only indoor and outdoor activities which included sliding, playing football, skipping, swings, reading and writing; but the joy she derived from these activities and food provided at the centre. Although all these reiterate sentiments of other children presented earlier, her claim that she felt as happy as a bird indicated at the bottom of her drawing was profound. The birdlike feeling suggests the symbolism she gave her feelings of freeness and

excitement she got from associating with others in activities at the ECDE centre; contributing to her joy and general wellbeing. This gave her a degree of childhood joys freeing her from traps possibly experienced at home. Winnie's illustration supports observation made by Di Leo (2013) who suggested that children who use metaphors to express their feelings, stretched imagination of their experiences.

5.4.7 *Writing as a positive psychosocial experience*

Achieving writing tasks for most of the pre-schoolers came as a great accomplishment. A majority of children expressed happiness for knowing how to label items drawn as a class task given by their teachers; or drawing their own items and labelling them too. This achievement made many very proud as indicated in one of the child's drawing below.



Figure 5-30 A drawing of Jeki a 5 year old boy

In the drawing above, Jeki expressed happiness for having been enabled to draw all the activities and things he knew; and that he was able to label each by name as indicated. This discovery of drawing and labelling gave him a sense of achievement as was observed from his tone as he spoke. Although it was obvious that most of the labels were misspelled, his cognition and fulfilment was very rewarding. His class teacher explained exercises such as writing and labelling items seemed to improve children's self-esteem and sense of pride for those who felt they were achieving new things for the first time in their lives. This rise in cognition competences and self-awareness was very essential in nurturing self-motivation which was needed for positive adaptation.

5.4.8 *Tours and excursions as psychosocial support*

Tours and excursions were an opportunity for children to be exposed to new places. A majority of OVC indicated that they valued opportunities they were given to leave their ECDE centres for visits to places they had never been to. These places included parks and animal orphanages. Visits to parks were important to most of the OVC because the slum settings where their homes and the schools were located were crowded. This did not offer large open spaces for them. Besides parks being expansive, open and very refreshing, a visit to animal orphanages was also a chance for children to see younger animals that had been rescued from danger in the wild possibly after being orphaned.

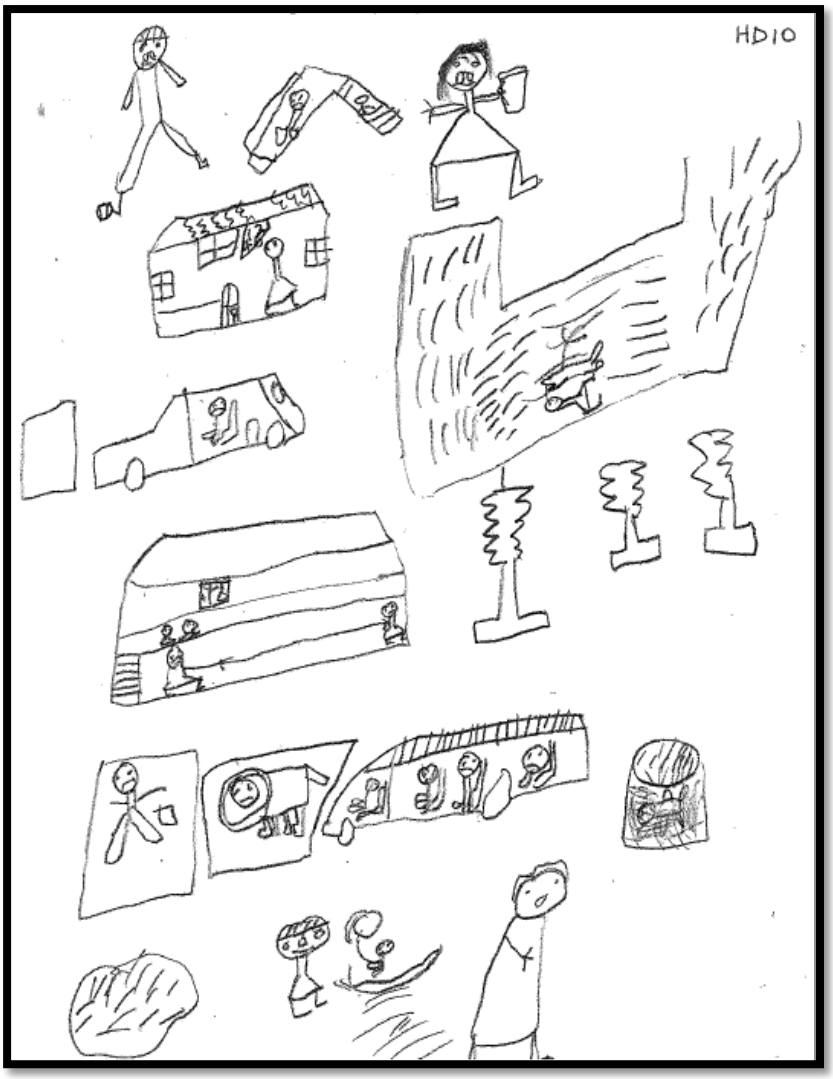


Figure 5-31 A drawing of Ray a 5 year old boy

> ***Ray:*** *I like fun of play in school like playing ball, walking in the grass…sliding … but I like more going to the animal orphanage in a bus to see lion … this one [pointing at the drawing]… seeing the other animals like this one also[pointing at the drawing]… I like very much…*

Rays drawing shows a sequence of activities he loved right from the ECDE centre to the animal orphanages in a very excited tone. It seemed to suggest that, the experience he had during the trip had a positive effect on him. Tours and excursions for OVC also expressed earlier by Mike in *Fig 5-27* was taking the children out of familiar environs of slum neighbourhoods, which opened up most of their world to other experiences and unfamiliar panoramic features never seen before.

5.4.9 *Psychosocial experiences as expressed by twins in their drawings*

There were unique cases of two sets of twins who had similar expressions of their psychosocial experiences. Thematic drawings from two sets of twins were found to contain features already described by other OVC reiterating their experiences as being similar to those of other children since they lived in same catchment slum area. In presenting findings from the twins, their drawings have been juxtaposed deliberately for emphasis on similarity of their experiences as was found in this study. The first set of drawings was from girls who expressed their happy experiences at the ECDE centre while the second set was from boys who expressed what made them sad at their centre.

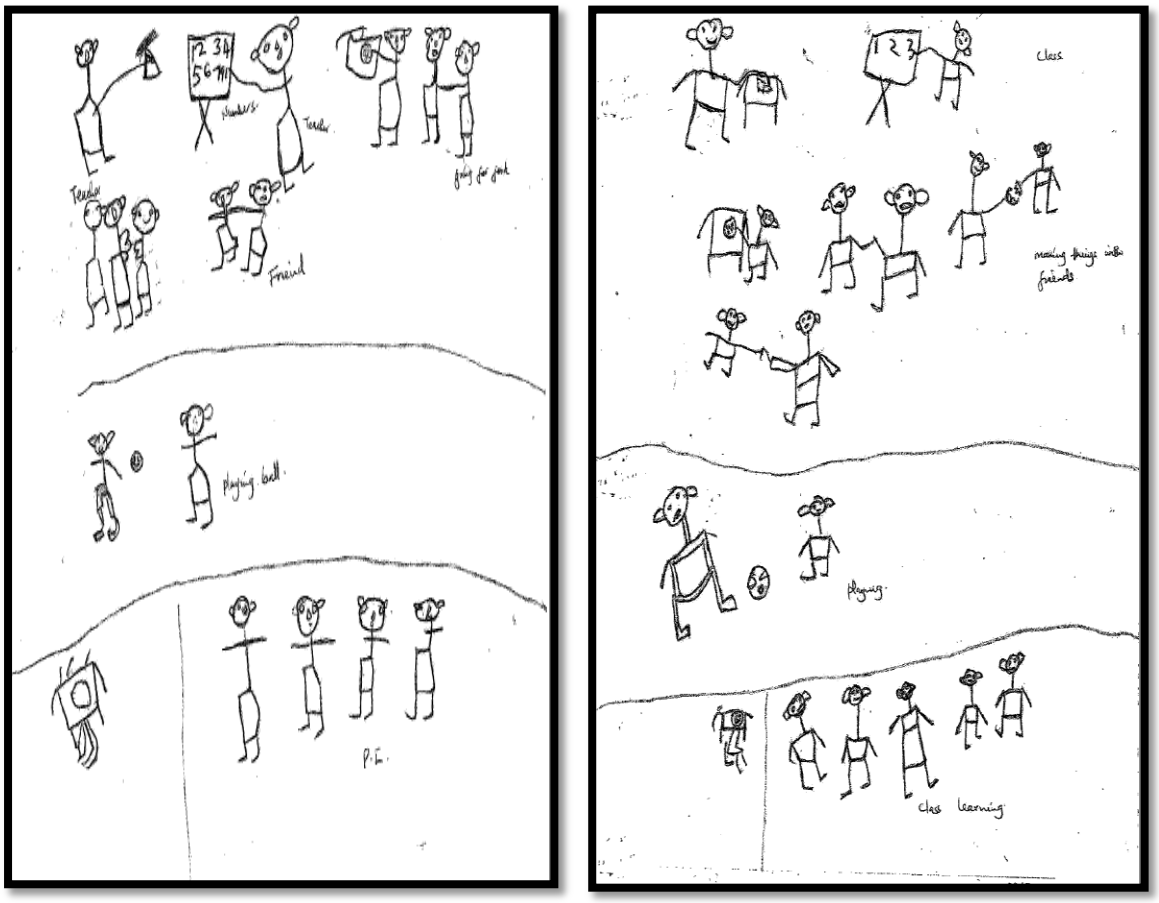


Figure 5-32 Drawings of Kibibi and Anjar, 5 year old twin girls

The above drawing of happy experiences shows how twin girls are similar in many aspects. It should be noted that during the drawing exercise they were not seated together and during presentation of their drawings, they were handled separately by the research team member without fore knowledge that they were related. In their narratives they both indicated they loved their teacher especially when she taught them numbers. Their similarities came up in

what they liked which included: their meals times at the centre, class time, being with friends, playing football with the boys and doing *P.E* (physical exercises) outdoor. Compartmentalization of their drawings is suggestive of the twin's difficulties in easily associating separately with others in activities (Cox, 1998; Malchiodi, 2008). This is also suggestive of them being monozygotic twins. Although the total visible number of human figures is sixteen in each drawing, there was however slight variations in the numbers in each compartment, presentation of the figures, details of limbs and other features as indicated in their drawings. These findings confirmed findings of a study by Arden et al (2014) which revealed that, drawings from identical twins were more similar to one another than those from non-identical twin pair as a result of gene influence on their experiences, intelligence and perceptions.

In addition, the second set of drawings of experiences of risk exposure from boy twins shared similar views of fears towards violent gangs within the slum communities as indicated below.

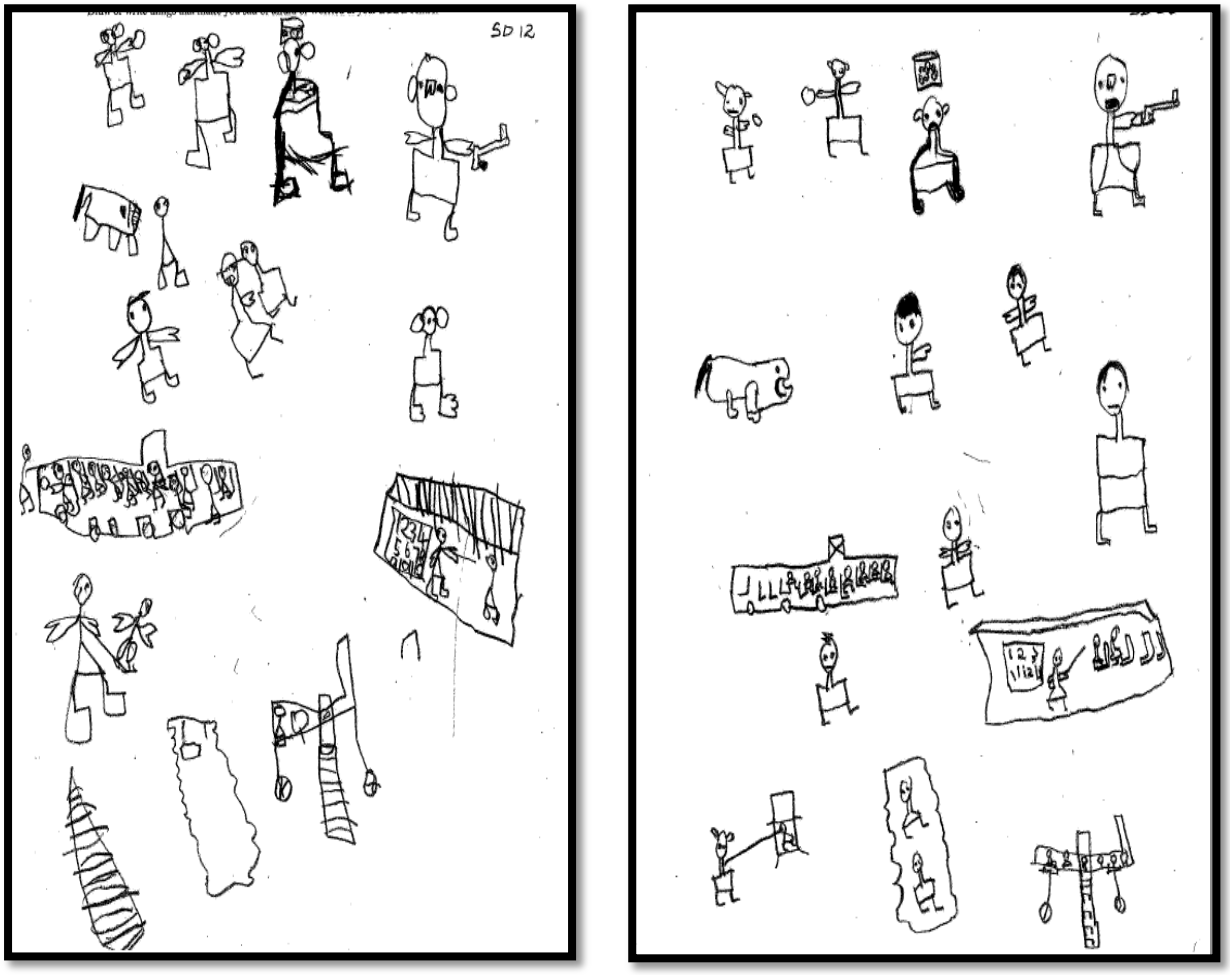


Figure 5-33 Drawings of Lulu and Kalu 5 year old twin boys

The above drawings were submitted by Lulu and Kalu; and have similar features that include the shaded man, the man with the gun in the same position, the dog, the bus, classroom aeroplane and slides. Although the drawings were submitted for sad experiences, they suggest that their experiences were similar and had weighed heavily on their psychological wellbeing in a near similar manner. However, a closer look at the drawn features shows omission of arms on human graphics which seemed to suggest that the twins in their experiences during gang wars, felt helplessness in almost the same manner. The children mentioned that the shaded people were the feared gang leader. They both mentioned they feared barking of dogs whenever they would pass a certain route to their ECDE centre. The aeroplane according to both of them was flying very low which would make them afraid. However, there were variations noted with Kalu presenting less features than Lulu. Lulu's drawing showed the vehicle which had more people and had knocked a child while Kalu' drawing of a vehicle showed less people. While Kalu's play-slide had children on it, Lulu's slide had no children playing on it. Other features in terms of positioning of the drawn images, general setting and the vehicle show slight variations which suggest that although twins have similar psychosocial experiences, and similar internal compulsions, perhaps they need not so similar therapeutic support processes.

It is important to note that at the time of analysing the drawings, the researcher was unaware of these twin sets. However on noticing the similarities in the drawings, further inquiries were made from the class teachers to verify the circumstance under which the children came to have similar drawings. It is at this juncture that it was intimated that they were twins. Further inquiries revealed that the girls were said to be identical twins as their mother had registered them as such in their ECDE centre. They also had to be dressed in slightly different colours for identification. Thus suggesting that, they were monozygotic twins. As for the case of the boys, it was intimated that, they were under the care of a guardian whom the teacher mentioned had suggested they were twins. Although it was not clear whether they were monozygotic twins or not, their drawings suggest so.

The twins' drawings revealed that, they were similarities in most aspects and, dissimilar in the weight of value of what they represented. This confirms some studies done on monozygotic twins who were found to be significantly similar in various cognitive, motoric,

perceptual, attention and motivational capacities (Arden et al,. 2014; Milbrath & Trautner, 2008). The present study's findings as indicated the twins' drawings was evidence to suggest that, twin psychosocial experiences be they exposure to risks and vulnerability or protective, were similar. However, finer differences indicate that, when dealing with them, there was need for each to be given individualized attention as each one's experience is unique.

In concluding this section on thematic drawings of happy and depiction of positive psychosocial experiences, the findings show that, all the highlighted experiences were located within the ECDE centres environment. This is unlike the thematic drawings that indicated sad experiences of risks and vulnerability, which were located in home environment, on the way to ECDE centres and a few at the centres. This was an indication that, there were a lot of protective support systems located within the ECDE centres that were central to the OVC wellbeing. The indoor, outdoor and out of school activities such as tours boosted most of the OVC self-awareness, self-esteem, elevated their competences and located them within their peer setting for an affirmed identity they did not have had before they enrolled in their ECDE centres. All these experiences supported the OVC both as individuals and as a group which consequently enriched the quality of their lives, consequently countering sad experiences. Therefore, the drawing activity proved to be a very strong language of expression for the OVC to talk about their psychosocial experiences, exposing their challenges and support opportunities. It also brought to the fore the processes that harnessed their adjustment within the ECDE centres. The next section presents findings from conversational interviews with the OVC.

5.5 Conversational Interviews with positive sero-status OVC

This section looks at findings that emanated from conversational interviews which targeted the perceptions of OVC, their peers and their teachers at the ECDE centres in terms of support structures are presented. This is in response to study objective 2. The conversational interviews were conducted amongst children who had been identified by the teachers as having a positive sero-status. In order to protect them from negative feelings, children were first asked for consent to talk to the researcher about a story of their life in ECDE centre. The children were free to choose the location and when they were able to take their interview. To avoid possible stigmatization, their peers were also allowed to talk to the research team members on other aspects not considered in this study, but only responses given using

interview schedules from those identified as having positive sero-status were considered. This approach to the children's conversational interviews was important in building much needed trust between the researcher and them, and getting personalised perceptions concerning psychosocial support they received in their ECDE centres. Considering their positive sero-statuses, knowing their well-being in the learning environment was important to the study without making them feeling different from their peers. The children were each taken through a conversation that included a set of guiding questions *(See Appendix G)* and their responses revealed that they were aware of their vulnerability and perceived support in as different facets that came in various form. This was seen in light of them being OVC in the context of HIV/AIDS, and as a part of their ECDE centres. The following subsections consolidate some of the salient issues that emerged from the conversations.

5.5.1 *Happiness as a promotional experience in the ECDE centre*

The children were asked what feelings they had when they were at their ECDE centre. The findings indicate that, they were aware of what they got from their ECDE centres. Their expressions ranged from having joy, happiness and confidence; opportunity of going to school and being part of the group of children in the centres. Below are excerpts of children who expressed how they feel about being in their centres, while others only communicated in body gesture of lifting their shoulders up and down or shifting the head from right to left which was indicative of being unsure of what to say.

> ***Sidha****:… I feel very happy… [Smiles not adding more]*
> ***Minar****: Good … I like going for learning …*
> ***Jay****: I feel very, very happy… I can't even tell [express] the joy…I long for when school to open for me to go to school again… I also can't wait for morning to come during school days. I even sleep in my uniform… when I wake up I just go…*

The above excerpts illustrate how the OVC associated the ECDE centres with good feelings. The centres were places the children looked forward to with a lot of expectation. They gave them happiness, learning, joy and a general feeling of positiveness. The children also gave more reasons for their good feeling and happiness.

> ***Sidha:*** *… I meet friends, children, teacher, food, play…*
> ***Idi:*** *… because I want to learn, just learn very hard.*
> ***Jay:*** *…me I like seeing my teacher, playing and writing…*

Besides happiness, friendship, being with peers, classroom learning activities, outdoor play activities and being with their teacher, who was a mentor and inspirational figure, emerged as the other strong reasons the children gave for looking forward to going to their ECDE centres. Therefore, friends and friendly teachers and the general ECDE centre environment played a very important role in promoting the OVC's wellbeing since as expressed; which suggested that, they were responsible for the children's motivation to get to their centres daily. This finding supports Yu, Ostrosky & Fowler (2011) work on childhood friendship, whereby peer friendship was found to be an important developmental goal in early childhood.

5.5.2 *The perception of ECDE centre environment as a place for promotional experience*

The conversational interviews also sought to find out what the children felt about their ECDE centres. It was revealed that, OVC found the centre environment to be a place where they not only found friends and played with them, but also a place for educational support. When asked why they thought so, one felt it was an opportunity that allowed them to be children as indicated below.

> ***Minar**: Just being in school place here?… it feels nice. This place is different … friends, food is tasty, playing… At home there is work and other many things I do…there is no playing… I wish for the days I go to school… there is peace… I want just peace… like I to go to school…*

From Minar's illustration above, an opportunity to be away from home chores enabled her to have the joy of childhood which she loses when at home due to chores. Going to school gave her peace within her which was very gratifying. The mention of peace and the expression in her voice as observed was indicative of a young girl child who was deprived of peace in the form of rest due to the chores back home. As was observed from her tone and body language, she expressed words that were loaded with excitement. She also highlighted the issue of food that was also captured and threaded in the earlier section of findings from OVC drawings.

In addition, it was also found out that, children's self-esteem was elevated by accessing ECDE centres as expressed in the words of Idi below.

> ***Idi**: I am happy being in school and in this uniform… I like to be smart … I want to know everything… I want to be number 1…*

Idi was happy to be in ECDE environment because, besides having an identity through his school uniform, he wanted to excel. Besides, through class activities of reading, writing, gaining new knowledge and desiring to excel at the centre, Idi was happy to be distinguished in his school uniform which made him feel smart. This came with a prestigious identification with the school; reiterating sentiments given by Shika in *figure. 5-28*.

The findings also indicated that, ECDE centres' environments were important meeting points for the children to socialize and have childhood stories. An example is given by Jay below.

> ***Jay****: …when I come and be with like my friends here… we talk a lot of things …many stories…*

Jay response shows the opportunities the ECDE centre environment offers. This sentiment also supports Shika's drawing which indicated that her happiness in the centre and having chance to socialize with friends made her happy. Therefore, to feel smart in uniform, being happy together with friends and sharing life stories gave OVC not only an identity, but also companionship, sense of belonging and an opportunity to vent their thoughts and feelings to their peers. All these largely contributed to OVC's positive adjustments in ECDE centres and general wellbeing.

5.5.3 *Perception of OVC about their future dreams: positive resilience nurturance*

The children were asked in the conversation what they thought about their own future. Out of the seven participants, four gave their views, two indicated they were not sure and one shook his head indicating he did not know. The OVC's response showed views of their dreams and hopes suggesting that, they wanted to be successful in life when they grew up. This was an indication of them remaining hopeful and interested in what happened around them as indicated below

> ***Sidha:*** *I want to learn and learn and know so much. I want to know every word the teacher teaches so that I am clever… so I can be important…*
> ***Minar:*** *… a police [sic] …so that the children will be happy.*
> ***Idi:*** *I want to be number 1 or number 2 so that I am good to my mum and dad.*
> ***Jay:*** *I want to be a doctor ….so that people don't get sick.*

Sidha's wish was suggestive of a compensatory motivation for her quest in learning in order to become knowledgeable and be important. It may be that, there is a link between deprivation in the status of orphanhood, a need to feel important and to excel for Sidha. Minar, on the other hand, wanted to be a police woman for the reason of making children secure and to have an opportunity to correct the situation of handling guns. In the researcher's chat with her teacher concerning this view, it was revealed that gang violence in Minar's neighbourhood had caused the death of her ailing mother through a stray bullet. By desiring to be in the police force she hoped to correct what happened to her mother. Idi desired to please his foster parents by being the best in his class, and Jay wished to be a doctor so that he could cater for the health of others. The children felt that their being in '*school*' would facilitate their lifetime ambitions, which would give them an opportunity to play a better role when they were all grown. It is natural for children to nurse dreams of becoming a 'somebody' when they grow up. This could have possibly been motivated in part by role models, or what they were exposed to in their immediate environment of ECDE centres. These findings support the works of Olwig & Gullov (2013) who suggested that young children have great visions for their future once they are in systems of learning.

5.5.4 *OVC perceptions of their teachers support*

Teachers were perceived in different ways by different pupils, supporting what was earlier indicated in some of their drawings in sub-section *5.4.1*. In response to the question that required them to state what they thought about their teacher, it emerged that, some actions taken by teachers made some of the OVC unhappy; for example, when they had to be disciplined for mistakes made. While other actions were perceived positively by the children especially in cases where the teacher was thought to make them happy as revealed in the following excerpts.

> ***Jay:*** *…when teacher is strict…when I take a pen from a boy and he cry…teacher is strict [harsh]*
>
> ***Sidha****: I… is afraid mum will pass [die] …I was afraid she will go to God…but now she is better a little… Teacher told me to pray and she is better…*
>
> ***Minar*** *… I tell teacher what I feel and what is in my heart…I tell how mum was sick and how I was afraid … I tell her everything …*

From the above excerpts teachers were depicted differently by the children. Jay perceived his teacher as a disciplinarian. His sentiment indicates that he was naughty for snatching pens

from others and therefore was punished for it. On the other hand, Minar and Sidha's sentiments show that, home experiences affected children away from home. Minar was concerned about her mother's sickness while Sidha's feared that her mother would die due to a sickness she had. However, they saw their teachers as confidants whom they could share their fears with. Sidha's teacher offered her encouragement and, the spiritual aspect of prayer that was introduced to her, gave her confidence in the positive improvement of her mother's condition. To her, prayer was the magic that made her mother's health improve. On the other hand, Minar expressed that she had a person to express her feelings and her fears. Therefore, their teachers gave them reassurance, a listening ear and hope.

In addition, one of the children who got bullied viewed his teacher in the ECDE as his defender as indicated below.

> ***Idi:*** *… Some kids beat me up… they just look at me and beat me … don't know why but they just beat…. I! I just cry and cry …and if teacher asked me, I say … if nobody ask I feel very bad… I just keep it here (pointing to his chest) but it feels like bitter [hurts].*

The expression of Idi reiterates what was earlier illustrated in the drawings by Lewo *(Fig 5-15*) and Amuj (*Fig 5-16*) in sub-section *5.3.3.3*. However, Idi perceived that it was the teacher's responsibility to take action on his distress by asking him what was wrong; without which Idi would suffer in quietness. Since the teachers handle many children in their centres, the bullies and bullied, this finding suggests that, it is important for them to work towards resolution of conflicts that emanate from bullying for healing. Otherwise, the bullied OVC may end up hurting for long. This finding suggests that, children such as Idi may possibly suffer the risk of withdrawing and isolating themselves if not identified early and consequently, this can potentially affect their psychological wellbeing. However, in Idi's case the teacher intervened. The bullying of young orphans as experienced by Idi resonates with other studies done with OVC in sub-Saharan Africa whereby the bullied often faced discriminations and stigma.

In conclusion, the conversational interviews although not in-depth, revealed awareness of children concerning their own-selves, their ECDE centres, teachers' roles, their fears and anxieties, dreams, hopes and aspirations. The processes of subjecting their fears to their friends and teachers within ECDE centres were found to be promotional and this helped them

in part to make positive psychosocial adjustment. These findings also corroborated with some of those expressed in the children's drawings in sub-section *5.41* and *5.42* which largely indicates the importance of ECDE centres environment as places for psychosocial support for OVC. The following section presents findings from OVC focus group discussions.

5.6 Findings from OVC focus group discussions (FGD)

This section presents results that emanated from the focus group discussions which targeted the perceptions of OVC about themselves, their peers and their teachers. This is in line with objective 1, 2, and 3 of the study. The children who took part in the FGD were mixed in their statuses of orphanhood and vulnerability. Most of the views derived from the focus group discussions support those in the conversational interviews and the composite thematic drawings and narratives given. It is worth noting that, at the time the FGD was carried out, only ECDE centre 1 participated as political electioneering which was underway interrupted planned schedule FGD for ECDE centre 2.

5.6.1 *OVC Perceptions of their teacher's as facilitators of their wellbeing.*

The findings from the FGD indicated that, the children's perceptions of their teachers' roles ran strongly through the OVC's discussion. There were six children who participated in this discussion from centre 1. The discussions brought other dimensions to the fore on how children viewed their teachers and some good things were talked about them as indicated below:

> ***Jay:*** *...when Cindi was not feeling well there was this medicine and teacher gave her…I think we are…. like….like her children.*
> ***Geo****: Aah! ... me I come late and… I was not beaten. She like [sic] me…*
> ***Idi****: …me, eh! I like when teacher choose me to sing… be prefect…I like*

The above excerpts depict the facets of support teacher gave to the children. As expressed, the teacher was viewed in form of a nurse, a surrogate mother who dispenses medicine or a friendly caring person. For Idi, the opportunity of being given more responsibilities and the experience of leading others suggests that, they were serving as a booster to his self-esteem and confidence. For Geo, the fear of punishment for being late appeared to be absent as opposed to what would be expected. This made him to view his teacher as a good person. The children's depictions of their teacher are indicative of their experiential deficiencies in their lives which could have been as a result of their psychosocial and physical vulnerabilities.

However, the teachers, as illustrated by the children, allayed all these through their supportive role and trusting them with responsibility which affirmed their self-worth. This finding corroborates with findings from the drawings and conversational interviews.

5.6.2 *Relationships*

It was revealed from the study findings that the effects of child-to-child, child-to-teacher and child-to-teacher-to-parent/guardian relationships were instrumental in enhancing psychosocial support for especially the OVC who had a positive sero-status. It emerged that, these children did not only get to feel they had a relational support from peers both at home and school, but also teachers and sometimes parents/guardians when the need arose especially when they were feeling unwell as indicated below.

> ***Sidha****: …I tell my friend …especially after school …mostly in the evenings…when she comes to visit…at times I tell teacher when I feel like telling her… I talk to my friend… then my friend takes me to teacher …teacher knows how I am…*
> ***Jay:*** *I just wait… but when I feel very bad [unwell] that is when they [classmates] take me to my teacher, she touches my head and when she asks if I am feeling bad (unwell)or pain here or there, that is when I tell her where it is…*
> ***Idi:*** *….Aaah! After I tell my friend [that he is feeling sick]… then she tell[s] teacher …then teacher call mum.*
> ***Wadi:*** *Me … I can tell you something…teacher… she is my mum's friend. She carry me sometimes when rain is falling.*

It is clear from the discussions that the agency of children in support of their peers is crucial in the relationships that were created for awareness and wellbeing of OVC with a positive sero-status. As revealed by Sidha Jay and Idi, other children were able to alert their teacher whenever they noted a change in their peers, which showed the great amount of care they had for their friends. The teacher was also viewed as a close and caring person to the extent of carrying the child on her back on their way to the ECDE centre. Idi indicates that there was communication to his mother whenever he became unwell while at the ECDE centre and the mother would pick him to take him home. The idea of Wadi's teacher having a good relationship with her mother made her have total confidence about being at the ECDE centre. These, child-to-child, child-to-teacher and child-teacher-to-parent/guardian relationships were potentially instrumental in raising awareness and harnessing the wellbeing of especially OVC with positive sero-status.

It also emerged that, the teachers organized neighbourhood clubs whereby older children took care of the OVC in terms of walking them to and from the centres, mentoring them and facilitating other things that could be done while at home. The older school children also facilitated feeding of the younger children they were charged to oversee and at times gave other forms of support the children needed. When asked who their best friends were, the children mentioned other children and the teacher as illustrated in the excerpts below.

> ***Sidha:*** *… I get food from Rita…sometimes when I take medicine, like when some people like doctors come…*
>
> ***Minar*****:** … s*he is in class six…being taught responsibility [sic] like honesty… like not stealing …like not abusing friends, big people and others … Ruth is in class four. She like [sic] me and I like her. She comes up to my home, she teach[es] me to wash my shoes and my uniform …and wash [clean] the house …she teaches me how to do tests…*
>
> ***Idi***: *…Teacher is big help …teacher beat the kid who wronged me. …teacher talks to me and it is nice.*
>
> ***Jay:*** *… the help I get …calling other big children from our home [orphanage] to take me back [home] to get help there… my friend is Peace … but she is no longer coming here [centre] …she wented[sic] to her rural home. We talked a lot of our stories …*

The above excerpts show that the OVC were able to function well as a result of the support given by peers, older children in the primary section of the school and their teachers. Sidha reveals that her friend monitored her adherence to medication. Minar had two friends who mentored her in functioning within her environment and ensuring she performed well in her school assignments. Jay still remembered his friend Peace from the orphanage whom he states had moved to her rural home. However the others still offered support and made sure when he was unwell he was taken back to the orphanage to be helped. Idi on his part viewed his relation with his teacher was a protective one from other children who wronged him on his way home. The children's reflections indicate that the relationships they had gave them a high sense of self-worth and assurance.

5.6.3 *Maternal deprivation resulting from fostering other OVC*

There was a rare case of children having both parents and yet were found to be vulnerable. They suffered maternal deprivation as a result of their parents offering foster care to orphaned relatives. This affected some of the children in the host families. The study found some who

were withdrawn and the teachers reported that they were lagging in cognitive abilities. An example of such a child is expressed in the excerpt below.

> ***Sky****: ….I felt very bad in me [tears welling in his eyes as he crossed his hands over his chest] …mum brought two small [young] children and they cry a lot. But they have [these] wounds and they are always sick… and their mother died…*

The above illustration reveals that although Sky was a non-orphan who lacked maternal attention and emotional care because of the adopted sickly twin orphan infants who had attracted the full attention of his mother. This was found to be very disturbing to him and it explained his distress, since the adopted children were sickly, and he was also aware that their mother had died. Inquiry from his class teacher who was a key informant in this study later revealed that, Sky was initially active and happy at the time he got admitted into the ECDE programme but drastically changed. The teacher noticed that he had withdrawn, preferred his own company and became almost mute. The teacher also revealed that the adopted infants were Sky's cousins whose deceased mother was the younger sister of Sky's mother. This she learnt form Sky's mother who informed her that her sister was diagnosed with AIDS during her gestation period. The new living arrangements in Sky's life, which was a common practice in some Kenyan communities whereby a relative took into custody orphaned children, undermined his wellbeing. This finding shows how these types of children need psychological services which would have help them adjust to new living arrangement. Although the mother had shared the changes in Sky with the teacher, she too did not have the skills of dealing with his problem. This finding also indicates the importance of parents to share information on emotional distresses of their children with teachers, as they can help them to locate appropriate help that can facilitate better adjustment for their children.

From the children's contribution in the focus group discussions, a great number of children perceived their learning centres to be supportive as discussed above.

5.7 Conclusion

In conclusion, the findings in this section show a wide range of experiences which suggest the complexity of their psychosocial needs as OVC in a poor slum environment in an urban setting; awareness of these experiences; and opportunities on how some of them are addressed within their ECDE centres. These findings from the VSI, thematic drawings,

conversational interview and focus group discussions indicate that ECDE centres have great potential of exposing a majority of the OVC to multiple positive experiences that accounted for developmentally appropriate growth and wellbeing. Thus showing the important role ECDE centres played of positive adjustments for OVC. However, the effects of negative experiences as expressed by some children that had the potential of damaging them were also highlighted. Such experiences were suggestive of the need for sound mechanisms to address difficulties these children faced to enable them have good transitions into lower primary schooling having positively adapted well. Chapter 5 has contributed to the study findings as relates to the OVC with some clarifications from their teachers where need arose. The following chapter presents findings drawn from the ECDE teachers as key informants in this study, infrastructural assessment and policies.

5.8 Part II: Findings from the teachers

5.8.1 *Awareness of OVC psychosocial needs, support and wellbeing*

This section presents qualitative findings from teachers, who served as key informants on experiences, awareness psychosocial support and wellbeing of OVC in their ECDE centre, infrastructure and policies; in line with objectives 1-4 of the study. Insight from head teachers, class teachers and trainee teachers on internship through interviews, questionnaires and focus group discussions were used to get their holistic views on the OVC psychosocial needs and the support accorded to them. Informal conversations and observations made are presented. The instruments that were used included: semi-structured interviews for head teachers, questionnaires for class teachers and focus group discussions. The study's interest in teachers was how their awareness concerning the OVC was raised, their ability to identify the children psychosocial needs and the various support services that were extended to OVC to adjust well within ECDE programme. Teachers' awareness of the policy provisions was also in focus. All these are presented in the following subsection.

5.8.2 *Teachers awareness of OVC experiences upon enrolment into ECDE programme*

A clear awareness of OVC psychosocial experiences and needs is crucial for identification of the kind of services to be extended to them. Findings from teachers' interviews, questionnaires responses and researcher's observations revealed that, some teachers got clues of pupil's statuses, experiences and needs through admission procedures; and also by identifying the general slum catchment areas of their pupils. It also emerged that, it was very

difficult for teachers to get all more information from guardians or caregivers on their children upon admission to ECDE programme for fear of being either stigmatised or excluded. Teachers' focus group discussions revealed that caregivers tried to earn their trust first before opening up to them about their children's statuses.

The study findings revealed that teachers were able to identified OVC through various ways which included: observation, disclosure from children, siblings or caregivers, speculation, discussions in staff meetings, inquiry, and cases of health emergency situations. These means of identification were revealed through teachers' expressions in the following excerpts.

> *... Information on whether a child is orphaned or parents/guardian sick ... this is never considered on admission unless there is an obvious problem like a child being absent or shows signs of sickness ...because they [parents] always deny. But sometimes in staff meetings OVC issues are generally mentioned.*
>
> *(Interview extract – Mrs. Adlan- Deputy Head-teacher (D/H).*

> *While in class with the teacher ... when the child does not respond to glad activities… putting on torn uniform, untidy within the school or elder siblings are asked and they give information. Without this they show no emotional expression which can help in identifying them.*
>
> *(Interview – Mrs. Muloh- Deputy Head-teacher (D/H))*

The above excerpts indicate that admission process did not discriminate OVC but still, this was not enough to avoid non-disclosure of children's statuses. Absenteeism, worn out uniform, withdrawal and untidiness were indicators used by teachers to probe into the children's statuses which aided them in identifying the OVC. According to Mrs Muloh, once these children joined the ECDE programme and blended into their peers, the OVC were unidentifiable. However, early identification of this group of children was important in raising awareness of their experiences, needs and addressing their concerns at the earliest time possible for good adaptation in a learning environment.

Teachers also reported that, in some cases, through speculation and observations, investigations were made on children's general behaviours during activities and meal times. It was reported that some children came with packed 'special diet' to school. For those who had siblings in the upper primary, teacher would make some inquiries whenever they came to

the ECDE centres check on their brothers or sisters from time to time. Some of these older children were able to disclose the condition of their younger sibling/s and this was how teachers were able to identify them as indicated in the following

> *… During meal times some eat special diet. This makes teachers speculate the disease… (Interview excerpt – Mrs. Adlan-D/H)*

> *… You see like that one, you see the sister eats with him like now… She checks [on him] at eating [meal] times…I asked what is wrong with the boy that is when she told me…*
>
> *(FGD – Tr. Katen-Class teacher (CT))*

Teachers also reported that some parents/guardians of OVC intimated to them the status of orphanhood by AIDS or the positive sero-status of their children. The parents disclosed this to make them aware of their children; inadvertently requiring them to be closer to them due to fear of stigma and discrimination associated with such statuses as captured below.

> *… I knew this from one single mum …she did not want anyone else to know…you see it can be negative to her child… but the rest[of the parents] they are never specific [on the sickness of the child]…*
>
> *(FGD – Tr.Anna-CT)*

> *… Through the class teacher … probably when they discuss with the parent/guardian.… Class teachers are the ones who are privy to the information from parents. I can't know all of them.*
>
> *(Interview – Mrs. Adlan- D/H).*

It is evident from the above extracts that fear of disclosure and secrecy that seemed to be perpetuated by guardians, kept vital information away from the school administration as expressed by Tr. Anna. This was possibly as a result of parents' fear of negative repercussions on their affected children possibly due to stigma. It can also be viewed that by doing so the parents were establishing a monitoring and surveillance process with the teachers over the children in their absence. According to Mrs Adlan, once the class teacher was aware of the children status, that was enough.

In some instances class teachers were informed of the children status only if the parents felt comfortable of some degree of confidentiality. The findings also showed that class teachers' became aware of cases of positive sero-status children in different ways.

Some prided in the confidence parents had in them as opposed to the head teachers as expressed in the following excerpts.

> *…you know these parents … it is us the ECDE teachers who deal with them directly. Even the bosses of the school do not know everything we know on these children. Some parents confide in us and tell us about the children if s/he is orphaned, or sick (living with HIV)…* *(FGD – Tr. Emali-CT)*

> *They [children] come with the medicine but do not want the school to know… then they also have the special food for the children to be given…This is when you come to know…* *(Questionnaire – Tr. Katen-C/T*).

> *… some of them inherited the HIV. … we just know once a child has T.B [tuberculosis] or other sickness associated with HIV, we just know she or he is positive…*
>
> *(FGD- Tr. Anna)*

> *…You can guess since they are sickly most of the time. We 'pursue' for information from parents/ guardians and by assumption … sometimes disclosure of death of spouse …is revealing …*
>
> *(FGD Tr.Angie)*

> *There is a child who would just become sick all of a sudden …[on] calling her mother she told me. I encouraged her to be packing the medicine for the day and I volunteered to take care. Now she is ok…* *(FGD – Mrs. Muloh-D/H)*

The above excerpts reveal that teachers' awareness of the positive status of some children was raised through parents' disclosure, children coming to school with medicine, through symptomatic illnesses, speculation and investigations and, when children suddenly fell sick. Although the teachers prided in being privy to information about the OVC statuses, there were possibilities that the children were more exposed to risks leaving them to chances of teachers offering support services only if they had to deal with health emergency situations. The above findings also revealed that speculative assumptions based on the nature of symptomatic illnesses children exhibited had the potential of discriminating them, consequently stigmatizing them further. The collusion of class teachers and parent/s or guardians to keep secrets of orphanhood by AIDS or children living with HIV/AIDS hinged on a moral divide of confidentiality. This had the danger of being extended into provision of

support services offered to the affected children and as a result, some children were at risk of suffering neglect, especially those who had a positive sero-status.

The findings also revealed that there were cases of children who unexpectedly fell ill and teachers had to either care for them as they waited for their guardians, or even volunteer to take them to a health facility. It is during such times that teachers became aware of the children's status as reported in the excerpts below.

> *There is this one who faint- faints*[19] *and when the guardian is called she tells us the child has diabetes… first she does not come quickly but we know…*
>
> *(Interview – Mrs. Adlan-D/H)*

> *I have to take one to the clinic…when going to the clinics* **…** *I went with her one time through the clinic class so that I can get [to know] some of the things…it is like these kids have nobody [to cater for them]…*
>
> *(FGD- Tr. Anna)*

The excerpts above reiterate the serious cases of non-disclosure and negligence by the parents/guardians potentially led to speculation which loaded the teachers with extra responsibilities. No-disclosure also seemed to inconvenience teachers who would be caught unawares when children fell ill, a situation that disrupted services to other children at the ECDE centres. As indicated, some guardians were comfortable in giving a more acceptable chronic illness when disclosing the illness of their children such as diabetes, when in actual sense the child could be having a more serious illness. Left to speculation teachers felt that it was not good for the wellbeing of concerned children. The initiative of teachers volunteering to take some children to the health clinic shows the scale of their commitment to help. This insight shows how some of the children lacked responsible adult to provide closure to their statuses, disclosing to teachers before they are surprised at the health facilities. Tr. Anna took interest in learning more at the health facilities in order to help other children, should similar challenges recur. Therefore, lack of full disclosure of the OVC meant that, some of the children could not be appropriately supported once they joined the ECDE programme unless the teachers and school administration were fully made aware of them.

[19] Fainting repeatedly.

5.8.3 *OVC experiences of kinship ties and Teachers' surrogate role*

The study findings indicated that a majority of the OVC in the ECDE centres were found to lack close filial relationships. Teachers were of the view that, most of the OVC were aware they were different from other children since they lacked close kinship ties, close friends to visit, and rejection in their peers' homes unlike their counterparts as indicated below.

> *Those children feel as though they are different… that they don't have parents and they don't have like regular visitors …'cause them, they don't go anywhere unless they are going to school or with school (on tours] or they are visiting people with permission or they would be chased away from people's homes. (FGD-Ms Tot).*

The above illustration suggests that lack of close kinship ties for the OVC led to discrimination and limited their interactions with other people outside the ECDE centres as well as places they would have loved to visit. Although schools gave them some of these opportunities while others only benefitted when allowed to visit, the act of chasing them away during visitations to their peers' homes made them feel unwanted. It was restrictive, denying them their freedoms since young children naturally look out to make childhood relationships. This potentially made them sensitive to issues related to family and friends; suggesting that, the affected children were constantly in self-struggle as resulting from such rejection.

This compelled teachers to be sensitive when discussing family matters because of the fragility of the children's feelings as one teacher reported in the following excerpt.

> *… and maybe when it comes to other topics like family topics, that's when you realise[their self-struggles]… they can come later and tell you; 'Teacher I don't have a mother and this blah blah blah' … so according to such topics, I have to be a bit sensitive and know how to handle them 'cause they ask questions. … most of them, the way we understand them … it is like they don't have a place to fall on. When they have issues and are an orphan or see themselves as vulnerable… it is very difficult to express themselves to other people and be understood. So they see themselves …it is like they're just open there and you [they] don't have someone to protect them like the father figure,… let's say they don't have an 'umbrella' that can shelter them from 'rain', from 'sunlight' and everything...*
>
> *(FGD- Tr. Katen-C/T)*

The above excerpt is suggestive of the OVC having many unanswered questions concerning family, especially not having parents and when faced with difficulties of being understood by

their peers. The teacher has likened family to an umbrella that shelters children from perceived dangers of life. The teacher's role illustrates the importance of creating spaces and an atmosphere for children to freely talk about themselves and vent out their feelings. In this regard, the teacher played a vital role of listening and trying to understand their vulnerability as part of her responsibility in helping them to adjust and to adapt in the ECDE centre's environment. According to Tr. Katen, lack of attachment figures for children especially the fathers denied them recognition and everything they could identify with in life; adversely affected their wellbeing. These children need that figurative umbrella in life.

Kinship is protective and affirms a sense of belonging to children. Lack of this for some of the OVC, especially those who lived in orphanages was found to negatively affect them when they came to the ECDE centres after a weekend or a holiday. The study findings indicate that, when teachers asked children to share their holiday experiences, some OVC expressed abandonment as captured by one class teacher below.

> *… it's like when now their school closes, there are some who their relatives come to pick them and there are some who just stay alone because they don't have someone to come to pick them. So most of them really feel [it], and their needs are like not given essentials [not met] …they normally tell me 'Teacher, they[relatives] won't come to pick me because there's no one to come pick me so they just feel that identity is still not there…* *(FGD – Tr. Emali- C/T).*

The extract above illustrates experiences of a disconnection from blood relatives. As a result, they suffered dejection, discrimination, deprivation, abandonment, loss of identity and stigma. Relatives fail are seen as having failed to play a positive and active role in OVC lives. Thus suggesting that, the more the OVC grew older in orphanages the more likely they were to drift away from their known relatives. All these had the potential of leading to isolation, lack of affection, loss of identity and psychological distress as a result of being associated with HIV/AIDS (Cluver & Gardner, 2009). This finding suggests that, OVC internalised feelings of vulnerability which potentially made them view family discussions in class negatively. Although children are naturally sociable, such could affect their socialization processes.

Further informal conversation between the researcher and teachers revealed that, one had to be creative. A female teacher indicated that, when having discussions on the topic of family

in class, she had to keep mentioning God's family whenever the OVC expressed sadness. She indicated that, when explaining God's family to them, she talked of all children who had no father as having God as their father, and their teachers as their mothers. She also explained to them that theirs was a special family. In this manner, the children were able to develop a degree of trust to discuss issues of family without feeling left out in the discussion, at the same time making them feel special. This kind of supportive role from teachers helped the children to adapt well and to affirm their sense of belonging at the ECDE centres.

Further findings from teachers' focus group discussion revealed that some of the OVC whose mothers had died or were critically ill with AIDS, were taken into foster care but were often neglected. Foster 'parents' were not always there for the children as illustrated in the extract below:

> *"…Cases of vulnerables [children] and orphans, it's like nowadays they have become too much … because many of these children you hear are of single mother some of single fathers, or chokora[20] until you just wonder what is it with nowadays … why there are so many of these cases nowadays… So many have become vulnerable especially due to this HIV… Like last week there is this child now she has no mother, no father … all are gone because of this HIV…now she is alone …with them [relatives]… they are just left there all alone…*
>
> *(Extract Tr. Katen)*

The above extracts reveal that, teachers were aware of the risks most of the orphans were exposed to, which increased their vulnerability. Tr. Katen attributed this to single parenting, especially of mothers, and in the event their primary carers died, the OVC were not left in the care of known responsible blood relative. They were left to fend for themselves. Although the teacher was puzzled by the increasing cases of paternal, maternal or double orphaned children due to HIV and AIDS, she too had no immediate solution to the children's predicament.

The study findings also revealed that, teachers were keen on OVC who had filial connections but were abused. This eroded OVC confidence. Teachers reported that some OVC experienced many forms of abuses in the hands of their relatives. According to them, children talked of relatives who would be nice as long as they did not stay with their families. They would be given gifts and send away, or physically abused as indicated in the excerpts below.

> *… Mostly like when now they go for holiday, when they come back, they talk about the*

[20] Chokora are street children most of whom are totally orphaned and have been rejected by relatives

good things, their aunts or uncle have done in their lives like; 'He bought me this toy gun'... (FGD- Miss Tina)

… There's these ones that went to the relative then when they came back they had marks all over and I think they were beaten or something… and they didn't want to go back again." (FGD- Mr. Izomon)

The above excerpts reveal that some of the OVC had short visits to their relatives and were well catered for, while others suffered a disconnection with their known relatives not wanting to associate with them. According to the teachers, the urban setting in which they found themselves complicated matters. It was common to have such children kept at bay for relatives viewed them as an extra burden on their families. Most of those who lived in poor slum conditions strongly discourage such children from settling down and blending into their families. That is why they subjected them to physical abuse as indicated by Mr. Izomon.

Negligent parents/guardians were also found to add to the challenge of connectedness OVC faced. The findings indicated cases of carers abdicating their responsibilities over the OVC as shown in the following quotes.

There are some caregivers [parents/guardians] who neglect their children and are worse than the orphans who have nobody. We just do what we can…

(Interview – Mrs. Adlan-D/H)

Some guardians are responsible, you can't tell but some have neglected these children. The negligence has different ranges…. (Interview – Mrs. Muloh-D/H)

The above excerpts show that, some of the OVC had parents/guardians but suffered neglect. This was suggestive of the circumstances of HIV/AIDS in which parents/guardian found themselves in coupled with other socio-economic factors which made it difficult for OVC to be well cared for. In such conditions, it remained to ECDE centres to offer support in whichever way they could. It was however not clear from the teachers what else could be done to the negligent parents/guardians.

5.8.4 *OVC experiences of abuse and Teacher's perceptions role*

The study findings revealed that, teachers offered OVC a listening ear and in some instances it was helpful in revealing their struggles and negative experiences with some of their relatives. Although the need for a connection, belonging and constructing identity amongst

the OVC was central to their sense of family and wellbeing, this search for some brought warmth and security, while others came with negative experiences as one teacher reported.

> *… They tell me if they have been beaten … like one said that they were not bought for a dress but the rest of the kids like their cousins were bought for, and then they really felt bad. But about these other things, they don't talk about much but we know."*
>
> *(FGD- Tr. Katen C/T)*

The excerpt reveals that, experiences of physical abuse and discrimination. However, there were deeper issues as implied, such as sexual abuse which children did not share freely with their teachers due to associated shame. At their age, some children were not likely to freely talk about abuse, but teachers were able to speculate the children's experiences. 'Silencing' of such experiences was potentially detrimental to the children's psychological wellbeing. This also had the danger of other health implications. The children who shared information with the teachers on these forms of abuse showed the kind of trust they had developed in them, consequently providing an opportunity that could initiate investigation into other deeper issues of abuse.

In addition, it also emerged that some orphaned girls in the care of male relatives such as uncles or grandfathers, were sexually abused as stated below.

> *….Ngai!*[21] *I could not even believe it. Just imagine a little thing like this one*[22]*. Really! … How can a grandfather, the daughter has died … left him with this little thing and he does such [rape]…when she came she looked like withdrawal [sic] that is when I asked but it took many days and then she told me…nowadays she is active and close [to the teacher] and I keep her close to know what is happening [in her life] …*
>
> *(FGD-Tr. Angie)*

> *…you know …there are even those …it is not like the normal way…yeah! You know what I mean (laughs)...but it is 'clande'*[23]*. Others are 'fed by mouth'*[24] *and some… they make them 'boots'*[25]*…You know the boot…especially 'mamboys'*[26] *[sic]are the most affected…it happens to them…*
>
> *(FGD – Miss. Tina)*

[21] *Ngai*! Is an exclamation for God.
[22] The girl is referred to as a *little thing* being because of her size.
[23] '*Clande' is short for clandestine which has been used to mean secretive. Sexual abuses are treated as secrets especially when they involve people known to the child.*
[24] '*Fed by mouth' is used to mean oral abuse*
[25] *Boots is used by the participant to mean anal abuse*
[26] '*Mamboys' is a local slang word for boys pronounced with the teacher's mother tongue interference*

The illustrations above indicate that although teachers were puzzled at how children experienced sexual abuse, it was not uncommon. This is seen in the casual nature Ms. Tina put it across as she made her contribution to the discussion. She also reveals that some children had experienced oral abuse and sodomy, especially boys. However, Tr. Angie reported how it was not easy to get through to the children to reveal such experiences as it was a secretive issue. This was because the perpetrators were known to the children. This showed a serious gross violation of the children; an issue which according to Tr. Tina, was handled secretively.

It also emerged from the teachers' focus group discussions that, some girls had a way of using language which suggested that they had been exposed to sexual abuse at a very early age. According to one teacher, the children considered it normal occurrence as indicated below:

> *…girls are very articulate when they come to me… They do not fear…it's like they are in 'business'*[27]*… they become sexually aware very early … imagine at 4-5 years…it's like 'business' is taken home… they are recruited into these things…it's like she came to me 'kunikatia'*[28] *and I was shocked…*
>
> *(FGD – Mr. Izomon)*

The illustration above indicates that Mr. Izomon had noted with concern the behavior of some of the girls and fully understood their use of language which was suggestive of seduction. According to Mr. Izomon, this was a language he knew was associated with adults since he also grew up and lived in slum areas. Ideally these children could have shared this with their female teachers, but they chose to talk to him. This finding revealed that girls' exposure to sexual abuse had made them believe that it was a way of life which potentially exposed them to more risky experiences. It was also suggestive of lack of appropriate relationships and neglect of the orphaned and vulnerable girl children in the slums areas.

It also emerged from the researcher observation in some class sessions that, teachers would once in a while lead children in a song that demonstrated which were the private and public parts of their bodies. This activity suggested that, teachers tried using this approach in an effort to create awareness among children through a song on sexual abuse on their bodies. By

[27] ***Business*** *is a sheng word for prostitution in Nairobi slums*
[28] ***Kunikatia*** *is a sheng word that means to seduce.*

demonstrating the parts of the body which are private (the mouth, chest, their genital areas and the buttocks) not to be touched by anyone, and which were public parts- (hands and feet) and could be touched; the teachers' intensions through these demonstrations were to help children internalize the information. This approach can be viewed as very important in helping children ascertain which actions were abusive and be able to report gross violation when it occurred. Since most abuses were found to be committed in the privacy of their homes and neighbourhoods by people known to them, the children would possibly bring any abuse to the attention of other people for action.

The findings in this subsection suggest that, some of the OVC were exposed to defilement, sexual abuses and sodomy; both penetrative and non-penetrative at tender age. As reported, it was not easy for the teachers to know these abuses since some of the perpetrators were their guardians. It was also speculative that some had been introduced to these forms of abuse at an early age which they considered a way of life. All these were suggestive of lack of strong child protection measures in their home environment and exposure to circumstances that violated their innocence. These findings call for psychological services to the affected children to ensure their personal safety and general protection.

5.8.5 *Experiences of trauma and other challenges*

Teachers perceived that most of the orphans in the study were traumatised as a result of bereavement and other related experiences in their lives. The study findings suggested that, traumas permeated most of the children's functions causing mental distress. To ease the traumas, teachers took initiative in reassuring those affected and able to talk with them as one expressed below.

> *… there are these twins, they were even told, "I will use this 'panga[29]' to kill you". So they have been struggling with that and to the point of just talking and telling [me] over and over that, they were told if they go back there, they will kill us [the twins]. It's now even a more difficult process to go back and… just start talking to them and telling them 'no, they might have said that but it won't happen'…*
>
> *(FGD – Tr. Katen C/T)*

The excerpt above reveals the extent to which some of the OVC got traumatized as a result of

[29] ***Panga*** is a local word for machete

threats issued over their lives. They expressed this through narrating to the teacher over and over. The threat of ending the twins lives appeared to devalue them causing fear and discouraged them from going to visit people. By telling their teacher their story, the twins were raising their intense fears of not having reliable people they could positively identify with or to support them in their trauma. Hence, they placed the weight of their concerns on their teacher. The teacher found it difficult to convincingly make them assertive in their difficult circumstances despite the reassurance she gave them to raise their confidence.

The study findings also revealed that teachers raised concerns of children having difficulties of getting absorbed into foster families and feeling part of them due to threats of being killed. This was equally traumatising. It therefore necessitated the children to be aided through reassurance for them to understand that, such cannot happen to them as expressed below.

> *There are a few kids where when now the parents died, they went from aunt to uncle and some relatives were saying very harsh words like 'If you come back here, I will kill you' and they were rescued, they went to the children's home. But 3 years down the line, they can still remember what they were told and even for me, no!... It's been a challenge to just tell them what it means …* *(FGD- Miss Reena)*

The above sentiment reiterates the fears of threats on OVC's lives by relatives and change of foster care from one family to another which was traumatizing. Some of the realities of discrimination and threats at their tender age illustrate the heavy issues the OVC experience. The finding also indicates teachers, difficulties in reassuring them showing the enormous tasks they had, which affected them vicariously. As indicated, the teachers' advice to the children to accept what they had was not plausible enough as revealed in the following excerpt.

> *For me I usually try to tell them, whoever they have that time is now their parent and they should obey them, they should just give them the love as their real mother because that's the nature that came across them and it's only God who knows what can happen later."* *(FGD – Ms Tot)*

The extract above indicates the approach the teacher used to help children deal with their predicament of rejection and threats on their lives by people they knew. This approach of

acceptance was used to help OVC deal harsh experiences and instilling in them a sense of hope, to bolster their self-belief and potentially lifting their self-worth.

Teachers indicated that, the OVC would from time to time receive counselling. According to them, a majority of the orphans did not understand their statuses of orphanhood, their positive sero-status. As one teacher explains below, it was very difficult for them to comprehend.

> *...just teaching kids to deal with a few things like now separation with parents or just ... when they are total orphans… how to deal with them. And just to help them understand in their little knowledge,… to understand what it is when there's no 'mom' anymore,… when there's no dad because those children, some of them ask me 'what it is, what is it when people say they have died and they are not coming back ...*
>
> *(FGD- Tr. Katen-C/T)*

> *... So they need to have people who are specialised in just teaching them the things that happen in life like death or separation. "At 21 year[s] I feel I can't answer all their questions ..."*
>
> *(FGD-Miss Reena)*

Helping the children understand traumatic events like deaths in their families was significant for their psychological adjustment. The excerpts above show that, it is important to aid such children in their mental frames to understand their situation. However, Tr. Katen revealed how explaining deaths of family members to young orphans posed a dilemma to teachers who felt ill prepared to deal with such heavy issues since as acknowledged by Miss. Reena, she was too young for such a responsibility. She suggested that, specialized people be assigned to handle this group of children. She expresses her sense of inadequacy in explaining death phenomena to the full comprehension of the OVC. She felt it was a high demand on her and since she had not had any children of her own, she also did not fully understand their psychological location. It was also suggested that the training teachers received be improved since they felt ill prepared to adequately create shifts between the ECDE curriculum they were skilled in, and the psychosocial contexts of the children they handled. Thus, suggesting for more specialised trained personnel to handle such cases

5.8.6 *Teachers' perceptions of support OVC receive from ECDE centres.*

The study sought to know how the teachers viewed the support they extended to the OVC. It was evident from the study findings that, OVC in ECDE centres had a wide range of unmet psychosocial needs which required their support. Earlier findings from the children's expressions showed how the teachers supported them and the motivation for school attendance as indicated in part I of this chapter. The following sub-section is a continuation of the findings from the teachers' perspective of the OVC psychosocial needs, and how they addressed these needs to ensure they adapted in the ECDE learning environment.

5.8.6.1 Material support

Since a majority of the OVC came from slums known for high poverty and some had guardians who were less responsible for their wellbeing, the study found out that availability of scholastic material supported their joy of being in their learning centres. Teachers revealed that, to curb lack of scholastic materials and differentiations amongst children they taught, most of materials brought as part of the admission requirements and registration, were pooled together and shared by all children. These materials included sanitary hygiene items, stationary and play items. They ensured that all children were kept engaged comfortably throughout their routines in the ECDE programme without lacking basic necessities. It was also reported that, in some instances, the government supplemented some of the materials in partnership with other agencies and stakeholders to cushion OVC from dropping out of school as mentioned below.

> *... Now they bring [uniform] for big children…The uniforms that remain after primary (pupils) have received we give this little ones. But it's like they get left overs…* *(Interview- Mrs. Adlan-D/H)*

Teachers also felt that it was important for the OVC to be clean and presentable, which was an obvious requirement for all pupils in school communities. Although the OVC had few sets of uniforms and shoes to take them through the week, they were still required to be smart and clean as revealed by one teacher in the excerpt below.

> *Some of them have dirty uniforms and torn shoes. We know they do not have so we use the uniforms supplied for the Free Primary Education (FPE) from the store. That is how they get to benefit. You know ECDE is not catered for in the FPE. Sometimes the uniforms are big then they go to reduce them to fit.*

(*Interview – Mrs. Muloh- D/H)*

It is important to note that, children in the ECDE programme were not entitled to uniforms as part of the provisions from the FPE which was designed to take care of children in primary schools only. However, the findings show that this group of children received what was left of what the older children since ECDE centres were naturally an extension of the primary schools. The above finding concurs with the findings on children in sub-section *5.4.5* where it was found that uniforms gave them identity, kept them smart and made them happy to have a sense of belonging.

5.8.6.2 Safety and Security support

Teachers were also concerned about safety and security of the ECDE children. The teachers indicated that, *Mungiki* gang members who were allegedly known to forcefully recruit very young boys into early crime targeted mostly OVC. This implied that, their being able to attend school kept them away from gang recruitment. Teachers were of the view that, by attending institutions of learning, the OVC had the opportunity of staying safe and escaping crime as illustrated below.

> *… Regular attendance here [school/centre] is good for them [OVC] without which they end up in crime at an early age … there is early recruitment to crime by big boys and other gangs…*
>
> *(Interview –Mrs. Muloh)*

> *… you will be shocked at how it works. They [OVC] are used to peddle marijuana, 'gichuri'*[30]*even small firearms… some [OVC] are ignorant of what they carry. They just obey instructions [from gang members]… They scout for criminals, in flats [residential houses] restaurants and are also informers… Most [of them] are boy orphans … or their mothers are critically ill and they innocently give away their children to these gangsters for 'care' or taking them to 'learning centres'…they become candidates in conflict with the law*
>
> *(FGD- Mr. Izomon)*

The above excerpts reveal the vulnerability and the susceptibility of boy orphans to gangsterism and criminal activities reiterating earlier findings from children. As indicated, the loss of parent/s or loss of care due to critically sick parent/s, exposed OVC to gang member and criminal activities. Some critically ill mothers would innocently entrust their

[30] *Gichuri* is a street name for cocaine

children to gangsters who 'volunteered to assistance' them. The help they offered was shrouded in early initiation into crime. The children were seen to be innocent and unlikely to be suspected by law enforcement agencies for any wrongdoing getting. This possibly explains why gangs used them for scouting in areas they planned to commit crimes. This finding suggests that, loss of parental care over their children drew OVC towards gangs groups for role modeling and consequently, blindly followed instructions of criminal engagements which compromised their safety and security.

Crossing roads and maneuvering through traffic was found to expose OVC to traffic dangers as they accessed their ECDE centres and in the process compromised their safety and security. As was earlier expressed in the findings on children's experiences, some of them went to school unaccompanied. Teachers too expressed concern that, drivers were not mindful of children's safety as they crossed major roads.

> *... Long time ago the drivers used to care about children. There was some sense on the road but these days ... the sense is gone. You get some of these children [OVC] in accidents on the roads and you wonder what it is ...the drivers can't see them? This madness of rushing for money and crushing kids is too much...*
>
> *(FGD – Tr. Katen-C/H)*

The above excerpt reveals the gravity of disregard for children safety on the roads, and is suggestive of total non-adherences to road safety regulations. The hardest hit in motor accidents was the ECDE children and mostly the unaccompanied OVC. This corroborates the findings from children's thematic drawings in sub-section *5.3.2.*

An observation made by the researcher also revealed that ECDE children were expected to arrive in school from 08h00 to 09h00 after which the gates would be closes. They would then be collected by parents/guardians known to the teachers after 13h00. Those who extended their stay in the school, were not allowed to leave until the school closed at 17h00pm. This seemed to be one way that kept children safe and secure, a view also shared by teachers as indicated below.

> *... At least when they are here they are safe... When they are home no one can quite know what happens to these kids.* *(Interview- Mrs. Muloh)*

…You see …the vulnerables [sic]…when they get used [to coming to the centre daily], they can't miss…it is like there is no otherwise [no option of absenteeism].

(FGD-Tr. Katen)

The teachers demonstrate how centres were integral places for OVC as safety nets from exposure to a variety of risks. The centres were equally attractive places that ensured the OVC's consistent attendance which enabled teachers to account for each of the children's safety. Absenteeism was not an option to most of them once they got into the schooling routine. This finding also corroborates findings from OVC conversational interviews, which suggested that, they felt at '*peace*'/safer at the ECDE centre unlike when they were in their homes or neighbourhoods.

Highlights of fire tragedies which endangered children's safety in their homes were also highlighted. Frequent fire tragedies were found to be catastrophic to OVC, increasing their difficulties which included loss of their scholastic and material possessions. This was earlier highlighted by children in their drawings and reiterated by a teacher as indicated in the following excerpt.

... it is like some have tough times,… like many problems. Sometimes problems back home, other times the problems affect them here [ECDE centre] ... For example they lose books and everything when their homes burn and it is like they start again from square one [sic]... *(FDG- Tr. Angie)*

It is clear from the excerpt that problems from home affect the children when at the centres. Their presence at the ECDE centres played a safe place protecting them from activities that potentially exposed them to harm, such as fires during the day when most adults were away. Such fires had traumatic consequences of homelessness, loss of valuable possessions such as school books and uniforms. Although the OVC would be supported in their loss during fire tragedies, it was indicated that such brought more difficulties for OVC especially in the reconstruction of their lives afterwards. This finding corroborates the children's drawings on fires tragedies as expressed in *figure 5-5.*

5.8.6.3 Classroom support

Classrooms are insightful places for children and from an observation made, classroom activities took many dimensions with some children being very free with teachers. In class sessions, a few would concentrate on tasks given, while others remained quiet unless asked questions. Notably, there was a good rapport created by a majority of children with their teachers in many engagements. This was evident in some of the negotiations made at the start of each day in class. Although there were class schedules to be followed, children freely suggested some of the activities they wanted for the day, to which the teacher took discretionary measures to allow some adjustments. As was observed, the teacher was flexible in swapping creative activities to be performed earlier than was scheduled instead of mathematical activities. At times she would gauge the mood of the children before doing so. This helped the teachers to know which activities gave children a head-start each day, kept them engaged and interested.

Group activities were mostly preferred for creative tasks both in indoor and outdoor classes. Those who preferred modeling figures or molding numbers and letters did so using plasticine. The teacher moved around the classroom encouraging each group, balancing their activities by listening to what they had to say and observing their creations at the same time marking the completed tasks. These activities enabled children in determining what they desired to do, giving them autonomy in their learning experiences. The teacher revealed that, those who lacked confidence found it helpful to work in groups. In the process, the children took pride in what they achieved individually and collectively.

Children also found reading sessions to be interesting. As was observed, the teachers could start with alphabetic sounds, followed by three syllabic words and later five or more. Sometimes the children would be asked to read loudly to the class, and they would eargerly compete to be chosen to do so by attracting the attention of their teachers by snapping their fingers. Each time a child successfully accomplished the task given, the others would resound:

"*Well done, well done! A very good boy/girl! Yeeeeh!!!"*

In cases where some faced difficulties in responding correctly to given tasks, the class would resound:

> "*Don't worry, don't worry! Try again another time! A very good boy/girl! Yeeee!!!"*

The classroom support from peers worked towards affirming and boosting belief in children's selves especially the OVC who sometimes faced confidence difficulties. This was observed in the manner most attempted to volunteer answers to questions asked or tasks given. The hope of them getting the answers correct subsequent trials was sustained by the class support. Indicating that, cheers of others to affirm or encourage their attempts boosted their self-confidence and sustained their zeal to achieve. This was a promotional aspect for the OVC self-worth and esteem.

However, an observation made by the researcher showed that, some OVC experienced difficulties to recall what was previously learnt or had problems in processing tasks in class. Later in an informal conversation with the teacher, she explained the reason why there were such cases as illustrated below.

> *...I do not know what happens [this was after one boy failing to read a set of word and started trembling]... I do not know what happens to him when he goes home. Weekends are the worst ... in fact when they come back they do not remember what they learnt the previous week ... but just see[wait], in a short while here…you will see what will happen ... I wish I knew what pulls them down [seemingly agitate]… It is like a waste…*
>
> *(An informal conversation with Tr. Katen).*

The above extract reveals difficulties teachers faced in their duty of supporting some of the OVC to achieve their learning tasks optimally. This was as a result of difficulties from their home environment. The teacher indicated that memory lapse cases were more common especially in older boys (6 year olds); suggesting that, the lag in readability were consequences of other traumatic difficulties experienced at home, which remained unknown to the teacher. It was also observed that whenever such incidences occurred, the teacher attempted to remedy them by using songs infused with words found to be difficult. The children would imitate the teacher in demonstrating the sounds or words through body movements. At the same time, they used their sense identification (sight, audio, touch relevant alphabets, nasal sounds by holding their noses) in getting the right pronunciation of the words. Children wriggled to tunes of the sounds as they pronounced the words in echoing and imitating their teachers. This was fun for a majority of them and good support for those

who had difficulties in mastering pronunciations accurately and audibly. Later activities would involve consultations, group reading and colour shading of drawn items. Individualized attention to those who were experienced more difficulties would be given in an attempt to refine their cognitive competences. All these forms of class support were indicative of how active participation gave direction in learning with the help of an adult as a facilitator benefitting the OVC greatly.

5.8.6.4 Health support

Children's health issues are a matter of great concern in slum areas of Nairobi. The common illnesses children experience include: malaria, diarrhoea, worm infestation, typhoid, malnutrition, common colds, chest infections, malnutrition among other sicknesses (Mutisya et al., 2010; Unger, 2013). This study was however interested in knowing how teachers supported children who were found to be sick in their centres. The findings revealed that, besides those living with HIV getting opportunistic infections, some of the participants had nutritional and other health concerns which included diabetes or neurological conditions. In addition, teachers reported that there had been some health cases in the past resulting from sexual assault by custodial figures or people known to the affected children. Thus, they suffered infections which compromised their general health as indicated below.

> *… There is this one who was smelly. I thought she had not washed her inner clothes. So I decided to help. That is when I discovered she had been* ***'drawn'***[31] *and I had to take her to* ***hosi***[32]***.***
>
> (*FGD-Tr. Anna)*

> *Sicknesses? … Eee! The usual… normal ones … even you, you know them [the common children sicknesses]…*
>
> *(FGD- Miss Reena)*

The above excerpts illustrate that some sicknesses in the group of children under study were considered common phenomenon. However, in circumstances of infections from rape as illustrated above, it called for more than the teachers' attention. It was indicated that, such issues would normally be reported to administration police and area administration chief for action; but teachers' role was only limited to accounts of their evidence. Teachers were concerned because they were not privy to further information of the cases or even their

[31] ***Drawn*** is a slang *sheng* word for rape
[32] ***Hosi*** is slang word for hospital

outcomes. They rarely knew whether the affected children were taken to hospital for assessment or not. According to the teachers, some of the affected children would be gagged from giving more information in exposing perpetrators especially if those involved were relatives. It also emerged that, some of the affected children would be transferred to different ECDE centres and teachers had no knowledge of their whereabouts.

Furthermore, lack of responsible guardians in the lives of children with positive sero-status was also found to compromise their wellbeing. Some children would come to the centres even when it was obvious that they were sick, and others would come without medication. The teachers expressed their frustrations on how they sometimes had to provide care services which inconvenienced the rest of other children. It was reported that, there were times teachers took the initiative of taking sick children to health clinics and sometimes had to facilitate a degree of closure for those with a positive sero-statuses as reported below.

> *... even her up to this time she does not know what HIV is all about because she's been taught with like three doctors just to know what HIV is, but when I ask her 'do you know what HIV is?' She just says, 'I don't know, me I am not sick'...*
>
> *(FGD- Tr. Anna)*

This indicates the additional role of teachers in supporting the health of positive sero- status children which involved search for information and raising their awareness concerning their health. As revealed, the child had not been given any form of closure on her status comprehensible at her level of understanding, even as the teacher tried to explain to her what the doctor said. This indicates the absence of responsible custodial persons working in tandem with the teacher to unpack such kind of information to affected children. It was also difficult for teachers to monitor all children affected by various health issues in their classes. However, as indicated, the teacher volunteered to help in ensuring such children had some knowledge of their condition, which calls for more awareness and development of skills in handling such matters in ECDE centres.

5.8.6.5 Nutritional support for the OVC

Teachers acknowledged that a majority of the OVC lacked adequate nutrition. From the focus group discussions and head teachers' interviews it emerged that some of the teachers offered food to OVC who came to school hungry, especially in centre 1. From observations made by the researcher's in Centre 1, teachers had a stove in their class where they would

boil milk or 'nutri-feed' during the first break of the day. Some of what they prepared was given to some of the children. This group of children included those who came without having taken breakfast or even supper the previous day; and those who had to take their medication during break time. It also emerged that there were cases, milk and nutri-feed would be donated to the ECDE centres and when the stock depleted, teachers used their own money to buy milk, fruits or even get some biscuits for the OVC. As one teacher explained it was painful for her to be there and do nothing about the OVC suffering as indicated below.

> *... since I understand that there is no child who wishes to be vulnerable or lose a parent to AIDS or get this many problems, I just look for how to help...*
>
> *(FGD- Miss Sylvie)*

To support the nutritional health of the children, the deputy head teachers indicated that, schools located in slum areas of Nairobi benefited from a slum school feeding programme to cushion children from malnutrition. This was a partnership between the Kenyan government and non-governmental organizations (NGO) as indicated below.

> *In dealing with nutritional needs the centre has to partner with, Slum Feeding Programme [sponsored] by World Food Programme which provides balanced diet in proteins and starch. Pulses and maize are given to kids here ... Some children have supplements and others don't... It really helps...*
>
> *(Interview-Mrs Muloh)*

> *Some food is provided ...the food that the school receives from world food programme through feed [Save] the children fund is handy...*
>
> *(Interview- Mrs Adlah)*

Although children were supported nutritionally, it was observed that some children had food supplements packed by their carers while others had money to purchase fruits from vendors who were located outside the school. This was because meals offered were 'standard' comprising of a mixture of beans and maize or pulses which children in the whole school benefitted from. However, in Centre 2, the ECDE children had an addition of porridge, and their menu was varied over the week fortified with more proteins and vitamin. Some of the ECDE children in centre 1 would not eat their meals possibly due to the monotony of what was provided. The OVC who did not have the privilege of meals at home had the left-over food from food packed for them for their evening meals. This shows how school feeding

programme extended the nutritional support beyond school for the OVC, thus potentiating their nutritional needs.

5.9 Promotional support through friendship, socialization, trust and listening

Friendship was found to be instrumental in the adjustment of OVC and accomplishing group tasks; be they indoor or out-door tasks within the ECDE centres. As earlier captured through children's their drawings concerning their friends, teachers also noted that friendship played an important role in the support structures within class activities as stated below:

> *…When they come with withdrawals, we encourage them… like we give them activities together in pairs or groups …and when they are defeated a friend can help here, there until the child gets [understands]…Play time on their own [with friends] does help and later [they] get used.*
>
> *(FGD- Tr. Anna)*

The above excerpt reveals that some of the OVC come to the ECDE centres with signs of withdrawal. As indicated, encouragement to such children through friendship was vital as a way of initiating support for them to fit into the larger group in the ECDE centres. The teachers used group activities in and out of class to provide the impetus to succeed in socializing the children. This showed how group dynamics and friendship aid learning and socialization processes amongst OVC.

Teachers were also found to befriend the children in order to earn their trust and get across to them. According to the teachers, trust was very important, without which the children could be closed and not easily open up to them as illustrated below.

> *You know … children like these ones …we keep them close so that we know what is happening,… what they are thinking… sometimes what is troubling them. Otherwise you can't know…* *(FGD-Tr. Katen-C/T)*

> ***…****they have good teachers and they interact with others, teachers will notice this one is like this, this one is like this, so they can be able to help them socialize better than being left on their own…* *(Interview- Mrs. Adlan-D/H)*

The above extracts indicate the confidence the teachers who handled the OVC had in facilitating children's socialization or psychological adjustment through friendship. Tr. Katen understood her role in ensuring the friendship was solid for trust between her and the children

to continue thriving. In addition, Mrs. Adlan had faith in her teachers to facilitate socialization in those OVC who seemed to suffer isolation. This promoted friendship between the OVC and the teachers.

ECDE teachers also played a very important function of being friendly listeners to OVC especially since these children had fewer adults in their lives who would listen to them. The following excerpts from a teachers' FGD identifies this role.

> *...some of them love to talk about what they know. They tell me 'Teacher I can do this, teacher I can do that' ... so for them they like to talk about what they can do like a few boys tell me, 'I can play soccer' and they really do that, as in they know how to play and some small girls always want me to go and see how they cook their small food and for me what makes them happy is just playing and just seeing someone around them, watching them and appreciating the good thing they're doing."*
>
> *(FGD-Miss Reena)*

The extract above shows that teachers' appraisal of the OVC achievements meant a lot and contributes to what they attain in their everyday tasks and activities at the centres. This made them interested in what they did because the teacher took the interest and initiative to appreciate their efforts. This was of significance on how the children viewed themselves.

Listening actively in a friendly way for most OVC was also important since many children build stronger social networking ties during this developmental period. According to teachers, having a friendly listener enabled the OVC acquire a help seeking behaviour, which strengthened their social bonding and good decision making as reported by one teacher below.

> *"Mostly they talk about their friends in school [be]'cause those are the ones they relate with. So then, I've been teaching them for sometime[s] and they talk about just the good things they do together, how they play with them, how they share things with them and how when someone insults them they[friends] defend them, such things ..."*
>
> *(FGD-Miss Sylvie)*

Teachers' awareness of OVC need for friendship ties put OVC at the centre of facilitating their new acquired relationships in a healthier way for their wellbeing. This was suggestive of their interest in the children's activities and psychosocial interaction which was in itself

transformative and developmentally supportive.

5.10 Promotion of autonomy and confidence in outdoor activities

A majority of the teachers reported in the FGD that the OVC were "more alive" in outdoor activities. This included the physical exercises (PE), creative activities and games. The researcher observed that, children were very happy whenever they were allowed to go out of class for outdoor activities. In centre 1, children were full of energy whenever the bell rang for outdoor class. They had a choice of activities to participate in with the guidance of their teachers. Once outside, the children would start with a formation of a circle where they would sing and dance as they moved in one direction. The teacher would from time to time give instructions for abrupt changes in movement to be continued in the opposite direction. It required children's alertness to instructions given by their teacher in the song. The confusion resulting from abrupt changes in song instructions formed part of their fun. This gave most children a lot of joy as was observed. After such fun, they would then settle for other activities.

In Centre 2, children were happy to go for outdoor activities. Once in the field, they would first start by forming a circle just as was the case in Centre 1, children would be named by others to get into the inner part of the circle where each was required to demonstrate following instructions given in a song led by the teacher or peers. An example is given below:

Soloist: *Yayaya (**Response**: Ya) x 2*
*Sidha ingia ndani (Sidha get into the circle) (**Response**: Ya)*
*Ujiringeringe (Be proud of yourself) (**Response**: Ya)*
*Ujikunekune (tickle yourself) (**Response**: Ya)*
*Ucheze soukous (Dance your own style) (**Response**: Ya)*
*Mara utoke nje (Now leave for someone else) (**Response**: Ya)*

This would go on until a good number of children got their turns to display some of their dance styles. These activities gave children opportunities to be their '*true selves'* and even *'loosen up'* as one teacher put it. It was one way of boosting their confidence, self-esteem and helped them to learn from each other's dance uniqueness, as well as taking turns in joyous activities. Seemingly, the purpose of outdoor activities was deliberately geared to potentially build autonomy and confidence, and by extension very beneficial to OVC.

5.10.1 *Training children in performing joyous and recreational activities*

Keeping the OVC engaged while in the school was found to make them very happy and reduced absenteeism. However, the activities were left at the discretion of class teachers who were tasked with initiating creative joyous undertakings and supervision. As one deputy head teacher reported, the activities attracted the OVC to school and they made them have a feeling of hope for a better life. Some of the activities as mentioned earlier included not only physical body exercises but also poetry, recitals, singing, drama and dancing. All these helped them to cope well and making them benefit in various ways as expressed below.

> *... Interacting with children from other schools for poetry, singing, drama and dancing activities has really improved them ... Even the quiet ones now can be active, some win prices and that is really good.*
>
> *(FGD-Tr. Katen-C/T)*

> *... Churches come in also…church activities like teaching them to pray and etc [sic]…*
>
> *(FGD-Ms. Tina)*

> *... Like sometimes in June there are these organised clean-up activities in the slums surrounding the schools. Children go to sing for those guests who come to clean and it helps them know their environment and how to take care [of their surrounding].*
>
> *(FGD- Mr. Izomon)*

The excerpts show that performing joyous activities and getting recreational opportunities were important for this group of children not only in their involvement in their community but also in learning new things. The children were able to display their talents in various forms which exposed the quality of the potentials they held. This also indirectly gave them an opportunity to refine their skills for their own survival, as well as nurturing them to thrive with the knowledge that, they were appreciated for what they did. In addition, Mr. Izomon's observation indicates that, by participating in the clean-up exercises, the children were learning to take care of their environment, and expanding their geographical knowledge of their surrounding neighbourhoods. All this knowledge was good in their movement to and from their centres when the need arose to change routes. This contributed to general safety of OVC as was the case during gang disruptions or during rainy days.

5.11 ECDE Centres' liaison with local administration on sensitive abuse cases

It emerged from the data gathered that, the OVC in context of HIV/AIDS seemed to be in dire need for potentiation especially when cases of abuse arose. In response to what happened

when any of the children was found to have been abused, the teachers reported that, cases of sexually abused children were forwarded to relevant authorities. Teachers also reported that, abuse cases especially for double orphans were on the increase as was also indicated in subsections *5.7.5* and *5.7.6.4*, and that, whenever such children were identified, social workers would be informed for action or the cases reported to the area administration chief for litigation. In some cases administration police were involved especially for investigation allegations made and arrests of suspected offenders as indicated below.

> *Abuse! …Such issues are there. Sometimes I call the social workers who is briefed, chief who visits the physical home to establish the status of the matter then recruits them [OVC] into institutions… Some are supported on location, given assistance …then (shrugs).*
>
> *(FGD- Tr. Angie)*

Tr. Angie's excerpt indicates how important liaison between teachers, social workers and the local authority was, in matters of abuse of OVC. These groups of people would then be expected to investigate, assess and arrange for relocation of the affected children. This was to ensure their safety in line with child protection requirements in Kenya. However, some teachers claimed that, there were challenges if the offenders were the children's sole custodial figures. These custodial people were reported to interfere, thus compromising the quality of investigation outcomes through cover up. In such cases, children ended up suffering as indicated by one of the teacher below.

> *… the offender was the father… the mother… you know… they say the one that slims and kills killed her…we did our part…yeah…he was picked [arrested] …but we see him free and we just look like we are the bad ones… we even fear 'coz you never know what he told them or did …the child is just there …we can't do anything 'coz this is a slum …we even fear for our lives in such matters.*
>
> *(FGD -Tr. Katen C/T)*

The above sentiment by Tr. Katen illustrates how some of the abuse cases they handle were tricky not only for the affected children and their protection, but also for their own safety. This was because most of teachers only came to work in the schools but do not reside in these slums. Such a situation made them afraid to pursue such matters because of fear of attack by unknown assailants.

5.12 Networking with stakeholders, partners and other support agencies

Partnership was viewed to be vital to the support of OVC in slum areas. The study findings indicated that, without partnering and networking with other organizations, it was difficult to cater for the various needs of the OVC in the centres. It was established that, the centres had some form of support networks with both government and non-governmental agencies. These included the local administrative office, the County of Nairobi health department, World Food Programme (WFP), Save the Children Fund (SCF) and UNICEF-Kenya among others. Networking with the stakeholders and the agencies supported efforts of equipping the centres with the necessary resources needed for functionality. It was revealed through the deputy head teachers' interviews that, the school found it necessary to partner with other organizations to enable the retention of all OVC both in ECDE and primary sections in schools. The following excerpts illustrate the importance of partnership for the welfare of children in ECDE programme as viewed by the teachers.

> *I don't know if it is UNICEF or business people but they provide School donations [e.g] uniforms and books. … Like these ones really help them…*
>
> *(Interview- Mrs. Adlan)*

> *They are dewormed yearly… City health officers organise…others are immunized like for polio…There is global hand washing day by Dettol…they come and children are taught…for hygiene…*
>
> *(Interview- Mrs. Muloh)*

> *The city health department bring check-ups like dental, de-worming, polio campaign, measles etc. Sometimes they have partners with the Dettol and safe guard detergent products, lifebuoy to wash hands after toileting. There is global hand washing day. There was a year … a time partnership with Colgate and Aqua fresh for toothpaste came…*
>
> *(Questionnaire-Tr. Katen)*

Outreach programmes by agencies like UNICEF, WFP, in partnership with the Nairobi County Education Office and Kenya's Ministry of Health which occasionally conducted health check-ups and health awareness campaigns for all children are vital in augmenting efforts made by teachers. This was seen as a major boost for OVC by teachers. Such approaches were essential in capturing at-risk children early to improve the quality of their lives through health and nutritional care. They also summoned teachers to be keen on follow-up measures with parent/s or guardians of affected children, which potentially enriched their

experiences at school. Further networking with stakeholders and interested groups contributed in part to the realization of providing for essential needs of the OVC in ECDE centres.

5.13 Conclusion

In concluding this section, it is clear that the OVC experiences are multidimensional in nature. The chapter has examined children's experiences from the teachers' perspective, and further explored how their awareness of OVC psychosocial needs is raised and what approaches are used in supporting the affected children. There was however no clear uniform approach to the support given leaving teachers to use their discretion in assisting the affected individual OVC. This helped the children adjust in the ECDE centres but has a bearing on the quality of psychosocial service provisions which should be geared towards nurturing resilience in the children. The next chapter looks at the infrastructural capacity, policies that target the OVC and how these contribute to their wellbeing and resilience in ECDE centres.

5.14 Part III: Infrastructure and Policies

This section presents information on the ECDE centres' infrastructure/ capacities and policies that target OVC. This addresses the research objective 3 and 4 which sought to find out how ECDE centre's infrastructure and policies contribute towards psychosocial support and wellbeing of the OVC at the centres. Assessment of infrastructure was done using a checklist (Appendix I). Information provided looks at infrastructure in terms of physical and organizational composition found essential in supporting the OVC. A situational assessment of the infrastructure was done and the key elements covered include; assessment of physical structures, play facilities, human resource capacity, pupil enrolment, teaching capacity, ECDE programme and the stakeholder's capacity. Policies are briefly analysed for strengths and flaws.

5.15 ECDE centres Physical Infrastructure

Infrastructural capacity is vital in meeting psychosocial needs of children in a learning environment. The ECDE centres which were hosted in the primary schools were considered subsections of their host school. This arrangement was found to limit autonomy and action plans of the centres as an independent unit. The centres relied on availability of surplus

resources provided by the schools through the Nairobi City Education department. Information concerning the ECDE infrastructure has been presented in descriptive, tabulation and pictorial forms. Where gaps were identified in their adequacy, utilization and capacities towards the provision of psychosocial support and wellbeing of OVC, this has been highlighted.

5.15.1 *Physical facilities*

Physical facilities are essential in actualizing developmental needs in a learning environment. An observation made indicated that, most of the physical facilities were designed to the convenience of young children in terms of being user friendliness, classes and their conditions in addition to other notable features. The study established that each of the two ECDE sections were detached from the primary school main building blocks and were accessible by all children in ECDE programme. Centre 1 was hosted in a building made of corrugated iron sheets and had two classes whereas Centre 2 had a building block made of permanent stone materials with two ECDE classes and one separate special unit to cater for special needs children. A summary on the physical infrastructure that is tabulated below was derived from the researcher's observation using the designed checklist (*See Appendix I*). Still photographs have also been included showing the interior settings of classrooms in the two centres.

Table 7 A summary of ECDE centres physical facilities

Classrooms		
	ECDE Centre 1	**ECDE Centre 2**
Nature of the building	- Temporary building made of corrugated iron sheets. - Two classrooms made of corrugated iron sheets. No provision for a special unit. - Ceiling not available. When it rains, classes were disrupted. - Walls are not painted and this darkens the classroom.	- Permanent building made of stone walls and tiled roof. - Two ECDE classes and one special unit to cater for children with special needs. - Ceiling available but stained with rain water leaks and in a condition of disrepair. - The walls are painted cream white on the upper half and blue on the lower part but have lost lustre.
Ventilation and lighting	- Had three standard windows. And space between the roof and the wall which allowed for adequate ventilation. - Lighting points available but no electricity.	- The windows were made of louver panes on one side of the class which allowed in adequate ventilation. - No electrical wiring done.
Floors	- Made of cement.	- Made of cement.
Displays	- The walls had displays and charts which were arranged according to the areas of educational support offered. - The colours used were very bright and attractive.	- The walls had displays and charts which were arranged according to the areas of educational support offered - The colours used were very bright and attractive

	- There was an experimental nature corner within the class	- There was a display board for children's work - There was a model of nature display made from waste paper in a classroom corner.
Furniture	- Child size furniture which was made of wood. Some needed repair due to lose connections of being chipped. - Tables were rectangular shaped handling 6-8 children each. - There were two regular chairs and two desks joined together for the teacher's table	- Child size furniture which was made of plastic except for the tables that were round and made of wood. They accommodated 10 children at each. - There was a rectangular table and two chairs for the teacher
Storage facilities	- There was one standard cupboard used for securing teaching and learning materials. - Teachers store bags of children who could carry medicines or snacks. The rest of the children keep their bags on their tables.	- There were two standard cupboards. One used for securing teaching and learning materials and the other for securing the school bags of children. - There were sideboards for keeping children snacks, cups and plates next to a sink tap. - The teachers had their special cabinets for their materials.
Resting places.	- There were no visible resting places provided in the ECDE guidelines. This was a big challenge in cases of emergency.	There were no resting places in the class however the mattresses availed for that purpose were kept in the head teacher's office and only utilized in emergency cases.
Safe water	- Tap water was located outside the ECDE classrooms and easily accessible to the children. From observation made children play with it a lot. - There was also a borehole to supplement supply of water.	- Water was located in the classroom. Children were supervised when using it. - Water shortages were experienced from time to time. There were storage tanks in the classroom and toilets.
Toilet	- There were two flushable toilets located 4 metres from the classroom block- one designated for girls and the other for boys. - The toilets were for adults making it difficult for the young children to use them properly	- There were three toilets located within the class block. Children used them freely and would be escorted by the assistant teacher. - The toilet size was meant for adults
Learning materials	- Learning materials were displayed - The class missed vital individual books for teachers and children. - Parents were responsible for purchase of the writing materials. These materials were shared by all children	- Learning materials were displayed - There were a few worn out books available for teachers and children. - Parents and donors provided the materials which were shared by all children.
School Perimeter	- Barbed wire and plant hedge used - Trench on the outer side - Some areas gaping and other showing sign of repairs	- Stone wall perimeter - Trench on the outer side - Some areas fallen - Area facing the residential area not covered.



Figure 5-34 Class session in Centre 1



Figure 5-35 Class session in Centre 2

The findings from the children and the teachers indicated that there was a feeding programme provided for the children, which was also of interest to this study. It was important to know what was provided, how and where the food was prepared. Below is a summary of the nutritional provision in a tabulated form of what was found.

Table 8 A summary of the Nutrition program of the ECDE

Kitchen	
Centre 1	Centre 2
- Kitchen was set up in a permanent building away from the classes. - There were common cooking pots for common menu for both the ECDE children and the primary school children. - There were 3 cooks who worked in shifts on alternate days	- Kitchen was set up in a semi- permanent building away from the classes. - There were different sets of cooking pots – for ECDE and for Primary children. - There was a special cook for the ECDE and special needs children and two cooks for primary school children.
Nutrition	
- The school was on a feeding program supported by WFP and save the children fund who had partnered with schools located in the slums. - This only served lunches and children were asked to bring snacks for 10.00 o'clock breaks which meant that many OVC stayed hungry until lunch hours. - Lunch consisted of a mixture of maize and beans.	- The school was on a feeding program supported by WFP and save the children fund who had partnered with schools located in the slums. - The kitchen provided nutri- porridge or tea for 10.00 o'clock break. Children also carried snacks which they shared with others. Lunch was served at 01.00 o'clock. - Lunch consisted of a planned nutritional programme varied over the days of the week. It included rice, cabbages and carrots, beans and maize, mixed meat, potatoes and pulses in the meals. - Fruits were occasionally provided.

It is important to note that, school kitchens were placed away from the classes and firewood was the main source of energy used for cooking. The kitchen stores also had sacks of food which bore the labels of the donating agencies such as WFP, SCF and UNICEF-Kenya. This observation corroborated the information given earlier by teachers and as indicated in some of the children's drawings. However, there was more maize than bean or pulses in the stocks, an indication that for the OVC who relied on the feeding programme got more of the carbohydrate ratio than the protein and vitamins in their food.

5.15.2 *Play facilities*

Play facilities offer opportunities for development of motor coordination and manipulative skills of growing children. An observation made on play facilities found out that the two centres had spaces for playgrounds and few play facilities. Although the actual sizes of the play spaces and the ratio of children per square measure were not readily available from the schools, there was an indication that they were inadequate to cater for all children's energies. This was evident from the crowdedness that was experienced during class breaks, games time or any other outdoor activities. This scenario at times caused conflicts among the children who jostled for spaces to play. Furthermore, the play facilities such as swings, slides, balls

and climbing spaces were insufficient, a situation which tended to overstretch their use. As further observed, the quality of play grounds was also compromised since they were found to contain scattered broken pieces of glass and metallic substances which traced up to the dumping areas at the corners of the fields. These fields were also inadequately managed especially during rainy season. Nairobi County environmental department was charged with the responsibility of grading them regularly. This was evident from the growth of grasses during rainy seasons that remained uncut for long periods of time. Under such circumstances, it implied that, play facilities could only be better utilized in areas that were bare and dry. Due to the high enrolment in the schools, play activities had to be alternated according to age groups so as to accommodate children's daily schedules in the school programme. Having the playgrounds expanded was not possible for there was no additional land around the school. Below are images some of the play activities children engaged in.

Pictures of children playing during break time



Girls playing a game of 'gather them scatter them'



Children on a slide



Girls skipping ropes while boys playing 'futa'



'Futa' a ball made from waste polythene papers'

Figure 5-36 Play sessions in the Centres 1

There were times children from the primary section of the schools mingled freely with those from ECDE section. The older children served as role model for pre-schoolers for school readiness in terms of outdoor activities and socialization. There were many games which were freely played freely in the fields during breaks in their class schedules. The games included scattering and gathering stones as indicated in the first picture, skipping, playing on slides for the younger children, playing football and boys hitting marbles. Notably absent amongst the play facilities which can be considered vital, were the first aid kits, nursing/or resting places to be used in cases of emergency such as accidents on the centres' play grounds or sudden sicknesses. Only one first aid kit was reported to be available in centre 2 which was kept under lock in the head teacher's office and therefore not readily available. This implied that, in cases of accidents, the children's wellness would be compromised.

5.16 Organisational Capacity of ECDE centres

ECDE centres as organisations are expected to meet certain goals but most importantly, they are expected to prepare children for school readiness. According to Eisinger (2014) capacity refers to a set of attributes assumed to enable an organisation to be effective. In that regard, ECDE centres as organizations operate in a structural form consisting of pupils, scheduled programmes, staff and support staff as shown in the next sub-sections.

5.16.1 *Information on Pupils at the ECDE centres*

Children are an important resource for the function of the ECDE centres. Knowledge of the admission processes and the composition of children enrolled into the ECDE centres were crucial in identifying their needs. Findings from the two deputy head teachers of the ECDE centres indicated that, admission criteria into the ECDE transition class were based on the following: a child's age (5 years) at the time of admission, neonatal clinic immunization card and a birth certificate. However, contrary to these criteria, children's ages ranged from 4-7 years with a majority being age 5 years. However, it was not very clear from the class registers whether some had received immunization as was required or not. A further observation of class registers further indicated no entry of dates of birth and actual ages for a majority of OVC. This was problematic and was contrary to the set enrolment criteria.

Whereas children of all the age ranges were lumped together in ECDE centre1, Centre 2 had a better system of assessment and placement of children on admission to accommodate

different age ranges and categories separately. For example, for those who were below 5 years, they were first taken to a nursery/play group class while those found to have special needs upon assessment during admission, were placed in a special unit class which was in separate. The special needs unit handled children who had visual, physical and audio challenges; and others with neurological challenges that could be managed at the centre. Although Centre 1 was found to have an integratory approach of placing all children together in one class, this approach had its own implications to service delivery which compromised the wellbeing of OVC.

5.16.2 *Human resource capacity in the ECDE centres.*

Human resources are important in meeting organizational goals and practices. The human resource within ECDE centres includes teachers, cleaners, security guards and cooks. All personnel contributed to the holistic functions of the centres. However the study's interest was focused on teachers and this section provides information to understand their general preparedness to handle their multifaceted role as ECDE teachers. Furthermore, it was revealed that some were charged with teaching and administrative responsibilities which cited to be overbearing. Besides, they provided support to staff members in both the primary schools and ECDE sections in times of joy such as child births, weddings, and in times of sorrows such as tragedies of death or other misfortunes. They also closely worked with parents or guardians whose children had health, behaviour or other social concerns and ensured that these issues were addressed.

At the time of the study, it was established that, there were 5 regular ECDE class teachers employed by the Nairobi County Education department and 5 were on internship. Out of these were 2 regular class teachers who handled the reception and transition classes in each centre, with 1 trained special needs teacher in centre 2. From the teachers' questionnaires and FGD, there was an indication that, these teachers were charged with the responsibility of assessing children on admission, teaching and overseeing their general welfare while at the centres. According to them, all these responsibilities were overwhelming. Demands of children with cases of orphanhood, sicknesses and neglect weighed them down. Although the ECDE and primary school integration programme was designed to enable a smooth transition of children from the pre-primary education to the primary education, ECDE teachers' integration with those from the primary section was found to be problematic due to

differences in training, functions and allocation of responsibilities. The ECDE teacher felt they carried the weight of the school and were less recognized.

Primary school teachers in Nairobi's public schools are recruited by Nairobi County Education Department (NCED) in conjunction with the Kenya's Teacher Service Commission (TSC), and remunerated from the national treasury. The ECDE teachers on the other hand were recruited by the NCED only and by the time of this study, ECDE had not been fully entrenched into Kenya's mainstream education system. These teachers were not being remunerated by national treasury like their primary school counterparts. The disparities in employment terms were also reflected in their functions and responsibilities assigned to them at the centres; which from the researcher's observation was a constant source of friction. In addition, ECDE teacher's qualifications, included certificate or diploma qualifications, but were occasionally required to take refresher courses to improve on their skills and knowledge on emerging issues and handling children needs. However, from the information shared, much of the training received had a leaning on pedagogical content rather than psychological and social aspects of children. This implied that, teachers had to rely more on their natural instincts in this area when assisting the OVC.

Teachers who were on internship or volunteering at the centre were first required to come with letters of introduction from their institutions of training and be found suitable by the deputy head-teacher to handle children before being given access to them. They worked closely with ECDE class teachers in both indoor and outdoor activities for the stipulated period of their internship. Although these teachers were required to be at the centres for a shorter period of time, they were resourceful to this study as key informants as they were found to have grown up in slum area and lived in the schools' neighbourhood. In addition, they fully understood the children they were handling and contributed to the richness of the OVC psychosocial experiences during this study.

5.16.3 *Information on teaching workload capacity*

Teaching and learning are the core engagements in any institution of educations. While the ECDE guidelines recommend a maximum 1:25 teacher to child ratio, centre 1 had on the average 1: 48 per class while centre 2 had 1:32. These were ratios that were taken at the time infrastructural assessment was done. Teachers indicated that, there being continuous admission of children into their centres throughout the year as part of the government's

policy of inclusion, the number fluctuated swelling considerably towards the end of the year. As was evident, the class population continued expanding especially in centre 1 which had no special unit to cater for children with special needs. These included children living with physical and neurological disabilities, and those with chronic illnesses among others complicated functions and teachers' workload. It was observed that, in cases where one teacher had to be away when the interns were also back to their colleges, the remaining teacher had to put all ECDE children in one class which was very cumbersome. This had implications for those who needed close supervision on behavioural matters and health issues.

Information on the orphans and those with a positive sero-status was not readily. There was no criterion in place to assess children who were living with HIV and were on medication; and therefore any other teacher who took over a class in the absence of the class teacher was always clueless. This showed how difficult it was for such teachers to adequately attend to children's individual needs and some learner's needs went unnoticed for a long time in the absence of disclosure. However, when trainee teachers on internship or there were volunteers on teaching experience at the ECDE centres, they eased the class teachers' workload. This made it easier to handle children's various needs. Besides, in their absence, these teachers handled their teaching loads, supervised feeding, and helped in medication is asked to do so, attended to parents with enquiries concerning their children in and out of class activities. All these were reported to be stressful for one teacher in the absence of the trainees. Therefore, the wellbeing and effective psychosocial support to OVC was difficult to achieve if left to a few ECDE class teachers.

5.16.4 *ECDE weekly Programme vs Teachers' Capacity*

Programmes are what propel an educational institution into productivity. As was observed, the ECDE centres had daily schedules which were prepared by the class teachers to run for a week and were displayed on the classroom's blackboard at the upper right hand corner, visible to the children. It was observed that children would stop by to gaze keenly at the timetable and discuss what would happen next. Anytime the bell rang, they would all shout what activity was to follow next. Thus suggesting that, these daily routines were to be followed strictly. In cases where there were interruptions, it was observed that, teachers were flexible and adjusted the schedule activities by negotiating with the children depending on their needs and the prevailing circumstances. The weekly schedule had time slots for

children's activities that lasted for 30 minutes each. Learning activities were given time slots weighted against the ECDE curriculum as follows: Social and environmental activities (2 time slots), language and writing activities (5 time slots), mathematics activities (5 time slots), outdoor activities (5 time slots), science activities (2 time slots) creative activities (2 time slots), Music and movement activities (2 time slots), and religious activities (2 time slots). Breaks were provided for at 09h45 -10h00 for toileting, 11h00- 11h30 for porridge and snacks (which applied to centre 2 only) and 13h00 for lunch. Thereafter, the children were free to go home or stay until the close of the whole school for the day.

However, from the observation made during class breaks in centre 1, children shared snacks with others who did not have because this centre did not provide any as opposed to centre 2 where children were given nutri-porridge. For those who had nothing to eat during breaks in centre 1, they sat in class, laid their heads on the tables and did not go out like the rest of the children. A majority of these were OVC from foster homes and those who suffered maternal deprivation. Teachers occasionally bought snacks for them from the *kiosks* or even gave them their own snacks from home. At 13h00 when lunch was served, it was also observed that prayers were always offered by children in turns before taking their meals in both centres. The teachers would remind the children the important of thanking God for the food because there were other children who had nothing to eat. From the observation made, food was rationed so that each child had something to eat. In centre 1 lunch was served outside on the ECDE classroom pavement by older children from the primary school section because there was no extra room for dining in the classes. This ensured that the children were fed, had no accidents of pouring food and clean after meals. In centre 2, meals were served within the classroom by one of the kitchen staff who urged some to eat, especially those with eating difficulties. The same staff later cleaned their utensils and tidied the classroom. Older children were not involved. Although the two centres had different approaches in their programme of handling children needs, they were supported in various ways to ensure their learning and nutritional needs were met regardless of the teachers' load capacity and schedules.

5.16.5 *Capacity vs stakeholder's support*

Partnership between government and stakeholders in supporting capacity building of institutions of learning has been a post-independence approach Kenya has used over the years (GOK, 2006). Earlier in the findings, the teachers indicated that, the government of Kenya

had a partnership with non-governmental organizations to provide for capacity building in ECDE. It was revealed that such partners included the business communities, churches, religious organizations, save the children Fund, Bernard van Leer Foundation, Aga Khan Foundation, Kenya Institute of Special Education (KISE) and public Universities. As earlier indicated, sacks of food in school stores were found to bear logos of the donor partners. An observation made indicated there were also logos on sections of some of the newer buildings in ECDE centre 2 and on furniture in classrooms confirming these partnerships. In addition, teachers intimated that, some partners such as UNICEF, USAID, Bernard van Leer Foundation and WASH also provided support for various professional needs for ECDE teacher competencies by offering short-term certificate, diploma and degree courses. Religious and other pastoral supports were intermittently offered by various organizations, together with health and nutrition programmes. All these were assumed to equip teachers with skills and knowledge to bridge gaps in emerging issues which included handling children in the contexts of HIV/AIDS.

5.17 Policies targeting preschool OVC in learning environment

There are several policies that target OVC in Kenya. This study was interested in how policies that target OVC in learning environment are translated into harnessing resilience nurturance in ECDE centres. It was therefore important to gauge policy specificity, teachers' knowledge of existing policies that target the children especially OVC, how they implement them.

5.17.1 *Type of Policies that target OVC*

The study was interested in the contents and depth of the policies in as far as psychosocial aspects of children in learning environment. Perusals done included: policies on education, social protection, children rights and safety. It was found out that, these policies that were formulated by different departments and ministries of the government of Kenya, which implied that, there were possibilities of overlaps in their action plans. For example, the national social protection policies were under Ministry of Social Development, National policy on OVC was under the Ministry of Gender, Children and Social Development, policy body of National Aids Coordination council was under the office of the President, Child rights were shared between ministries of Justice, Education, and Public Health. This indicated that, for effective implementation of these policies for the benefit children especially at ECDE level needed a multi-sectorial approach. Besides their seemed to be overlaps which posed dangers of duplication of tasks and budgetary allocation and this had the potential of loss of focus.

Policies that directly targeted OVC included HIV Education Sector Policy (2004) which required all children affected by HIV to have access to not only education, but also care and protection like children in line with available resources. This policy also acknowledged the need for OVC to access psychosocial support in their learning environment. However, the policy does not guarantee continued support of OVC in the event available resources ran out. With the ECDE not factored into Kenya's national budgetary allocation to education, but instead left to the County governments to manage, implied that, children's psychosocial concerns were not taken seriously by the national government. Although there is the National Policy for Action (NPA) 2008-2010 tries to look at psychosocial support from a developmental position, the framework provided is not broad enough to cushion children who are outside family settings. This leaves out OVC and other aspects which can be integrated and expanded so as to fully address aspects affecting this group of children in terms of nutrition, health, education, protection and care.

The Children Act (2001) of Kenya offers some guidelines in the formulation of policies for ECDE. This includes meeting children's holistic needs, maximum realisation of their potential, safeguarding their rights and ensuring active participation. All these guidelines seem good and call for multiple players to participate in formulation and implementation of the necessary policy frameworks that address children's issues at the ECDE level. However, at the time of this study was carried out, different government ministerial departments were separately handling policies related to different aspects of this act. This led to inadequate and unregulated service provision to ECDE centres and specifically to OVC. Clearly, there were few policies directly addressing psychosocial concerns of OVC and other related issues, which caused a sense of uncertainty to teachers who were the policy implementers on the ground.

The available policies that address education were found to lack coherence and harmony especially in teaching and learning at ECD level. They included: The ECD policy service standards guidelines (2006) and Free Primary Education (FPE). Although these policies are broad based, they were found not to offer directions on how they were to be implemented. Consequently, this led to inequalities in terms of physical infrastructure, instructional materials, terms of teachers and general ways of handling children from admission to support of OVC. A perusal through the documents also revealed that, they did not have a provision that made direct reference to the OVC in the context of HIV/AIDS within ECDE centres neither were there any direct provisions on supporting this group of children in a learning environment. In support of this, during the focus group discussions teachers claimed that, these policies or guidelines were very general to all children and not specific to OVC. This implied that, most issues concerning OVC affected by HIV/AIDS were left at the discretion of the teachers to handle

through assumptions, without proper policy direction or legal provision. This meant that, if left without review to clarify policies targeting the cadres of children under study in learning institutions, then many children including those from disadvantaged backgrounds may not benefit much at the ECDE level. This can have implications on approaches that are used to support OVC in public ECDE centres in Nairobi

5.17.2 *Teachers' knowledge of policy provision for OVC in their ECDE centres*

Policy guidelines are important in assisting teachers in effective service provision to children within the ECDE centres. Since teachers have great influence on the children they handle, any intervention measure taken including supporting the OVC, needs a backing in policy and law. This study was interested in finding out if teachers were familiar with the laid down provisions in policies and laws, especially details of those clauses that were directed at ensuring that the wellbeing of OVC. There was also a need to know the extent to which the policy provision had contributed to opportunities for psychosocial support and how that aided them in resilience nurturance for OVC in ECDE centres. One deputy head teacher indicated that, ECDE teachers were aware of some policy guidelines that helped them in responding to the needs of OVC. The head teacher provided a copy of the ECD policy service standards guidelines (2006) which was the main reference document for ECDE centres teachers. However, this did not confirm that the ECDE teachers were abreast with all the contents in the guidelines.

Apart from few ECD policy guidelines that was shown to the research team, the study found that none of other policy articles were readily available for teachers' access. It seemed like teachers worked on assumptions and did not have full knowledge of individual clauses and other policy provisions that directed their role as teachers in relation to OVC concerns. Some of them indicated in the FGD that, they only came to hear of some of these policy documents by name during their training to qualify as ECDE teachers but never seen or read the contents as indicated below.

> *…. Like I know CRC [UNCRC], Documents (policy)…not sure of the specific ones… that is all… I have not seen them…some are in the HM (Head-Mistress') office but not sure which ones…* *(Interview-Mrs Adlan-D/H)*

> *The training manuals and natural instincts… CRC, Children Act, Local administrative chief, social worker… OVC department guide us …* *(Interview-Mrs. Muloh-D/H)*

The above excerpts suggest that although deputy head teachers were aware of guidelines and policies that governed the operations of public ECDE centres, they were also not very sure about them. From the focus group discussions it was revealed that, class teachers on the other hand did not have direct access to any policy documents as a result of them being kept in the head teacher's office. Further inquiry indicated that, there was no proof of existence of the mentioned policy documents in the schools. Confirming the lack of detailed knowledge of clauses in policy provisions related to their work.

Deputy head teachers were charged with ensuring ECDE teachers were kept abreast with new knowledge in instructional methods, care and support of children including OVC affected by HIV/AIDS through training. From their responses, it emerged that, ECDE teacher occasionally undertook some training in refresher courses that equipped them with the necessary tools as indicated in the excerpts below.

> *... they are trained… They went through ECDE training- one is doing degree, others it is dips[diplomas] and certificates. They attend refresher courses on these emerging issues ... They are very capable…* *(Interview- Mrs. Muloh- D/H)*

> *...workshops, other organizations who deal with HIV/AIDS talk to teachers three times a year… so they are competent. They handle them [OVC] well with motherly approach ... and we trust them with the kids ...* *(Interview-Mrs. Adlan- D/H)*

Although the above excerpts indicate teachers received some form of training to handle OVC, not all ECDE teachers had this opportunity. This left gaps in the resourcefulness of many especially as far as psychosocial support to OVC was concerned. Further enquiry revealed that, most in-service training for ECDE teachers happened during school terms and only a few senior and selected teachers attended. This left a majority of the ECDE teachers out of skill training and informed contribution of services delivery to needy OVC in their centres. Thus, they heavily relied on instincts, or secondary information from the piece meal training their colleagues received which aligned them to policy requirements. This is an indication that, most ECDE teachers lacked in-depth knowledge in policy regarding OVC in the context of HIV/AIDS within their schools. There was a strong need for the teachers to first create

awareness of detailed policy provisions related to children handled in the ECDE centres and, at the same time strengthen existing policies to ensure that matters related to wellbeing of all children including OVC and teachers are included. These were some of the strong recommendation that came from the teacher's FGD.

5.18 Implementation of policies at ECDE level

Implementation of policies in ECDE centres is a way of actualizing them to the benefit of targeted population. However, with expected multi-sectorial involvement in implementation of different policies, there a danger of confusion on the part of implementers due to lack of coordination. For instance, it was revealed that, deputy head teachers in charge of ECDE sections spent a lot of time outside school going from one meeting to another. These meetings were organized by various departments of different ministries involved in early childhood development, which needed to articulate their policies for implementation. In addition, teachers were never directly involved in designing of those policies and therefore, their voices were never captured on many aspects that concern their functions at the ECDE level. Consequently, when looking at the weight placed on them as implementer of policies and expectations of other forms of support, it they complained of being overwhelmed.

At the time of this study, the Kenyan government was restructuring many of her ministerial departments. This situation was made more tedious when the responsibility of implementation of policies related to ECDE and related service provision was decentralized as a constitutional requirement. There was no clarity on how exactly services were to be provided at this level of education given that, FPE and FSE were coordinated from a national level without the component of ECDE. An observation made showed that, confusion was hampering the functions of teaching, learning and care services to children as a result of this confusion. This also affected the management of ECDE which was left to the financial and social abilities of each individual school hosting the ECDE centre. Some functions of the centres had to survive on the goodwill of business communities and politicians. This was not expected of a public ECDE centre guided by government policies; indicative of gaps that existed in policy design and implementation. This also implied that, if all functions in ECDE centres were solely dependent and guided by laid down policies, actualising any needed support to OVC would continue being difficult and their wellbeing in jeopardy.

5.19 Summary of the chapter

This chapter seems lengthy but necessary. It was designed so to exhaustively bring to the fore lived experiences of the OVC. This chapter provided findings on psychosocial experiences of children through the OVC subjective 'voice'. Various themes emerged related to their experiences that exposed their psychosocial needs, the support they receive for their wellbeing. The experiences provided by children were located in their home and neighbourhoods, on their journeys to the learning centres and at the ECDE centres. This showed how all these spaces are intertwined in OVC lives in urban slum areas of Nairobi. A majority of the OVC were found to have many psychosocial concerns, some which appeared traumatic. These traumatic experiences were an indication of multiplicity of difficulties they endured. The findings also demonstrate that, some of the OVC challenges were unique. Thus, when dealing with OVC psychosocial challenges different appropriate approaches were required to specifically enable them gain resilience at the same time proceeding through the transitional learning programme of ECDE for school readiness.

The findings indicated that, although there were no prescribed approaches to dealing with children's traumatic experiences, teachers in their capacity as custodial figures at the ECDE centres offered the support they could give. This support ranged from counselling, listening, taking interest in the children, encouragement, linking them to essential services, protection, nursing amongst many others. Consequently, the OVC acquire skills to enable them adapt. The OVC too, together with their peers, were agentic in seeking or providing psychosocial support to those who were in need. The classroom learning support, companionship, friendship, sharing stories, material, and promotional activities among many others enabled OVC to adapt, ensured their balance in life and sustained their wellbeing.

The role of infrastructural capacity in providing psychosocial support and wellbeing; and opportunities for resilience nurturance in the ECDE centres was brought to the fore. Attempts to understand the OVC lives away from home environment, utilisation of available opportunities in making adjustments and their adaptation processes in learning environment are crucial in resilience nurturance. All these are embedded in their daily psychosocial experiences, meanings attached to these experiences and the role of ECDE centres play in psychosocial adjustments of OVC. While support from the government was expected through strong policies, NGOs interested in education formed a partnership in provision of essential services to the larger school community. However, the younger OVC in the ECDE sections

were often never the direct recipients of government/NGO assistance since by the time this study was carried, ECDE had not been fully incorporated into Kenya's mainstream public education system. This made it difficult for the implementation of policies at this level and for the benefit of the OVC. However, agency of peers, teachers and goodwill from well-wishers facilitated a lot in achieving the provision of psychosocial support to OVC on different levels. All these were geared towards strengthening their protective factors and facilitation of resilience nurturing processes.

CHAPTER 6 DISCUSSION

6.1 Introduction

This chapter discusses the main findings generated during data analysis using phenomenological hermeneutic approach in thematic content analysis. The uniqueness of this study in the sub-Saharan Africa and particularly Kenya is mainly the targeted population in this study, a population who are often a neglected lot in research. Since information on psychosocial experiences of younger OVC affected by HIV and AIDS is still widely scanty and largely missing in literature, it implied that, the study findings form the sole source of information and are extensively discussed in this section. This notwithstanding, it was envisaged that, the findings would not only make a positive contribution to the body of knowledge by focusing on lived experiences of younger OVC, but also influence their opportunities to access essential psychosocial support and resilience nurturing processes in ECDE centres environment.

As the discussions are presented, this chapter's aim is not to generalise but to have an approach that is investigative and can stimulate further research interests with younger OVC in the context of HIV and AIDS. From the onset, this study sought to bring to the fore lived experiences of psychosocial nature and wellbeing of OVC affected by HIV/AIDS, mainly from the children's perspectives, and with support from their teachers. Thus, the approach to discussion of study findings is guided by the objectives and research questions of the study.

6.2 Experiences of OVC

6.2.1 *Visual stimulation in elicitation of lived experiences*

The visual stimulation utilised in elicitation of emotions in children showed that most of the children in this study were affected by their lived experiences at home, on their way to school and at their schools. The findings present a development in resilience research considering that previous researchers such as Fosto et al., (2009) and Pagner et al., (2008) did not report on what was found in this study. In addition, shifts in negative to positive psychosocial experiences through support and protection in early childhood form a basis for unique positive developmental trajectories in each individual child in the context of HIV and AIDS. The following is an illustration of how visual stimulation elicited emotions children's lived experiences.

6.2.2 *Children's views of exposure to risks and vulnerability*

OVC were exposed to risks that made them feel more vulnerable. These exposures to risks were indicative of their perceptions of unmet psychosocial needs some of which were challenging while others were potentially met at the ECDE centres. Children's perceptions on negative experiences concerning the young animals in the visual stimulus illustrations (VSI) were an indication that, they fully understood lived experiences in adversity. The OVC identified and voiced both the physical and psychological negative experiences as follows: hunger and lack of favourite food, sickness, lack of shelter, lack of protection, fear of darkness and cold for lack of blankets", helplessness, bad (negative) feelings, loss of parents and loss of care. These perceptions show that, the children understood not only the deprivation of the animals in the VSI from an experiential level, but also related the same to their own lives. The children were found to relate well to misfortunes of the young animals that lost their parents in the floods experienced, likening some of their experiences to humans; especially when they considered negative ones which in some aspects seemed to have depicted their own lives. This finding echoes views of Crick and Ladd (1993) who suggested that, children's levels of negative perceptions in others' experiences are triggered by patterns of difficulties in their own lives. Thus, the VSI helped the OVC to be in touch with some of their difficult experiences brought about by their statuses.

6.2.3 *Children's perceptions of protective factors*

The OVC were able recognize protective factors from the VSI. They observed that the animals in the VSI were lonely with no one to help them in their predicament after the floods disconnected them from their parents and the night set in. However, they were able to identify various aspects that aided the young animals which included: thinking of possibilities, taking action amidst challenges to have movements in the dark forest in search for solutions, and the luck of meeting other young animals with similar predicament. The children acknowledged that, by the young animals doing so, they interacted and created a strong relationship which motivated and encouraged them to be brave together in the dark forest. According some children, this bravery enabled the animals to have agency in attempting to find solutions to their entrapment in the dark shadows of the night.

Although the OVC highlighted the incapability of young animals in completely altering circumstances they found themselves in, they acknowledged the animals' agency as an enablement that led to their rescue by Auntie Lioness. The children were able to relate to not

only feelings of fear and challenges associated with young animals being lonely in the absence of familiar adult animal figures but also the protectiveness that was in their rescue by Auntie Lioness. According to the OVC, there were times to feel vulnerable as a young being but factors such as bravery, agency, motivation, friendship, help seeking behaviours were good since when help came by, all tended to benefit. These factors as cited by the children are usually associated with resilience. For the children to have thought about them indicates their comprehension of difficulties associated with orphanhood and feelings of vulnerability. Although this finding may not be generalised, it calls for more studies to explore on how well infant OVC affected by HIV and AIDS understand the circumstances associated with their statuses.

Children's perceptions related to rescue of the younger animals in the VSI were reflective of their own stimulated interests, and suggestive of what they wished for in their lives. They cited experiences such as: joy, comfort, happiness, feeling good, someone to tell what befell their mother, warmth, food, Uncle Lion spirited attempts to trace their parents, having friends with similar challenges, listening to others stories, teachings of how to be strong in life and attaining crucial milestones in growing up. All these were reflective on what these children wished to also have in their lives; which was suggestive that, some of the experiences in the VSI had a profound appeal to their own yearnings. The children recognized the role of adjustments made by the young animals as a result of being in a new environment, which included: hope, awareness of themselves and opportunities for growth. These kinds of attributes and adjustments made in the new environment provided compensatory processes which were associated with stability in life and resilience (Fleming & Lodegar, 2008; Bhana, 2010).

6.2.4 *Predictions of the future: a reflection of own lived experiences*

Predictions of children concerning the future of young animals in the VSI after the loss of their parents were mixed. Whereas some predicted positivity, others imagined that the young animals would suffer a lot as expressed in table 5.3. Although the VSI did not include information on how the future of the younger animals would have been, children stretched their imagination in their prediction of the animals' future. Considering their age and fewer experiences in their lives, there was a possibility that their predictions were imagination of their own internalized wishes related to their lived experiences. Granted that children in the study could directly liken their experiences to those of the young animals, it was also an

opportunity to link some of these experiences to their own life contexts. They predicted a wide range of experiences some hinging on negative psychosocial experiences such as; sadness, fear, loneliness, having unanswered questions of where their parents were after burial or wanting to know when their parents will come back to them, and how loss of parents had changed their lives. Acknowledging all these showed how elicitation of emotions facilitated by VSI contributed to clarity in awareness of their own lived challenges in their contexts of orphanhood or vulnerability. These were important revelation of how to access embedded unspoken emotions from children's experiences which may not be easily accessed through speech. However, this calls for more studies to be done on elicitation of embedded emotions in more OVC of different categories through similar media in order to arrive at a generalisation.

6.2.5 *Awareness of peers' risk exposure*

The OVC were aware that their peers were affected as a result of the effects of sickness or death of their primary caregivers. This ranged from change of care after bereavement, challenges of adjustment in new care arrangements, problematic experiences with the new adopting families that caused conflicts; and relocation to rural homes. When relating to risk exposure of young animals in the VSI, one child explained, the anxiety her friends went through when their mothers were critically ill, their bereavement and their resultant behavioural changes due to absence of care. Although their peers were exposed to risks as a result of the associated effects of sicknesses, death of parents/guardians and relocation, the explanation children gave showed how closely knit their relationships with their friends were, and how events in their lives also affected them.

According to Darkey & Kariuki (2013), slums within Nairobi are not set up on expansive land, instead they are crowded in alleys and lack open spaces for children to play. It was therefore easy for children to have knowledge of what happened to their friends either by having listened to what was said, what they saw, or by directly sharing these experiences with their affected friends. This implied that, children from the same neighbourhood knew each other intimately. It also showed how their peers' negative experiences affected their childhood relationships significantly, which they had to re-establish again with others once their affected peers were relocated. For the children to have shared their peer's experiences at the time of this study was therapeutic for the vicarious effects of their loss

6.2.6 *Expressing own experiences of risk exposure as other children's*

Some of the experiences shared by the OVC in this study seemed to have been traumatizing. Their responses showed negative experiences of other children they knew which were later established to be their own experiences. These experiences included issues such as separation and grief which were found to have been overwhelming. By relating to grief and separation in that manner, the children gave themselves some emotional distance by claiming that the experiences were for other children that they knew. This was indicative of how children for lack of natural mechanism to process their own traumatic experiences in their lives, tend to dissociate from their harsh reality in order to cope. According to National Child Trauma Stress Network (NCSTN)[33] , children who have had prolonged complex trauma experience dissociation that numbs painful occurrences and can potentially be affected negatively in their daily lives' functions. Such children have a tendency of misrepresenting their feelings and emotions if not helped early in life. This insight is important in informing professionals who handle vulnerable children. They need a degree of keenness when dealing with grieving children so that, when identified, help can be provided at the earliest opportune time to aid them in processing their traumas, and to reduce cases of dissociative tendencies that can potentially cause personality disorders later in life.

6.2.7 *Expression of own protective experiences as other children's*

It is rare for children who have had many negative experiences to refuse acknowledging positive situations they find themselves in. However, as study findings showed, children can be able to pick positive experiences they have had, but instead present them as other children's experiences. This could possibly have resulted from their inability to reconcile the risk exposure in their past to their new protective positive experiences they now had. Unlike the case in *6.2.1.6* above, this type insight indicates that, OVC who were exposed to maltreatment and cumulative victimization risked experiencing split perceptions; a consequence of risk exposure which numbs them from transiting into positive experiential moments (Mournier & Andujo, 2003). This finding in the present study was important for awareness and identification of such children. This can provide help to affected children reframe new positive experiences to counter old negative experiences in order to mitigate pessimistic tendencies later in life. In addition, shifts of possible negative to positive experiences in early childhood may form unique developmental trajectories for each individual child towards processes of resilience.

[33] http://www.nctsn.org/trauma-types/complex-trauma/effects-of-complex-trauma (accessed 21/07/2015)

6.3 OVC expressions of psychosocial experiences

Drawing activities for the children was found to be a language that did not require verbal competences for expressing their experiences and thoughts of themselves. Thematic drawings and narration of the contents revealed how children insightfully expressed their lived lives, challenges encountered and experiences of support without any verbal inhibitions. Findings from conversational interviews and focus group discussions also showed various exposures of both risks and protective experiences which had a profound impact on OVC psychosocial wellbeing. There was however an indication of some relationship between the status of OVC affected by HIV/AIDS and negative psychosocial experiences which emerged from the study suggesting that they had many unmet psychosocial needs.

Although the findings indicated that there was unequal experiences due to their statuses (maternal, paternal or double orphans, those living with HIV and on ART, those living with critically ill family members and those whose family were fostering relatives who had a positive sero-status), psychosocial vulnerability was evidently experienced by this group of children right from their homes to the ECDE centres. They had to contend with unfavourable settings in their home environment which exacerbated their social, emotional and physical deprivation. Consequently, such exposure to deprivations portended poor outcomes in their future lives if no substantive interventions were made. Although ECDE centres were located in the same low low-resourced environment as their homes, these institutions offered alternative spatial enrichment for young children as well as providing a safety net in many aspects. The following sub-sections discuss salient areas of the OVC experiences.

6.3.1 *Experiences of loneliness in home environment*

This study's findings revealed that loneliness was a factor that affected the OVC wellbeing. Some of the OVC experienced loneliness in home environment which led to their psychosocial distress. While home is supposed to be a place for safety, it was not so for the younger OVC in the slum areas of Nairobi County. The findings of this study demonstrated that some OVC experienced loneliness due to lack of supervised care at home. The absence of adult care denied them the feeling of custodial presence. According to the children, this made them sad, a situation that deprived them of their emotional and social wellbeing. The finding reiterates the works of Ganga & Maphalala, (2013) who associated extreme

loneliness with poor mental health, anxiety and distress in orphans which was found to be a major psychosocial concern amongst the OVC in Zimbabwe. In South Africa, OVC with extreme loneliness were also found to express a very strong need to be close to their deceased parents as a result of loneliness (Simbaya, et al, 2006). This study reported that children expressed feelings of sadness and depression as a result of not being able to be with their parents again. As much as loneliness was potentially an indicator of social isolation in younger OVC, adjustments were a challenge and a psychosocial concern to the affected children as a result of inadequate adult human interactions and stimulation in home environment which had the potential of eliciting physiological as well as psychological effects. When such children later join others in the social world through the ECDE centres, there is need for support through stimulation to help them learn how to socialize and engage with their lived experiences through sharing, for positive adjustment once they are identified.

6.3.2 *Experiences of home based tragedies*

Although this study found that fire outbreaks and loss of material possessions affected some of the OVC, the full extent of such devastations was not fully known to the whole school community. Since many children from the slums become homeless through such tragedies, this was particularly worse for OVC who went missing from the centre for days until their teacher had to search for their whereabouts to bring them back to school. Whenever fire disasters struck, many were adversely affected through loss of material possessions and their scholastic materials. Both the children and teachers confirmed that, the experience was traumatizing and some had to keep going back to the ruins in search of their playmates. This illustrates possibly grieve OVC went through over their losses in fire tragedies, and the importance they attached to memories of their burnt homes.

Fires in slum areas of Nairobi are a regular phenomenon (UN Humanitarian Affairs, 2011). This is attributed to poor planning of slum settlements and the menace of land grabbing which relegated slums into back alleys and areas of poor drainage such as river banks Darkey & Kariuki (2013). Since most of the slum settlements are illegal and not approved by the building authority, they are poorly constructed using poor building materials, crowded over a small space which makes them susceptibility to fires. However, Wachira & Smith (2012) attributed fire of disastrous outcomes to poor access roads and disorganized rescue operations; which result in many houses being razed down adversely affecting the vulnerable children.

6.3.3 *OVC experiences in orphanages/ institutional homes*

Orphanages commonly known as *'homes'* by OVC in Kenya are charitable children institutional care facilities which offer temporary shelter to children who may not have care and shelter due to loss of caregivers (GoK, 2010; UNICEF, 2014). The children reported having had negative psychosocial experiences in the orphanages they lived in. As expressed by Ella in Figure 5-4, orphanages offered inadequate care and support for the children. They expressed unhappiness as a result of unmet essential needs such as nutrition and comfort due to their large numbers. Under normal circumstances, such could lead to malnutrition, developmental lag and other health related cases. Such incidences would potentially have developmental consequences to such children which could result into low IQ, poor brain activities, social and emotional development; and in some cases behaviour problems in later years (Casky, 2009).

The absence of individualized care and attention as was the case of orphanages was also found to compromise OVC's psychosocial growth and general wellbeing. Consequently, the children were in distress. The lack of care and attention potentially could lead to them suffering withdrawal and lack of confidence, with a possibility of other hidden psychological consequences which may require further investigation. As much as ECDE teachers were not directly responsible for what happened to children who live in orphanages, the window of opportunities and resilience nurturing they had in their ECDE centres could be deepened through various skill activities and stronger creation of relationships with teachers and peers. The children could also be taught how to love themselves, voice out their concerns and create trust with others in the confines of the ECDE centres; a situation that was rare in orphanages (Ebrahim, 2011; Kang'ethe & Makuyuna, 2014).

F*igure 5-5* indicates that children from orphanages were resilient in the face of hardships of hunger and crowding. They only got reprieve when they went to churches where they accessed some food to eat, and when they were at the ECDE centres where they were not only skilled cognitively but also socially. Thus indicating that, the orphanages located within slums subjected OVC to negative experiences and limited their capabilities to cope/adjust effectively. Recent events highlighted in Kenyan media indicate that, owners of some orphanages used the OVC to solicit for funds from unsuspecting donors in order to enrich themselves. It emerged that whenever would be donors made a visit to the orphanages,

children would be starved to attract the sympathy needed for funding. This is an indication of exploitation and explains why children from orphanages were the hardest hit in terms of malnutrition as explained by one teacher. Unlike Kenya's rural areas where OVC engage in acquiring and developing skills for their survival on a daily basis (Skovdal & Nyambedha, 2013), those in urban areas lack resourcefulness in life skills.

Once young OVC were in orphanages, it was most unlikely for them to bond with any of their blood relatives. This group of children within Kenya's urban setting are commonly viewed as burdens and that is why the end up in orphanages. Since there seems to be limited literature on younger OVC found in urban areas in Kenya, some studies done elsewhere in this area indicate that, such children are seen as objects of charity who require care and support within institutional care, a notion that denies them agency, amplifies their care-seeking behaviours and vulnerability (Abebe & Aase, 2007; Gillespie, Norman & Finley, 2005; Kimani-Murage et al., 2011). This approach potentially denies the younger OVC the identity and belonging they require to engage productively in life, and can be a great source of depression. The possibility of them being 'thrown' in a 'spin' world of redefining themselves when they compare themselves to non-OVC is high. This diminishes their resilience in life especially if they have to face many more challenges.

The ECDE teachers in this study were found to play a critical role of surrogate figures for most of the OVC from institutionalized homes, and supported them in whichever way possible. Teachers in their multiple roles could identify some of those adversely affected children from orphanages. Still, there was need to equip such children early in life with the necessary knowledge, skills and psychological assistance through a child psychologist to compliment what the teachers provided. With such support missing in public ECDE in Kenya, this study strongly recommends for all primary schools to include personnel on their staff to provide psychological services to OVC and other children experiencing difficulties. In this manner, many who have challenges can be identified and assisted early in life.

6.3.4 *Experiences of bereavement and separation*

Bereavement for OVC came as a result of loss of primary caregivers which left the children without biological parent/s and lack of adult care. Young orphans may not comprehend why their parents had to die, or buried, and their siblings shared amongst relatives. This practise in most urban areas of Kenya is a common stop gap measure to care for orphans and it leads to

separation of children from same families. Consequently these children end up having mental and emotional distress. Walker (2005) of FOST[34] acknowledges that, children do not understand death and its finality, a situation that makes them fearful, anxious, suffer regression and loss of identification. Cluver et al. (2007) study on orphans of AIDS in Cape Town also found out that, some children experienced multiple bereavements and could not understand their loss. In the present study, Uri's account in *Figure 5-6* shows how he experienced a range of feelings from loss of his parents which denied him kinship and care; and loss of his siblings through separation. It is uncommon for such young children to be taken through counselling for their losses, allowed to grief together with their siblings or even get an explanation especially when decisions such as change of custodial care and separation from siblings are made. Some orphans in the study were found not to know the whereabouts of their siblings, which added to their experiences of confusion and mental distress.

Separation and change of custodial figures led to loss of childhood memories and what they knew as their homes. Memories are important in helping children establish an identity. In the case of Nairobi's urban slum settlements, most homes are rental where tenants pay a fee at the end or beginning of every month depending on tenancy agreements. Consequently, children who are orphaned or whose parents are critically ill and cannot be gainfully engaged in income generating activities may not sustain their stay in such houses due to non-payment of rent. That is the reason they are either shared out to relatives or taken to orphanages. According to Nyawasha and Chipunza (2012), such children can benefit from therapeutic and bereavement counselling which is a very useful tool of psychosocial support. In their study on OVC in Harare Zimbabwe, they reported that, after bereavement, orphans were taken for camp retreats where they were able to vent out their frustrations and other experiences that had adversely affected them after loss of parent/s. Although the children in that study were teenagers, the present study's pre-schoolers could benefit from such arrangement within ECDE centres in order to alleviate their anguish. And, were it not for this study, it might have taken longer for such orphans to be identified and their psychosocial needs assessed. This finding has implication for screening of OVC upon their registration into the ECDE programme and follow-up sessions for psychological services.

[34] *FOST- Farm Orphan Support Trust of Zimbabwe*

6.3.5 *Experiences of various forms of abuse*

Abuse of children was found to be a factor that exposed the OVC to numerous risks including; physical, social and psychological. Kenya's Bill of rights article 53, of the Constitution of Kenya, the Sexual offence Act 2006, Children's Act 2001, the Constitution of Kenya amongst other articles on protection of the child, advocate for safeguarding all children against sexual and all other forms of abuse. In addition, according to article 34 of UNCRC, children are expected to be protected by law. However, the study findings indicated that, OVC's wellbeing in urban slum areas is constantly under threat. As indicated by Mr. Izomon and also in *Figure 5-7*, children were adversely affected by experiences of exposure to sexual abuse; an indication of a general breakdown of child protection systems in urban slums. Although it was commonly known that some of the children in HIV/AIDS context did not have responsible adult to care for them, it was not easy to know or apprehended sex pests, paedophiles or those who exploit them by taking advantage of their vulnerability due to secrecy surrounding such acts.

According to African Network for the Prevention and Protection of Child Abuse Neglect (ANPPCAN, 2000), child sexual abuse continues to be a major challenge in Kenya's urban slum areas and it starts right from their infancy. Although this could be attributed to communal living arrangements and that, the young OVC are immature and unable to fully comprehend what happens to them, the abuse goes on unabated for longer periods. The study's findings of exposure to sexual abuse which included oral, anal and child pornography which went on unabated were as a result of secrecy with some cases involving custodial figures. Expressions indicated in *figure 5-7* speak to this situation. The child's expressions were dense and impenetrable, indicative of the trauma experienced. Furthermore, teachers' illustrations indicated how metaphors are best used to explain such abuses due to associated shame. One teacher talked of the children being *'fed by mouth'* and *'boot';* indicative of the abuse not only limited to what is considered as 'natural' but also forcing children to oral and anal abuses indiscriminately. According to Lalor (2014), both boys and girls fall victims of such sexual abuse in slum areas of Nairobi. Ruto et al., (2009) also described how some sexual abuses meted on OVC involved touching their genitals, breasts and the buttocks, while others were subjected to indecent exposure where sexual body parts of grown men and women were shown to them; supporting the drawing of Indo (*Figure 5-7).* Although OVC who experience such were potentially at risk of repeated abuses by people known to them or worse still, they were also at risk of contracting sexually related diseases. Such experiences

rob young OVC of their innocence and cause difficulties of trust not only in home environment, but also at school and later in their adult lives to the larger society.

Furthermore, there is a significant relationship between slum environment and sexual abuse on young children in major cities communities in Kenya. While this may normally be considered inappropriate, the conditions people live in within slums exacerbate this form of abuse. Congestion, sharing of small spaces as homes, loose morals, exposure to pornography, lack of sexual privacy and early initiation to sexual activities in slums especially for girls, expose OVC to many risks of sexual abuse (Mumoh et al., 2012; Amuyunzu-Nyamongo, 2015). According to these studies, it was not uncommon to find girls as young as 6-to-10 years involved in prostitution-like behaviours in the slums of Nairobi. The reflections of Izomon, the only male ECDE volunteer teacher in this study illustrated how young girls were initiated into acts of prostitution very early due to their poverty, vulnerable home situations; and how this had been extended to him in school. This was indicative of how slum home environment failed to offer the OVC psychosocial support. Though a worrying trend, this legitimizes the need for instituting psychological services and stronger support structures in ECDE centres to deal with children who experience such abuses as intervention measures. Nurturing younger children's inner resources and equipping them with necessary skills to cope with exposure to sexual abuse should be considered necessary.

Many orphanages in the slum areas that host some of the OVC utilize services of volunteers especially when it is a requirement of the donor organizations. This happens to have been a very common practice in Nairobi which involves external donors and funds. A report in the *Daily Mail*[35] indicated that, a 19 year old volunteer had sexually abused OVC in an orphanage he worked in, in Nairobi and those he abused included children living with HIV (Zenie, 2014); indicating how sexual abuse on OVC was not only limited to those who hailed from the slum environment but could be 'outsiders' with paedophilic tendencies. In one of the media reports, this volunteer was found guilty of having raped children between age 5 – 12 years, prepared pornographic videos of indecent exposure and was sentenced to forty years in prison (Howell, 2016). This also highlights how exposure to sexual abuse of those children in the care of their minders damages them psychologically, consequently affecting their trust in adults they look up to and potentially muting them from disclosing sexual

[35] www.dailymail.co.uk/ Michael Zenie- published 22nd July 2014

experiences to anyone. As one teacher reported, one needs to be very close to a child to know what is happening in his/her life. Although according to teachers such cases by their nature are very serious and on the increase, there is still scanty available information in research literature involving younger children and volunteers or carers seconded to orphanages by donor organizations; a situation that calls for further investigation. It also calls for a review on urban slum community practices of child protection policy implementation because this is where most of the OVC live.

6.4 Experiences of children on their journeys to the ECDE centres

The OVC were exposed to numerous risks as they walked from their homes to the ECDE centres. It is worth noting that the geographies of slum settlements in Nairobi are complex bringing different experiences to different children. The following subsections discuss these experiences.

6.4.1 *Experiences of gangsterism on the journey to ECDE centres*

The OVC were found to have experienced exposure to gang activities which had a negative influence on their wellbeing. Gang members were found to be targeting OVC, and they themselves joined gangsterism at an early age partially due to high levels of poverty, unemployment and pressure to have money which was a great allure. This made them thrive in the vice and found it easier to recruit the young OVC. The OVC's drawings showed the extent to which they get exposed to violent gang activities more especially whenever there were disagreements between or within gangs' demarcated zones/geographic operation. Children showed how violence in their neighbourhoods and chaos on roads affected them; indicative of a strong culture of gangsterism in slums of urban areas of Kenya. This can be attributed to overpopulation, extreme poverty, unplanned settlements, a breakdown of law and order, common phenomena which explain why OVC were the unfortunate victims (Netsayi, Mudege & Izgubara, 2008).

Similarly, security was generally a big challenge for most children especially OVC who were targeted by gangs to be used in criminal activities. It was found that, gangs had great interest in recruiting younger OVC into early crime as indicated by the deputy head teachers and Mr. Izomoni. This concurs with Kenya's Attorney General Githu Muigai's[36] speech on security

[36] www.jambonet spot.com Report by Attorney General Githu Muigai – August 2013

matters within Nairobi (August 2013) which drew the attention of law enforcing agencies to the use of very young children in trafficking of not only small arms or diverting attention during criminal activities, but also trafficking illicit drugs causing security breaches. Although the use of small arms and drug use and abuse was rampart amongst youths in Nairobi, most of them were found to have been initiated at an early age. These children could only be discovered later whenever they dropped out of upper primary school; or when they enrolled in secondary schools (Muhati, 2002). Implying that, OVC who lacked supervised adult care were at risk of identifying with gangs members.

Coupled with other factors such as discrimination, loneliness and lack of accountability, OVC who unfortunately associated with gangsters were more likely to end up looking up to them as their role models. According to Ritcher (2006), even in disastrous situations where children have unsupervised care, they tend to look for some form of bonding with any adults to be supported. Consequently, they are taken advantage of, recruited into activities that expose them to risks which have the potential to radicalize them into deadly activities including militia groups which have the potential of graduating them into terrorism, unless there are interventions to mitigate their exposures to these types of risks. In recent years, there has been report indicating that recruitment of several vulnerable children from the slums of Nairobi Huruma included into local militia groups was on the increase. Some of the militia gangs include the *Talibans*, *Mungiki*, *Jeshi la mzee*, *Bagdad Boys* or worse *Alshabab*[37] terror group which is believed to behind most of the terror attacks in Kenya and neighbouring countries. This shows how OVC are commodified to replenish the numbers of the terror gangs. Reiterating the need to have partnership between law enforcing agencies, slum communities and the ECDE centres in monitoring OVC not only for psychosocial but all forms of support.

The study also found out that most of those who experienced recurrent aggressive gang activities were mostly boys and this had great psychosocial implications on their lives. The fact that teachers spoke about it indirectly meant that, there was a culture of fear which had been instilled in them and they too did not wish to be directly involved, lest they jeopardize their own safety while in the slums. There seemed to be some sense of inability of local administration authorities to directly address the same issue and offer protection to children

[37] *Alshabab is a terror group that is linked to world terrorism networks.*

which was indicative of a much bigger challenge in the slum areas which needed further investigation. It seemed that OVC and other children's independence was either greatly affected in their movements and behaviours to and from their ECDE centres or influenced in part by gangs' behaviours. Although gang activities were persistent in the study area, this did not deter OVC from finding their way to schools, showing their adaptability.

Although neighbourhoods are very important in cushioning children in many aspects, OVC in the study cited theirs as unfriendly due to experiences that exposed them to risks. Children termed their neighbourhoods as lacking safety and a source of insecurity. As indicated in the drawing of Arak *Figure 5-8,* children were exposed to horrid scenes of dehumanisation by strangulations. Militant groups who engage in acts of taking command of neighbourhood sections of the slums and routes used by passenger vehicles were found to affect normal movements of the OVC as indicated in *Figures 5-9* and *Figures 5-10.* Mutahi (2011) observed that, gangs in informal settlements of Nairobi are sub-political entities which exercise political authority that applies to them only. This was found to be problematic with the application of formal state laws whenever there were situations of disputes. With the safety of children and other people compromised, it was a constant worry for unaided children to manoeuvre their neighbourhoods and a bigger disruption to OVC whenever the gang groupings had disputes (Wandera & Mafumbo, 2008).

A report carried out in one of the Kenya's newspapers, the 'Daily Nation newspaper'[38] indicated that, besides recruited children by gangs being utilized in crime by carrying guns and illegal illicit drugs for gangsters, it was uncommon to be suspicious of children in school uniforms. This made them easily slip through any security dragnets. The same report indicated that, children were used in burglary activities to access residential houses through small windows and would open doors for robbers. This exposure placed the OVC at high risk of growing up as a societal danger. As one teacher observed, they start innocently, and the possibility of such children falling through the cracks to join the underworld criminals was very high. As much as gangsterism was considered by teachers as a common phenomenon in slums neighbourhoods, it still remains a matter of great security concern and as indicated

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38 *DAILY NATION August 30th 2013 – 'How Criminal Gangs In Kenya Use Women and Children In Killings And Extortions'* by Fred Mukinda

from the study findings, there were many younger children involved. Besides calling for sound strategies for remediation by law enforcement agencies and community policing to ensure the safety of OVC, all children from slum areas of Nairobi are more susceptible to risk in gang infested neighbourhoods. Guaranteeing security to the OVC and especially boys needs to be given priority to cushion them with the necessary support to thrive. Conversely, the recent waves of radicalization and aggressive recruitment of young people from the slums in Kenyan urban centres where some of the young OVC are targeted to join terror groupings, this study suggests for more research in this area.

OVC attendance in ECDE centres not only gives them exposed to daily monitoring and other stimulating, but also offers social activities and programmatic engagement that eventually organize them into routines and keeps them away from slum gangs. In addition, when children are away from their homes and unsafe neighbourhoods they get supervised adult care through their teachers, and are protected from exposure to other potential dangers. This helps them in acquisition of self-regulatory skills, personal organization and to have a purposeful approach towards their daily activities through programmatic routines; thus improving their general wellbeing.

6.4.2 *Experiences resulting from long distance, crowds, vehicular accidents and dogs*

One major challenge ECDE group of children in Nairobi encounter every day of schooling is the distance they cover from their homes to their learning centres. This is mostly for those who access their schools on foot and have to cross busy roads. The children are forced to master their movements and routes to be in rhythm with the flow of their journeys to and from their ECDE centres whether it rained or there were disturbances in their neighbourhood. Long distances and time spent negotiating movements, left many especially those who had no regular nutritional support exhausted.

A majority of the OVC from the slums walked to their ECDE centres, rarely accompanied by their primary caregivers. Thus, they faced numerous challenges. Unlike their counterparts who had parents or guardians to escort them, several of the OVC had to manoeuvre their way through the narrow crowded slum paths, crossed busy roads that had dangerously driven vehicles and faced many other risks of floods and mud when it rained. The distance also exposed some to the danger of kidnapping which has become a trend of soliciting for money. These risks cannot therefore be underestimated for they have the potential of making it hard

for the OVC to continuously attend the ECDE without fearing the worst. Under such circumstances, children risked dropping out or being excluded (Hall, Lannoy & Pendlebury, 2014; Netsayi, Mudege & Izgubara, 2008).

Children reported being exposed to overcrowding on paths and roads by adults who threatened to stampede them during the morning and evening rush. Overcrowding during rush hours could explain some of the aggression some children exhibited in the school resultant from the pushing and shoving for space as they journeyed to school. This is consistent with their high stress levels. Teachers reported observing some forms of aggression in children in the morning and late afternoon during playing time, which could have been as a result of psychological frustrations on their way to the ECDE centres or when they prepared to leave for their homes. The competition for spaces and movement in narrow paths which were usually in poor conditions, seemed to be likened to a subtly automated reaction that came with experiences of shoving and pushing. This resulted into some cases child pedestrian injuries. Despite these journey challenges, it was revealed that some of the mature children formed a walking-to-school club that took care of younger children to the extent of carrying them on their backs and shoulders to make them feel safe. This agency by the older children was a significant indicator to protective processes that offered younger unaccompanied OVC support in their movements, taught them how to manoeuvre their way through the slum neighbourhoods, and possibly become more confident later to move on their own.

Road crossing was also found to endanger the safety of many ECDE children. As evident from their drawings, many graphics included vehicular road accidents and knocking down children on the roads, an indication of how road crossing had negatively affected the OVC's psychological wellbeing. Some OVC even harboured the fear of being sent home and imagined the risk of being knocked down by a moving vehicle and possibly dying. This finding is supported by the works of Gome et al., (2005). They observed that, incidences of younger children being hit by vehicles were on the increase, especially in the urban areas of Kenya, and that, Nairobi posted the highest cases. In this study, teachers reported that, a majority of the young children involved in vehicular accidents in Nairobi were OVC and this happened during school terms. Mondays were reported to account for most fatalities compared to other days of the week. This was possibly because the weekends broke their rhythms of life. However, this view calls for further investigation.

The WHO (2015) report also indicated that, children who were the most vulnerable road users were more prone to accidents in major urban areas of Kenya. Consequently, those that were involved in vehicular accidents suffered fractures of limbs, chests and others had upper abdominal and contra lateral head injuries (Gome et al., 2005; WHO, 2015). Such injuries in young children have the potential of life altering or threatening effects which adversely impact on children's general wellbeing. And given that, the OVC this study were found to be most susceptible to these types of accidents with a possibility of life altering consequences such as maiming or even death, this endangered their ability to thrive.

There was also an indication that those who witnessed vehicular accidents involving their colleagues were traumatized as was expressed in chapter 5 in the drawings of Koki, Galo, Nawil and Dosea. According to Otieno (2014) who sought to pass laws that could cushion school children on Kenyan roads; he decried the increase of road accidents involving very young school going children in Nairobi since the 1990s. Similarly, White et al., (2000) also reported a high increase of child pedestrian deaths in Scotland especially on children from poor economic areas that were less likely to be dropped and picked from their schools in vehicles. Indicating that, this problem is of concern in cities from both developed and developing countries of the world. Therefore, there is urgent need to create safe manned crossing zones on roads in slum areas for younger children during rush hours, to help alleviate vehicular dangers. Alternatively, slum communities can organise for some members to accompany children or even partner with NGO to organise vehicular transport for OVC.

Children reported experiencing phobia for dangerous animals including dogs. Dog did not only affect the OVC physically but also psychologically. Their safety in the mornings on their way to ECDE centres was compromised. Through their drawings, the children were found to be fearful and many expressed heightened anxiety. This indicated that, physical sight of dogs and their barking caused distress in them especially in the morning when they went through neighbourhoods with dogs on their way to ECDE centres. Unlike western societies where children befriend pets such as dogs, OVC from Nairobi's slum feared dogs because of associated fear of being bitten. This finding affirms study findings of Nelima et al., (2010), which observed that, children below 10 year who were bitten by rabid dogs died as result of those bites. In addition, WHO (2014) reported an increase in dog bites in children under 15 years causing devastations such as rabies related complications. Therefore, the fear

of dogs was a genuine concern for the young. This finding is significant in understanding the anxieties some of the OVC came with to the ECDE centres. However, it was possible that the numerous dogs some children drew as real dogs that they encountered were in fact an expression on the many barking of a few dogs. Thus indicating how fear for dog barking can be a phobia for the OVC.

Despite all these challenging journey experiences, the OVC in the study were able to brave them seen through regular attendance in their ECDE centres. The study findings indicated that they had strong motivation factors to be in these centres which included: company of their peers, engagements in both indoor and outdoor activities, quest to read and write, having new definition and identity through their uniforms and being smart, sense of belonging, being given responsibilities among many other factors. All these factors imprinted positive emotions in them which boosted their hopes and aspirations in life. This was suggestive of the great potential ECDE centres' environment had for resilience nurturance in the OVC through factors that had a pull effect for their continuous attendance whenever the ECDE centres during school terms. According to Werner (2005) similar qualities as mentioned above and institutions of learning were important for resilience in children.

Besides experiences with dogs, bushes around schools were a source of worry. The OVC reported bushes to harbour animals they feared; which included rats and wild cats. Being in slum area, such bushes also serve as toilets as well as dump sites thus providing a fertile breeding ground for rodents, stray cats and other organism which were dangerous to children. Some of the animals from the bushes were reported to find their way onto the school playground. They included snails, rats and caterpillars in different seasons of the year. Although the maintenance of the playgrounds and the areas surrounding schools within Nairobi County were managed by the Nairobi City Environmental department, logistical problems led to overgrowth of grass and bushes provided a habitant for more breeding of these animals. This instilled fear in those OVC went to school unaccompanied.

Although many of the features highlighted about journeys to school were potentially to increase the OVC vulnerability, teachers reported that children gained a lot of independence once they got into the rhythm of the ECDE program. Other older children from the primary school section were assigned the responsibility of ensuring an informal surveillance over the younger OVC from their home location to school and back, which accounted for their being

ECDE centres. Therefore, teachers, peers, the environment and children activities, were the ingredients pull factors that encouraged OVC to accessing their ECDE centres. This enabled them to positively adjust. By highlighting the OVC journey experiences to their ECDE centres, this study brought to the fore the potentially risk experiences, and the impact they had on the OVC's wellbeing. Although it emerged that the children's journeys were ladened with risky experiences which increased their susceptibility, they engaged with the risks bravely, remained motivated and interested. This helped them gain mastery in their movements to and from ECDE centres.

6.5 Experiences OVC within the ECDE centres

ECDE centres as institutions of learning are expected to have friendlier spaces for the OVC to thrive. However, as the findings indicated, the OVC were found to have been exposed to both negative and positive experiences within the centres, which had an effect on their wellbeing.

6.5.1 *Experiences of bullying at the ECDE centres*

The OVC identified a number of negative experiences that adversely affected their general wellbeing. While focusing on OVC whose experiences at home exposed them to risks, the potential of them struggling in school and having poor life outcomes were high (Zolkoski & Bullock, 2012). This study showed that, most of the OVC had various negative slum experiences and had accumulated risk exposures over a longer period of time, which posed behavioural challenges. Some children were found to face problems in their adjustment within the ECDE environment. This had a ripple effect on their association with their peers which compromised their relationships and consequently some were found to exhibit aggressiveness or were bullied by others on the playgrounds. Those who could not defend themselves and were bullied suffered inwardly. Children's drawings, narratives and their FGD cited cases of bullying, falling from play facilities, being hurt by others and having negative experiences in classrooms. It was therefore very important for children to be supervised while on the playground to avoid bullying and to reassure those who experienced bullying that they were not in danger. Other studies in sub-Saharan Africa indicated that bullying was an important indicator of risk factor, distress and loss of confidence in OVC in schools (Chitiyo, Changara & Chitiyo 2008; Cluver, Bowes & Gardner, 2010; Nyamukapa et al., 2008)

In relationships with peers in outdoor activities for children who had negative experiences in ECDE centres, they were likely to be view other forms of differences as bullying. It was indicate that such differences sometimes degenerated into physical fights. Fights were found to be a common characteristic expressed by mostly male OVC. Most of those who included fights in their drawings as an expression of sad experiences located them on the playgrounds. This reiterates other observations made which did not only limit bullying to fighting but also to the use of aggressive language, which evoked unregulated negative emotion which had the potential to arouse other underlying feelings of anger. Children whose self-concept had been damaged by negative labelling as a result of bullying suffered the most and cited bullying as a major concern as indicated in *figures 5-15, 5-16* and *5-18*.

There were possible risks of those who were bullied not bringing such acts to the awareness of their teacher due to fear, a situation that allowed it to continue unabated. This was detrimental to OVC psychological wellbeing with the potential of them inhibiting shame. According to some OVC, bullying was described them not being liked by their peers. This came in the form of pinching on the ear and being punched, which caused the children mental distress and shame. This implied that, OVC valued being liked by their peers in the ECDE centre environment as a very important psychosocial support factor. Those who had bullying tendencies, it was important for them to be taught prosocial behaviours in order to maintain harmonious relationships with peers so as not threaten the wellbeing of others in the centres. Teachers need to seek means of encouraging OVC to report cases of bullying of any kind, and creating awareness of what bullying was all about, since there was a possibility that some of the children were probably unaware that they were bullies or being bullied.

6.5.2 *Experiences in Class sessions as a source of unhappiness*

Classrooms and class activities were a source of much fun for many children since this was when they learnt new things. The writing, reading, drawing and colouring drawn objects among other activities were found to give children a lot of satisfaction and a sense of achievement. However, some OVC found class sessions stressful. Reasons given for the distress included: the teacher pointing a cane at them when they failed to understand what was taught; standing by the blackboard while being taught especially when they were hungry; being sent to the isolation corner for not answering questions correctly; fear of being sent home on their own and risking being knocked down by a car; the teacher only choosing some children to answer questions and not seeing them among others. All these were crucial and

legitimate psychosocial links some of which were also captured in chapter *Figure 5- 14*. This was indicative of other challenges OVC come with to classroom settings which unless brought to the awareness of teachers, the possibilities of the children continuously experiencing difficulties would be high. In the wake of this revelation, teachers need to be keen to identify such not only OVC but all children who apparently experience such difficulties, and explore ways of sustaining their motivation during class sessions.

The practice of punishment on this group of children was found distressful. Teachers in their frustration of at times finding children clumsy punished them for mistakes such as, pouring food or water and disrupting others in class activities. The children were not happy to be pinched their ears or caned for mistakes that were perceived to be accidents as indicated in *figure 5-15*. Pinching, caning or even spankings can send very confusing signals to OVC. This has the potential of affecting their psychological adjustment in terms of happiness and their joy in their learning centres. It is important to note that, some of these children may be in need of being talked to and more attempts be made to assist them sustain a good frame of mind, especially when they handled things clumsily and cause unintended accidents. There is a possibility of other underlying negative experiences in their lives. Although practices of caning, threats and spanking of children are outlawed in Kenyan learning institutions, the study found out that the ECDE children still experienced these elements which made them very afraid of those teachers who used the cane. Over the years, there have been some cases widely reported in the Kenyan media of teachers who used beatings as a form of discipline children and sometimes causing serious bodily harm. The study having found this form of punishment to be the practice in the ECDE centres recommends psychological services to be extended to frustrated teachers for them to offer better supportive services too.

6.5.3 *Experiences of discrimination in indoor and outdoor activities*

Perceptions of discrimination were found to be a hallmark experience for some of the OVC in the ECDE. These children felt they were discriminated against on the basis of gender as expressed in *figure 5-17* and *figure 5-18.* Besides, they were unhappy for being labelled as orphans and/or vulnerable children by teachers. As opposed to positive labelling that empowers young children, these kinds of labels had a negative and disempowering effect on them. Koty, (2003/2004 p.377) observes that, when generalization are made about children in negative labels, and articulated over their lives by authoritative people, they become

prescriptive. The labels used by teachers on some OVC were potentially aggravating stigmatization and discrimination. Consequently, these labels had a damaging effect on the children's self-concept in the eyes of their peers potentially risking them into withdrawal or defiant behaviours. The study indicated that, most of those who cited feeling discriminated against by being labelled as orphans and vulnerable mentioned that, they preferred being on their own, isolated from others to avoid trouble. This indicates that, there is need for teachers to be keen on OVC who show signs of withdrawal and should also investigate causes of such behaviour. Girls who were asked to wash utensil while others played, viewed that to be discrimination as indicated in *figure 5-18*. Implying that, some OVC had inbuilt attitude which made them believe that performing some was discrimination and mistreatment. While this may have been true, the contrary indicates skill training and hygiene management in their environment, which unfortunately was viewed negatively.

6.5.4 *Experiences of food cravings and insufficient nutritional support*

Most OVC in the ECDE centres were found to lack pocket money to buy snacks or fruits from the market. It is a common practice for school going children in Nairobi Kenya to be given some pocket money to buy snacks during break time while at their learning centres. As indicated in *figures 5-16, 5-17 and 5-18*, these children would not be able to buy fruits at the market. This made them walk around the markets with hopes of getting some free fruits from well-wishers, or even rummaged through nearby dumps for over-ripen or rotting fruits and sugarcane peels to satisfy some of their nutritional cravings. This behaviour for some of the OVC was therapeutic feeding. Although there was a nutritional programme at the ECDE centres, the OVC behaviour was an indication that, it was insufficient in providing them foods they craved for. However, community churches were mentioned to come in handy and sometimes provided supplementary feeding for the children as indicated by teachers and in *figure 5-17*. This finding shows the crucial role community institutions played in cushioning and complementing the nutritional efforts provided by ECDE centres in sustaining the OVC; and possibly providing other alternative psychosocial support. Still, they were found inadequate.

6.5.5 *Experiences of crowding in the schools*

Crowding in learning institutions located in slum areas of Nairobi continues to be a big challenge. This was as a result of small spaces being used for both the ECDE centres and the primary school children. This was observed during break times when it seemed chaotic in the

school compounds. The noises were distressful to some of the OVC as expressed in Fig. 18. It was reported that, for children who had been traumatised as a result of funeral rites after death of their loved ones left them more panicky and anxious. This was because some OVC were exposed to traditional funeral ceremonies where crowds gather to wail in mourning. Such children were initially found to easily get startled and afraid from screams of other happy children over break time. Play screams of happiness are good for young children as an expression of their emotions, but effects of noises coupled with crowding for new OVC in ECDE centres had the potential of making them remain in a state of hyper-arousal.

The heightened stress arousal for OVC meant that they potentially had to operate either in a fear mode or competitive as well as combative modes which could result into perpetual conflicts. This finding supports other studies which noted crowding to be associated with poor mental health, withdrawal and deteriorated physical health in children (Booth, Johnson & Edward, 1980), poor academic achievement (Mcmullen &Rousse, 2012), physiological, behavioural and social consequences (Aiello. Nieosia & Thompson, 1979); and learnt helplessness, elevated blood pressure and impaired relationships (Evans et al., 1998). Therefore, as crowding may result into hostility that lead to fights over available play resources, children are prone to accidents as a result of shoving and pushing as indicated in *figure 5-18*. Consequently, a lot of strife can be generated amongst them which risked spilling over beyond the schools' precincts resulting into slum neighbourhood fights. Therefore, there is need for caution on use of school spaces, calls for supervision and programing of play activities in crowded schools. Without which, this can have implications on OVC mental health and their social interactions.

In concluding discussions on experiences that OVC found to be sad, there were several aspects of exposure to risks and vulnerability that were found to undermine the children's wellbeing. These aspects included: loneliness, unhappiness, anger, fear of new situations and new people in ECDE centres, difficulties in making friends, crying, feelings of fatigue, startling, afraid of the unknown, bullying, hopeless, dying on roads, gangsterism, teachers' canes and readily defeated, among many others. Despite all these negative experiences OVC encountered in their home environment, neighbourhoods, on their journeys and in ECDE centres, none of them mentioned that these experiences were deterrent to their interest in ECDE centres. Instead, they were only perceived as bad experiences indicative of there being other promotional factors that motivated them to be at in ECDE centres. Therefore, the study

asserts that, despite OVC exposure to negative experiences, they can effectively adjust and thrive within a framework which advocates for identification of risk factors, appropriate remediation, strengthening and harnessing available motivating factors.

6.6 Experiences of protective factors within the centre

OVC had cited some of their positive experiences which were mainly located in the ECDE centres. A majority found these experiences to be very beneficial to them. The following sub-sections discuss these experiences based on the themes that emerged.

6.6.1 *Positive experiences indoor class activities*

Activities form a big part of children learning in schools. Both indoor and outdoor activities for a majority of children were found to add to their joy of being in the ECDE centres. Indoor activities which included counting numbers and mathematical activities were done either individually and in groups as indicated in *Fig 19* and *Fig 20*. The tasks which were done using materials from children's immediate environment alerted them to the importance of using what is available to tackle mathematical challenges. This was an important exercise in equipping these children with problem solving skills. Learning alphabetical letters and the ability to spell or write words in completion tasks, made many OVC very happy. The feelings of happiness as a result of competence achieved and acquisition of vital skills in basic numeracy and literacy were found to be of great importance in attaining foundational adaptive schooling behaviour for most OVC. This finding shows the importance of making most of the indoor activities for all children interesting which the OVC found to be gratifying.

Most of the OVC did not have any access to writing materials by the time they came to the ECDE centres. Some learnt to hold a pencil or crayon for the first time while at the centres. To begin with, the teachers taught pupils through recitals after which they would write vowels, numbers and consonants. At times they would mould them using plasticine and later use the same approach to complete class tasks of filling in gaps of missing letters in words or numbers. This was then transferred to writing whereby, children took every completed task to the teachers for affirmation and marking. The teacher by indicating a big tick on their books for those who got writings correct was complementing them before they were giving more complex task. This act of children taking their work to the teacher for assessment was a sign

of confidence in what they were able to achieve. The tick given by the teacher on their work was reinforcement to this achievement. Teachers displayed some of the children's work on the class walls in demarcated areas reserved as assessment corners after marking. This elevated their achievement to a level of sustenance since the children were able to compare and admire each other's work. The whole exercise served as a great confidence booster in children's own efforts in readiness their primary schools.

However, it should be noted that it took a while for some OVC to gain mastery of spellings correctly. As indicated in *figure-5-30*, the child was very happy for being able to draw and label his graphics. Although the child was able to verbally name the drawings correctly to the researcher, the spellings of the words showed that he was yet to gain mastery. However, his happiness was an indicator of how confident he was in his writing and was congratulated for a good trial to reinforce this attempt. As explained by the teacher, writing for the children has stages and that some OVC occasionally found it difficult to write correctly especially at the preschool level, more so, when they faced disruptions in their lives. This finding provides some insight on the cognition of OVC, and has implications for this group of children in a learning environment; which calls for patience, encouragement and more memorization skills for accuracy.

6.6.2 *Positive experiences outdoor class activities*

Outdoor activities which included playing on the swings, slides, skipping ropes, football and running around were found to be a fun time by a majority of the children. They all looked forward to these time slots in their class schedule, which was evident, as observed, from the way they shouted *break!* or *games!* or *P.E!*, whenever the bell rang for a change for these activities. When outdoor, most of them were physically engaged in activities, which was good for their psychomotor and skeletal development consequently harnessing the health. The OVC particularly benefitted from outdoor sessions since their general home environment was restrictive in space for such activities.

School or learning environment tends to have some form of magic on young children. As indicated in the findings, most OVC in this study found their ECDE environment to offer a happy experience. For example, in *Figure 5-20* and *Figure 5-21* of chapter 5, the children drew trees, birds flying, flowers and the sun smiling (shining) as things that made them happy while at the centres. They also cited aircrafts in their drawings as inspiration to those who

dreamt of being pilots someday. Exhibiting hope in this manner as was expressed by some of the children, who had a positive sero-status, was very profound. To these children there teachers who were perceived to be smartly dressed with long hairs, offered exemplary role models. It was observed that, army aircrafts would occasionally flying low near the schools on their way to a landing strip located close to the schools.

Teachers were central in facilitating positive feelings for a majority of children whenever they actively engaged with them in outdoor activities such as, skipping the ropes and playing with them. Such activities gave the OVC a sense of fulfilment and in conveying this joy; a majority expressed it in drawing forms of broad smiles or teeth on images of self to illustrate their happiness after their days at their ECDE centre as shown in *Figure 5-22* and *Figure 5-23* in chapter 5. All these perceptions of positive experiences in children's drawings, an indication that outweighed their lived challenges from home environment, on their journeys and even at ECDE centres. These made them remain positive and hopeful; attributes which are associated with resilience in children.

Outdoor play activities were threaded through most of the positive experience expressed by the children. For example, besides the class sessions and feeding indicated in *figure 5-29* of chapter 5 many play activities the child engaged in at the ECDE centre made her go home feeling as 'happy and as free as a bird'. This metaphoric expression shows the effect of play and socialization to some children. Play which is a great socialization agent in children is a fundamental requisite to all domains of childhood development which include physical, intellectual, biological social and emotional (Tranter & Malone, 2004).

The magic of OVC having all the play sessions they got, enabled them to not only have companionship but also lots of joy that were not easily available at their home. This enrichment in many aspects helped them in unwinding negativities they might have harboured as a result of difficulties of loss of parent/s, living with critically sick parents or themselves being positive sero-status children. This unwinding they experience on a daily basis within their centres' spaces is what gave them a bird-like freedom feeling at the end of their day as described in *figure 5-29,* which was something most of the OVC looked forward to each day at the centres. This supports Di Leo (2013) who noted that, children who use metaphors to express themselves or how they felt stretch the imagination of their experiences. Yet if the ECDE teachers could recognize this, they could add more value to the children's

experiences by making their engagement in activities as interesting as possible. In so doing, they could potentially help these children to live in the moment of more imagined positive experiences to overcome other prior negative exposures. As suggested by Joan Almon of Waldorf Education[39] and Hudson et al., (2015), play for children has psychological, emotional, social and creative gains such as: competences, appreciating others views, adhering to rules, manipulating their environment to suit them, cooperation, imagination, innovation empathy control of situations amongst many things. Children regardless of their statuses, have more opportunities to explore many skills in play.

It is common knowledge that, many urban schools in Kenya have limited spaces. It is no wonder that slum schools in Nairobi literally choke from overcrowding. However, the schools' playgrounds in the slum schools were found to be the busiest places unless there was rain or schools were on recess. This was because of their symbolic nature of providing multiple layered supports with more explicit meanings of how children positively felt about themselves as individuals and collectively as a group. In turn this developed in them a positive sense of play grounds as places and spaces they occupied and belonged (Tranter & Malone, 2004).

6.6.3 *Experiences of gendered activities as positive support*

Children of different ages may prefer to co-operate with others of their own gender or mixed gender in activities in schools. Gender in this regards means the boys and girls. This preference comes naturally especially in group settings, suggesting that, children can be encouraged to choose which groups of playmates they may wish to have as part of helping them to use their free will. But may also be as a result of the orientation children get from home. This encourages independence in the things they are so passionate about. However, the idea of gender patterning for some OVC was found to be suggestive of exposure to restrictions or possible abuse. Children were found to have not processed some of the associated emotions of abuse and not wanting to engage in activities with either boys or girls. Such children wanted a certain pattern of activities to be maintained in certain gender groupings for their own psychological wellness. This finding was important in showing that, consulting them on choice of activities could have been initially adopted as they got accustomed to operations in the ECDE centres and thereafter, they could be guided in

[39] *http://www.iaswece.org/waldorf_education/articles/education_toward_freedom.aspx*

associating with all other children regardless of gender. However, it may not always be easy for teachers to pick up such children unless they are engaged in conversations on gender and activities.

6.6.4 *Experiencing other children's guardians as a positive support*

The study revealed that some OVC found so much happiness in associating with non-orphans friends. The development of friendship between them and non-orphans or those who had guardians was gratifying in the sense that, they imagined having their parents in their guardians. As was expressed by one child in f*igure 5-27* in chapter 5, the father of his friend did not only epitomize his pride by association, but also raised his esteem. This was because that father was found to have always watched activities he participated in with his friend which included: singing, dancing, role playing and drama in big halls before an audience. For this orphan, his friend's parent was a father equivalent through watching his performances. This finding indicates that, orphans' imagination of a father or a mother figure in other children's parents can be termed as an inspirational factor with the potential of offering a buffer effect on their wellbeing. This finding confirms what was reported in studies conducted by Werner (2013) on buffer effects of surrogate figures in orphans' lives.

Singing, dancing and role play can also be associated with a boost in confidence, self-expression, emotional regulation and internalization of rules, team work and individuation, building stronger personalities, and general promotion of children's acumen. As was observed from the outdoor activities children engaged in, they sang with their teachers, clapped hands, snapped fingers, stamped their feet and had other body movements. This showed that they were able to understand what was communicated to them and responded appropriately to instructions in a coordinated way. All these activity had other potential benefits of building their muscle coordination, increasing their creativity, not only following instructions but also improving their memorization skills. The activities were joyously performed with none of the children receiving negative judgement. For OVC in ECDE program, it can therefore be concluded that, these activities not only provided very good motivators which enabled them to surmount their daily challenges, but also equipped them with feelings of happiness usually associated with resilience.

6.6.5 *Experiencing School Uniform and learning materials*

School uniform is a mark of identity for most school going children. However, for many OVC in sub-Saharan Africa, having a good pair of school uniform happens to be a very difficult scholastic item to attain (Embelton et al., 2014; Kalibala, 2012; Ruto et al., 2009). The study found that, the free primary education (FPE) programme which partnered with UNICEF assisted children of the slum areas within Nairobi County in providing uniforms especially for those in public primary school. Since the ECDE centres in this study were annexed and hosted by public primary schools, the OVC without uniforms were found to benefit from the 'left overs' uniforms supplied to primary pupils. It was reported that they got some oversized uniforms which they would later have them adjusted to fit them. Nevertheless, putting on new school uniforms enabled them to be identified with their centres and by extension the larger school community; which gave them a sense of pride, social image and psychological satisfaction. This helped in their retention rate in the schooling programme for a longer period. This finding supports several studies done in sub-Saharan Africa which indicated that lack of scholastic materials including school uniform and fee was responsible for the high dropout rate of most OVC affected by HIV/AIDS (Gregson et al, 2008, Kalibala, 2012; Ritcher, 2006). However, these studies focused on teenagers and not preschoolers. The present study also found out that, although the pre-school OVC had access to one set of uniform, it was not sufficient for their every school day use. This made their uniforms wear-off very fast. Still some would stay away if they got wet in the rain or dirt; which points towards a need of well thought out intervention measures to factor in more in the provision of uniform sets for the OVC both in ECDE centres and the larger primary school pupils within Nairobi slums.

Class teachers reported that, children in ECDE were required to pay a minimum fee for the stationery and other instructional materials. The children were aware of this but did not raise this issue as a risk or a disturbing experience for OVC which implies that, class teachers did not pressure OVC for the fee. Instead, what other children brought would be shared, giving the OVC an opportunity to be retained in the programme until the end of the year. This enabled them to be fully prepared and given an exit assessment in readiness for primary school. This finding concurs with a study done by Kendall and O'Gara (2007) on OVC schools in Kenya, Zimbabwe and Uganda where teacher, out of understanding the plight of such OVC looked the other way and allowed them to stay in school instead of sending them home for fee and school uniform. Since the exit assessment at this transitional class in

Kenya's ECDE was not necessarily a prerequisite for entry into primary school grade1, missing it was not a problem for the OVC. However, failure to be assessed at this level jeopardized their readiness. Thus, the action taken by teachers enabled them to participate in all the ECDE activities together with the rest of their peers giving all children they handled a head-start for their school readiness.

With the FPE programme, Kenya's primary school section of the public schools did not require pupils to pay any fee. However, as reported by the deputy head teachers, the ECDE sections of the school required a fee from all those they enrolled; an act which was discriminatory. Throughout the study sessions, the OVC never raised this as a vulnerability factor. This action of the class teachers was in itself also a buffer in cushioning the OVC in terms of safety, social and intellectual competences, psychological security, achievement of developmental milestones and all other forms of support for their wellbeing. The children were able to stay in the ECDE centres' stimulating environment together with their peers, where they learnt new things and got highly motivated in their lives. This finding in this study pointed towards the role of ECDE programmes in nurturing resilience in preschool OVC.

6.6.6 *Experiencing school tours and excursions*

Tour trips or excursions organized by the ECDE centres for children included travelling to animal parks, country side visits, churches, agricultural shows, amongst other places. This added to children's exciting outdoor experiences beyond the ECDE centres. This was particularly exciting moment for the OVC for it would *'uproot'* them from the slum environment and took them in other different forms of environment as expressed in *figure 5-31* in chapter 5. This way, they got to appreciate other new areas they had never been to and it widened their scope of knowledge of other places beyond their known environments (Clark & Moss, 2011). As one teacher observed, the children eagerly asked many questions whenever they were on the tours or trips, and this meant that they were learning more things. It also meant that they were able to experience things in an unfamiliar but natural environment away from the congestions experienced in the slums environment where they lived and went to school. Tranter and Maloney (2004) found outdoor environment to be very appealing to young children and reinforcing some of the information learnt in class. Thus suggesting that, tours gave the OVC new understanding beyond what was familiar, broadened their imagined scope of the society they lived in and giving them exposure to new

experiences which uniquely expanded their worlds as experienced by them during the journeys.

6.6.7 *Experiences of twins-OVC in ECDE centres*

The aim of the study was to explore the psychosocial support and wellbeing of OVC. However, findings on the two sets of twins as indicated in their drawings *figures 5-32* and *5-33* were a unique case of this group of OVC. Although initially it was not clear whether they were monozygotic or dizygotic twins, later inquiries suggested they were monozygotic. This was established from the manner of dressing which was used to differentiate them, and how similar they were in many aspects. The level of similarities between them was also reflected in their drawings: *figure 5-32* which expressed positive experiences and *figures 5-33* which expressed negative experiences. This similarity of twins' drawings is supported by a study by Arden et al., (2014) who looked at drawings of 4 year old 7,742 pairs of twins. The study revealed that, drawings from monozygotic or identical twins were more similar to one another than drawings from dizygotic or non-identical twin pairs as a result of the gene influence on their lives' experiences, intelligence and perceptions. In the case of this present study, the children experiences seemed to be more similar and therefore it can be concluded that, they were monozygotic twins.

For figure *5-23*, the twin girls' expressed experiences that made them happy at ECDE centres which were similar to other children's happy experiences. However, their drawings included compartmentalisation, which was indicative of the children processing their emotional experiences and operating in spaces that were not easily accessible. According to Cox (2005) compartmentalisation in children's drawings was associated with inhibitions. Thus suggesting that, this pair of twins faced difficulties in associating easily with other children in activities (Cox, 1998; Malchiodi, 2008). This might have affected their socialization and in such cases, teachers may require to offer these kinds of children similar psychosocial experiences for socialization in their ECDE centres. The twin boys on the other hand had mostly gang violence related activities in their drawings. This was also expressed by boys as expressed in earlier discussions. As observed, this was a worry trend in this study that most boys OVC mostly depicted their life-world with negative activities as opposed to girls who had more of positive experiences and features. Although very little is known about twins OVC in sub-Saharan Africa, more studies are needed on their psychosocial experiences and how various forms of support can be provided.

However, the slight variations in the sets of the twin drawings show how twins may differ in their own unique individuality. It could be argued that each set of twins shared the same environment and similar genes to experience and perceive things in a similar way. Although this finding was as unique as it related to these two sets of twins, their experiences were not particularly unique or different to what other OVC in the ECDE centres expressed. Thus suggesting that, the experiences of OVC in the slum areas cut across all groups of children be they twins or singletons. This particular finding is very important in informing support service to twin OVC.

6.7 Positive experiences of children with a positive sero status

Being at the ECDE centre was everything some of the OVC with a positive sero-status hoped for and highly regarded. There was a possibility that, some experienced forms of restrictions in their freedoms while at home, which was not the case at their ECDE centres. However, the study found that, children with positive sero status cited most of the things they did at the centre to have given them a positive experience. *Figure 5-24* a drawing of one of the boys indicated his friend and his teacher as the major pillars in the ECDE centre. He drew himself and his friend in all the activities he was engaged in. Although his centre was having many children, they did not feature in the drawing, showing how significant friends and teachers are to this group of children. The opportunity for this child to tell his story as expressed in his graphic presentation was an empowering moment for him. This was evident in the way he leapt with joy after he finished narrating the story of his drawing. This begs the questions; how many of the preschool positive sero-statuses children have been given an opportunity to express their lived experiences of their learning environment? Since there is little known about their needs and challenges in Kenya, there is more that can be learnt from them in order to facilitate their management in a learning environment, while ensuring their wellbeing. This finding is a powerful contribution of this study and a position that informs the ECDE practitioners in planning for, and providing relevant supportive services to positive sero-status children in their institutions.

6.8 Children's level of awareness of promotional experiences

Conversational interviews play a major role in gaining the OVC's trust. Although they were not given in the standard way of enclosed spaces, the children participated in choosing where

they could ‘tell’ the researcher ‘something’. This was very interesting for they each had something to tell concerning their experiences and being in the ECDE indicating a high level of awareness what surrounded them. Interestingly they had many positive things to tell as is presented and discussed in the following sub-sections.

6.8.1 *Awareness of happiness as a promotional experience in the ECDE centre*

Happiness is a concept associated with children’s wellbeing. In this study, happiness was found to be a very important experience for the OVC as brought up in the conversations, drawings and their narratives. This was as a result of all activities they engaged in and what they received at the centres as expressed in all their responses to what they liked. Happiness as a finding that enhances OVC wellbeing support some works in literature where happiness in learning environment was found to be associated with mental as well as subjective wellbeing, and generally favourable to quality of life (Lyubomisrsky, 2005; Nagel, 2014) . In another study carried out on 12 year old Finnish children by Malnivaara (2012), social relations were found to be the major underlying factor of children’s happiness in learning environment. Also as suggested by Holder and Cleman, in Demir (2015), happiness even when it is imaginary has a profound effect on children. Being such a promotional factor to the wellbeing of OVC as deduced from their responses, being aware and understanding their happiness and its contribution from their perspective, was important in fostering positive emotions in them. However, further research on subjective experiences of happiness to OVC on a larger scale is required to ascertain its promotional effect.

6.8.2 *Awareness that ECDE centres were places that offers promotional experience*

Children acknowledged that the ECDE centres were different from their homes. To them these were places where ‘they felt they were children’, which implied that they did not to feel like that when at home. It is common knowledge that children naturally love learning environment unless they are exposed to traumatising experiences. This may be as a result of the activities they were engaged in and as one child mentioned, there were many household chores. Implying that, being home meant lots of work and no peace. The meaning of peace as used by the child in this regard was ladened with a lot of emotions, implying that children were tormented by the chores they had at home. It was not surprising that this sentiment was shared by girls. Girl children in most communities in Kenya are usually burdened with responsibilities of domestic chores at a very early time in life, which denies them peace and joy of being children. This view was supported by the teachers who reported that, some start

fending for themselves as early as four years old due to the critical illnesses of their mothers. Thus to the children, ECDE centres were spaces where no heavy responsibilities were placed on them.

The children were aware that friendship was a very attractive aspect of their ECDE centres. As mentioned earlier, friendship was very important in creating lasting bonds; social, emotional and psychological support. Friendship amongst young children is innocent and non-discriminatory thus promoting positive attitudes in all children. For some in this study, a friend was one they could share with their 'stories' and confide in. This was indicative of high trust levels which had been created between them. Trust in young children is very important especially in groups such as the OVC because of the stigma and probably discrimination the face from time to time. This finding indicated that, this awareness made them feel appreciated as individuals and gave them a sense of psychological security.

Children were aware that, excelling in class by being number one was a very good performance. It was a strong aspect some of the OVC prided in. The ECDE programme in Kenya advocates for holistic developmental tasks which provide opportunities for the child to achieve them at different levels. When translated at the class level, those who excelled were rewarded with a congratulatory remark in the presence of their peers which elevated their recognition for their good effort. This recognition is an important contributory aspect in building children's self-esteem and self-efficacy. This made those OVC who excelled to have a high psychological status and as one teacher mentioned, it made them keener in learning activities and did not want to disappoint either the teachers or their peers. Consequently, these built in the OVC a reservoir of positive feelings which are essential for competences and positive adjustments.

6.8.3 *OVC's awareness of self and their future dreams as promotional to self-motivation*

Every young child has hopes and aspirations for their future life. The OVC clearly expressed what they dreamt of becoming in future in various images of their would-be-adult lives. This was an indication of their levels of awareness and the motivation as to the choices of would be profession in their adulthood. These included being a police service person to protect people, doctor to take care of the sick, to be a professional knowledgeable in many things and to excel in school in order to make parents happy wherever they were (this included those parents who were deceased). Although some of their choices had to do with experience in

their lives, for example a stray bullet killing Jay's sick mother the reason he wanted to be a police officer, another explanation for these images is the hopeful state the children were in as a result of being in the ECDE centre environment. The fact that learning in the ECDE centres enabled these children to deepen their understanding and have hope to be all these images they dreamt of, was indicative of positive perceptions they had acquired of themselves. The chances they had to become, and the support they got for their dreams to be whoever they wanted to be could only be possible if their awareness was heightened. Having such images was transformative in many aspects of their lives. This finding is supported by the works of Olwig & Gullov (2013) who suggested that, once children are in the learning system, they become more aware and have great visions for their future lives. This profound revelation is important for deepening awareness, nurturing hopes, aspirations and talents of OVC regardless of their positive sero-status or status of orphanhood. Teachers together with guardians and caregivers can tap into this aspect to ensure that, OVC dreams and hopes are kept alive although there may be a possibility of them changing over time as awareness deepen and maturation sets in potentially maintaining positive psychological adjustments.

6.8.4 *OVC awareness of their ECDE teachers support*

Teachers were found by a majority of OVC to be an important factor in the lives at the ECDE centres. However, it cut across in some children to have both negative and positive perceptions as was revealed from their conversations. Those who perceived them negatively mentioned that the teachers were strict. They were aware they had been disciplined for mistakes made to which they considered as punishment. This understanding was important in correctional approaches and adjustments. According to the Canadian Paediatric Society (2004), pre-schoolers at the onset of enrolment have not yet internalized all the rules in their learning centres and therefore, judgement or discipline for breaking them is commonly unpleasant. Teachers on their part can exercise a lot of patience when offering support for learning or good behaviour models in which children have to fit their own behaviours. In all these, the supervision of 'acceptable' behaviours is also necessary. The study found that, teachers handled large numbers of children in their classes which was overwhelming to offer individualized supervision. However, their awareness that they need to be 'disciplined' and by being errant would earn them some form of punishment was crucial for class control.

For a majority who were full of praise for their teachers, spoke of the positive things they did for them. These included their teachers being their confidants to talk to when the fear of their

parental sickness crept in them. Those afraid that their parents would die and had help-seeking behaviours approached their teachers who gave them reassurance that calmed them. This confirms that, even as young as they were, they were aware that they underwent a lot of distress whenever primary caregivers were critically ill from the effects of AIDS and that their teachers could listen to them without judging them. This finding also shows these children were aware they lacked people to talk to in their home environment and considering that in Kenya's urban areas, school going children spent most of their time with teachers. Therefore, by children knowing that teachers play a crucial role in offering 'listening' support was important in reassuring then and facilitating their psychological adjustments.

Some OVC lacked the help seeking behaviours especially when they felt aggrieved because they were not made aware of approaching teachers when they were experiencing stress. They perceived that, their teacher needed to ask them what they were experiencing. Without which, they would endure pain and bottle-up their negative experience. This was because the children could perceive discriminated against by others which inflicted a stigma on their persons. This kind of approach as one child mentioned had the potential of making them stressed and resentful. Consequently, it could also contribute to the children's negative attitude to others and their teachers if no awareness was created. This finding is important in calling for equipping OVC early with desirable behaviour pattern formation, free expression and confidence to handle challenges they face in ECDE centres.

It is important for children who are ill and are in the ECDE centres to feel well accommodated. Children in this study used images of their teacher in a practical manner to reiterate their awareness of the vital role these teachers played in their lives at the centres. For example children mentioned teachers to have helped in giving medicine to sick friends to be well again, teachers carrying then their backs when they were going home and some feeling that their teachers treated them as their own children. To these children, they perceived their teachers as taking up surrogate role of motherly caring services. This awareness was important to them children because their teachers' care gave them psychological stability. Through such support, children did not miss the company and fellowship of their friend unlike when they had to be away for one reason or another. This assured them of their childhood friendship and continuous interaction and participation were important elements to the wellbeing of the OVC.

It was not uncommon for teachers to dispense medication to children in Kenya's schooling systems. In well-established private institutions, paramedical personnel are employed to assist in this area. However, in Nairobi's public primary schools, it is expected that any child who falls sick while at school should be taken to the nearest medical facility for assessment before parents/guardians are called for other options in cases of referral. Due to the busy lives of the residents of Nairobi County, most parents/guardians of this group of children find ECDE centres an alternative day care centre, and as some teachers reported, some parents/guardians neglected the OVC. That explained why when the children fell sick at home, they would still end up at their ECDE centres consequently requiring the care of their teachers. It should also be noted that children who cope with illnesses including HIV/AIDS, have emotional, social and psychological challenges. By them being in already overstretched ECDE centres meant that the teachers' responsibilities were heavier since they had to pay extra attention to these children. Although one would argue that the children benefitted from being with others and children understood it that way, the risks were potentially dire to the wellbeing of other children. However, only few cases of this nature were reported in this study.

The action of the teacher singling out the talented children and giving them an opportunity to exploit their talents through responsibilities was in line with the ECDE policy of developing all children in a holistic way. These OVC were aware of their capabilities that earned those responsibilities, and they took a lot of pride in this recognition. To them, this was indicative of being favoured to add more skills and be more resourcefulness which elevated their self-esteem and confidence amongst their peers. This was a very crucial action by the teachers in building stronger characters in this group of children.

OVC who had household members who were ill were aware of their critical state, which made them fearful and anxious. The study found that teachers were the adults OVC in ECDE centres had access to and whom they could trust them over others but only if relationships between them were cordial. The children appreciated the time they talked to their teacher about their emotional complexities concerning their sick households and how that bothered them. There was however a danger of some not being aware and therefore not being able to share their difficulties with the teacher, which put them at higher risk of withdrawal behaviours and isolation. This lack of awareness had the potential of adversely affected their general wellbeing. To avoid such cases, all children needed to be made aware at the earliest opportune time during their enrolment into the ECDE programme that, they could always go

to their teachers when they had issues that made them sad or unhappy. Confidence has to be inculcated in such children and through practice; they can freely express their feelings to their teachers. In cases where there may be conflicts, the teachers need to have a way of resolving them.

6.8.5 *Child-to-child, teacher-to-child and child-to-teacher-to-parent relationships*

Healthy development and resilience in children depends on relationships children have both at home and out of their home environment. In this study, the children were aware of the nature of relationships they had. Child-to-child relationships were found to be very supportive and important for age related connectedness in ECDE centres. This facilitated psycho-emotional stability which was extended outside their centres. The study found out that the older children in the primary school who supported the positive sero-status children in the ECDE centre extended the same help to their homes where they had to help them with homework, tidying and prepare for the following school day, while offering companionship. Besides this, they shared experiences of how to uphold good morals and be responsible. This mentorship was essential in offering guidance. At their level, the younger child would be free to relate to what they experienced in learning environment to the home environment with ease.

The study findings also showed that, older children in the primary school section helped carry some of the young OVC on their backs or shoulders to the centres and during lunch breaks would check on them to find out if they had eaten some food or not. Sometimes they would bring their own food to eat together with them. This habit was encouraged by the schools to help the ECDE teachers in monitoring the eating habits of the children. This was because, younger children could not easily be aware or understand themselves when changes occurred in them; and with the large class numbers, the teachers could also not instantly pick up changes that needed their attention. Alternatively, their peers in the ECDE section could also inform the older children if there concerns with their colleagues. These report backs to older children was particularly important especially for those who were sickly. There were cases when those on ‘medication’ had to tell a friend to remind the teacher when it was time to take their medication. This finding illustrates how the children would still enjoy their time with others in school regardless of their health status as long as they were not critically ill, indicating their level of awareness of their health challenges and that of their friends. This

kind of approach if well managed could see many of the positive sero-status children achieve their developmental milestones alongside other children in a learning environment.

Conway (2005) outlined the reason there is need for support for the positive sero-status children in learning environment which include:

- Learning centres being an integral part of a child's life
- Learning centres having the potential of providing support, caring environment and staff that can play surrogacy role.
- The staff, if well trained, knowing how to react of such children with sensitivity to avoid stereotypical and prejudicial tendencies.

These provide possibilities of protecting the affected children and giving them many more opportunities in life. As part of their life long experiences with HIV positive sero-status, this can be considered 'a window of hope' (Cooper et al., 2009). In the ECDE centres, children awareness of others was found to be supportive emotionally as well as educationally making the ECDE centres friendly environment.

Playgrounds are special places for development of the physical strength and stamina for all children. However, not all children have the same form of energies to be expended on the playgrounds. The study found out that, when out on the playgrounds, some children were keen on knowing the temperaments of their peers who were not engaging with them in their games; and for those who were sick any changes that warranted the attention of the teachers were picked up by their peers. If they were found to be in distress, the older children who had been advised to report such cases to the ECDE teachers took the necessary action to find out what was the problem and helped in whatever way they could. This included the teachers calling their primary caregivers to take the sick to hospital or home. This caring and supportive concern for those who were sick by peers shows how children-to-children compassion assisted teachers in handling the OVC. As was also observed, whenever there was any child in distress, others would bring him/her to their teacher and reported that he or she was not happy. This was very profound in ensuring that children were able to make prediction of their peer's emotional wellbeing. It is therefore possible for the ECDE children to be taught to become more aware of their peers' changes in temperaments or health difficulties and to report the same to responsible adults they know for action. Their knowledge of this could enable safe interactions, make them conscientious, mindful and to

continuously have a rapport with other children and their teachers sustained throughout their stay at the ECDE centres.

Involvement of parents or primary caregivers in the lives of their children affected by HIV/AIDS at the ECDE centres was very important in sustaining their wellbeing away from their home environment. The study found out that, children were aware of the relationships which existed between child-to-teacher-to-parent/guardian for they were emotionally healthy for their being in the centres. This enabled sharing of vital information which ensured there were healthy psychosocial adjustments for the children. As revealed, one child believed that the teacher was her mother's friend and that was why she received personalized attention from her. This awareness gave her psychological security and strengthened the bond between her and her teacher. Children also expressed happiness whenever their teachers would call their parents or primary caregivers or even ask older children from orphanages to take those who unwell to their 'homes' whenever the need arose. This was because public ECDE centres lacked resting places for children or health personnel to attend to their needs.

Child-to-child, child-to-teacher and child-to-teacher-to-caregiver relationships were very important findings in this study for they were found to bolster resilience nurturance in young positive sero-status children, orphans and those made vulnerable due to HIV/AIDS. These kinds of relationships have the potential to make the OVC to feel cared for, loved and meaningfully engaged in educational activities consequently adding value to their general health. Thus, teacher-child-parent cordial relationships are crucial for the children's holistic support.

Although disclosure for the group of children in this study was found not to have been made to those with positive sero- status, with the support they received these children could participate in most of the school activities. Implying that, once medical needs and educational needs are catered for and with the caregivers sharing information, ECDE centres can beneficiate children with positive sero status. For instance, disclosure of children's HIV infection in US was found to enable these kinds of children to attend learning institutions with full support of peers and teacher (S.J. Chanock. in Zeichner & Read, 2005). This reiterates the need to place practices of disclosure of HIV positive sero-status children in school statutes so that information can be properly shared between parents/guardians and teachers to protect this group of children. However, at the time of this study, this was not the

cases for the Kenyan educational system at the ECDE level since there were no comprehensive policy guidelines regarding younger children with HIV or AIDS status in learning institutions. It was also not clear which age was appropriate for children to be informed of their statuses if they are living with HIV.

6.8.6 *Awareness of maternal deprivation as a psychosocial difficulty*

When orphaned children are taken into foster care by blood relatives, they are expected to be cushioned against major vulnerabilities in their growth and development. It is uncommon to find children who have both parents to feel 'orphaned' especially when the family is fostering orphans. However, the study found one of the participants who was aware that, by the family adopting twin cousins into foster care, was adversely affecting him. This set of twin cousins were themselves with a positive sero status. The child stated that his adopted twin cousins were at the time of this study five months old which meant that most of the attention had been shifted to them. This made him an 'orphan' as a result of being maternally deprived. He was also aware that he suffered neglect and as a result was in distress which was quite evident through the tears that welled up in his eyes as he narrated his experience to the researcher and his teacher. He claimed that the twin cousins' endless cries and being sickly with wounds all over their bodies, which at times required frequent hospital visits, denied him the much needed attention from his mother. This made him feel alone and depressed.

Such children may suffer emotional and psychological disconnect with their biological mothers. This kind of situation in young children can potentially cause poor mental health, consequently putting them at risk of degenerating into resentment and general anxieties. Such psychosocial distress was evident in the behaviour of this particular child in the study and as reported by the class teacher. It was reported he initially reported used to be very active but due to the situation at home, the teacher noted he had started showing signs of withdrawal. At the time of the study, it was reported that his functions had deteriorated to the extent of stuttering contrary to his earlier behaviour at the time of enrolment. Although literature mentions the adoption of orphans and the stigma the HIV infected children face when taken into foster care amongst relatives (Foster & Williamson 2000; Kalibala, 2012; Kamali et al., 1996); there is scantiness of information in research literature reported on the effects of adopting positive sero-status paediatrics into families and the psychological effects on younger children in host families. The teacher reported how it was not possible for the affected child to be easily identified, but when changes in his behaviour were noted, she

consulted the mother out of concern. This was when she became aware of the circumstances surrounding the child. Therefore, unless ECDE teachers probe into behaviours exhibited by children who seem to be at risk of psychological malfunction, they may not be easily identified for support. Awareness of children's plight had the advantage of having higher possibilities of them being picked up for psychosocial support. Consequently, they can be helped to cope with a majority of their challenges of living with critically ill family members. This in turn can nurture their resilience and sustain their wellness in a learning environment.

6.9 Teachers awareness of OVC challenges and support offered

The need for awareness and to offer OVC psychosocial support in learning institutions is not in contestation. The qualitative findings from the teachers provided insights into their awareness of the OVC needs, the psychosocial support they offered and partnership they had to create with stakeholders to bridge the children's needs and to ensure their wellbeing

6.9.1 *Awareness and identification of the PSS concerns of the OVC*

Stigma was found to be a major impediment to access full information concerning the OVC on admission to the ECDE centres. The study found out that it was difficult for teachers to immediately know all the characteristics of the children they were admitting into their classes. It took a while before some of the information concerning their orphanhood or positive sero-status came to their awareness. This was because disclosure of orphanhood or HIV status is not a criterion for admission of children into public learning institutions in Kenya. Since the catchment area for the ECDE children was known for high HIV/AIDS prevalence, the teachers speculate before they got reasons to call caregivers of the children they suspected to be having difficulties for further information and clarification. The study shows that a few of the primary caregivers who were courageous disclosed the status of the children and this helped put the teacher into perspective. However, where there was non-disclosure, teachers became aware of OVC statuses through: frequent absenteeism, withdrawal of children from the centres, fears and anxieties, visible symptoms of sicknesses, emergency hospital cases, general fatigue, children coming to school with special diet, torn uniforms and siblings telling the teacher when asked. Some of these factors are consistent with earlier studies carried out with older children in sub-Saharan Africa (Kalibala, 2012; Nyambedha, 2003; Nyamukapa et al., 2008; Skovdal, 2010).

There were some cases of primary caregivers requesting teacher to have the orphanhood or HIV status of their children kept a secret after intimating to them, mainly out of some form of guilt. They feared that the children's peers may know and further stigmatize them. However, Chanock in Zeinchner & Read (2005) who studied children with positive sero-status in schools within the U.S.A is of the view that, when school community is aware of children's statuses, they are cared for with full support. This was after he found out that, it was more beneficial to disclose the status of the children than not to. However, this was not the case in Kenya. The public ECDE centres lacked enough personnel to address such a monumental issue. In addition, the policy provision have not been strengthened enough to allow disclosure and cater for this group of children at this level. Teachers on their part have to use their natural intuition to handle such cases as they present themselves. For example, some teachers had to accompany children to health facilities where they learnt of the children's statuses and volunteered to do some disclosure to them. Thereafter, they would liaise with primary caregivers concerning the situation. This support was essential in reassuring and augmenting the structures around the child for proper care.

6.9.2 *Lack of kinship ties, seclusion, rejection, and teachers' surrogate role*

Understanding the ECDE OVC ties with kinship and relationships they had was important in the support services. The study found out that if a majority of the OVC lacked strong kinship ties, suffered rejection, and those who stayed with kinship were secluded by the members. The primary reasons for these experiences as reported by the teachers were due to some of the children intimating to them that they were being seen as burdens to the already constrained families. As a result, these children felt different from others. The only place they felt accepted with no major conditions was at the ECDE centres after enrolment. Being aware and understanding this aspect of OVC lives was important for teachers to handle it with sensitivity so as not to re-traumatize them. For example, some of the children had a continuous trauma as a result of threats of deaths, physical abuses over their lives besides the rejection they experienced from relatives. One teacher observed that, this potentially gave these children excessive fear and negative feelings against their kinship. In such circumstances, these children potentially end up with perpetual internalized vulnerability.

Acknowledging the sensitivity of these children meant that, teachers had to be creative when discussing about family matters during class sessions. An observation made revealed that in centre 1, one major area children had to handle was to draw and write a composition or poem

about their families. The children would then talk about what they had written. Centre 2 had the family corner display on the wall of the classroom. There, they displayed pictures of different family members in different contexts such as at home, a sick child with parents in hospital, a sick adult in hospital with family members around him or a child with the doctor. These drawings helped children stretch their imaginations as far as the idea of family was concerned and with regards to sickness of family members including themselves. It was a way of deciphering the mystery of sickness to children or sick family members.

In order to help the OVC during discussions on family, a teacher who was aware of the vulnerability of some children in one of the centres reported that, she had to devise a mental family for them especially whenever they asked questions on families. She told them that, even after the parents 'going to be with God', they had a special family where God was their 'father' and the lady teachers were their 'mothers'. She reported that this enabled these children to feel accepted and that they belonged to God and their teachers. This was very important in helping these children to have hope and belief in their own imagined 'family' and future. And as expressed by *Mrs Adlan,* this formed an 'umbrella' that offered a canopy to 'shelter' them from harsh realities of life. This finding has great significance on the promotion of OVC resilience and helping them to move forward with their lives.

Understanding OVC statuses and their connectedness is important in enabling them gain access to services that can improve their wellbeing. The study found out that some of the children did not have reliable childhood networks and connectedness. That is why when the centres were on recess from the normal school terms, the children lacked safe places to go to. They were unable to visit friends unless they had invitations. They envied those who were connected to other significant people who cared for them especially for those who lived in orphanages. For those who had connections with significant people in their lives, this gave them a sense of balance and restoration on their OVC statuses.

Teachers in this study felt that, the neglect and discrimination OVC in their classes reported, had far reaching repercussions on the construction of their identity, sense of security, warmth and stability. The study revealed that even those who had tried to get connected either to the filial figures or people they knew, the children were kept at bay, isolated, experienced abuse which included threats, physical and sexual abuse. It was also reported that, some of the primary caregivers had abdicated their role of caring for both the sick children and the

orphaned. Although teachers were aware, it shows how difficult their role was in holding kinship responsible over their custodial roles. These findings revealed some of the struggles both the teachers and the affected OVC underwent with little ability to hold custodial figures to account when they abdicated their duties of caring for the children. Teachers were of the opinion that, such OVC needed people they could trust and identify with.

6.9.3 *Teachers' perceptions of psychosocial support they extended to OVC*

Teachers support extended to OVC in their centres was done to ensure they were as close as they could to them and to help the OVC view themselves in the same lenses as the other children. The support came in various forms which included material support, security, scholastic support, health support, friendship, confidence and listening to the children among others which are discussed in the following subsections.

6.9.3.1 Material needs

The study found out that, background of most of the OVC was intertwined with poverty. Thus, most of their scholastic requirements for their ECDE were a challenge. Even so, it was essential that the children do not face further discrimination in the centres through demands for class materials besides the levies they were required to pay. Out the wisdom of class teachers, all the materials brought by the rest of the children were pooled together and were shared during class time. This allowed for a head start for all children, a situation the OVC used to exploit their potential in class without feeling different from the rest of the children. As mentioned earlier, although the Kenyan government worked with partners to provide some materials for school children in the slum schools, they basically targeted the public primary section leaving out ECDE children who get the left-over due to policies, administrative and logistical issues. This was because at the time of this study, ECDE programme had not been entrenched into the mainstream public education programme and therefore could not benefit directly from the FPE supplies.

Although the county governments are charged with the responsibility of taking care of ECDE centres, the primary schools worked with other stakeholders and business communities in Nairobi County to offer support in scholastic materials for the children. Material support is vital for retention of OVC in learning institutions. For example, OVC in preselected school in Uganda where material support in terms of school fees, uniform, shoes, school bags, books

and pencils were supplied every school term, were found to be encouraged to stay in school (Alamo et al., 2014). This study found out that, it was also easier for the children to be visited by a social worker and health worker within schools because they could be located in were specific schools; and follow-ups extended at home for personalized attention. This was because homes for the OVC kept on changing and it was not easy to locate them there. However, according to teachers in the present study, the social workers only dealt with those OVC who were found to be in a family set-up and in primary schools only. This was made possible only when and if the teachers alerted them on serious issues that affected the children; a situation which left out those OVC who were not in a family setting, or not in ECDE programmes. Addressing OVC issues this way was also particularly challenging for the children who did not have close family ties or lived in orphanages.

Nevertheless, all OVC in ECDE benefited from the scholastic materials others brought and school uniforms supplied for FPE programme with the teacher facilitating to accommodate them without discrimination. This call for a review on policies that handle the operations of social workers in slum communities to ensure all OVC wellness support can be harnessed through their services regardless of age or family settings.

6.9.3.2 Security

Children were thought to be safe in the precincts of their ECDE centre environment. Once OVC get to their centres in the morning at 08h00, they could only leave at 13h00 in the afternoon for those who have parent/s or guardians, or had to wait to go home with the bigger children from the primary section after 16h00 in the afternoon. This way, the OVC safety and security were guaranteed. As observed, most of those who were not collected at 13h00 included the OVC. While at the centres in the afternoon, they benefitted from remedial activities as well as having supervised play sessions. In addition, coming to the centre regularly as revealed by the teachers seemed to be the most appealing thing to OVC. Besides safety and security, these children could be easily accounted for and engaged productively; thus keeping them from exposure to dangers that young children in the slums of Nairobi were prone to such as fire tragedies, early recruitment into crime, kidnapping and other forms of abuse.

6.9.3.3 Classroom support

Class sessions in the centres were the most intense sessions of ECDE centre activities which involved completion of writing tasks, reading, modelling using plasticine, choral responses to what the teacher taught and listen or watching others complete tasks among others. There were class schedule which were used to guide teachers and children on these activities. However, there were times children also participated in determining what was to be covered. Teachers used their discretional measures to go along with the children's preferences as prevailing circumstances demanded. Depending on the different levels of difficulties they faced in various tasks, the teacher would have varied learning activities at the same time. This approach seemed to encourage all children to be part of what they were learning. The teachers were also privy to their own output and how the children received their teaching. As observed, they could negotiate the learning schedule with the children every morning at the start of the day in class. All these helped in making sure that all children stayed interested throughout the learning activities during class sessions. Those with difficulties were identified and helped by using their peers or songs with mnemonics, thus stimulating their competences in a variety of ways, ensuring they were not lagging behind.

Participation of children in choosing learning activities was promotional in terms of psychological approach to the chosen activities and this potentially gave the OVC autonomy, at the same time allowing their teachers to be natural facilitators. Responses from peer to those who answer questions in class in form of praise or encouragement provided boosters to self-belief and motivated of those OVC who had difficulties in class activities to do better. This accounted for their daily achievement of tasks on a regular basis and created motivation to continue striving to excel. The teacher on knowing which tasks were challenging as was observed would weigh on who were likely to answer correctly while those who were unable were still congratulated. This approach sought the active participation of a majority of children who potentially felt accommodated in class activities.

For those who had memory lapses due to traumatic experiences at home had the backing of peers to help them through group activities in areas of difficulties. This peers support in class was very helpful since the children could converse in their lingua and at the same levels in explaining the tasks. Notably, it was reported that, the difficulty of memory lapses was found mostly in boys. Although there was no explanation for this phenomenon, more studies may be required to establish the reason why boys were more susceptible to such a challenge.

However, one approach the teacher used to help the struggling children was singing. Music and singing are believed to give children energy, power and sets them free through enjoyment. Music was found to enhance cognitive performance in Japanese kindergarteners who were able to draw creatively after listening to classical Mozart; while at the same time it was also found to create mood arousal and achievement in given tasks (Schellenberg et al., 2007). Hallam (2010) also observed that, musical experiences enhance processing of information in children and has great impact on language development especially the phonological skills, mathematical performances, creativity amongst others. By the ECDE teacher engaging children in song and dance to help those OVC who experienced memory lapses in class, they reinforced the content learnt, enhanced information processes and cognitive performances besides making learning enjoyable for the children.

6.9.3.4 Health Concerns

Health is an important aspect of all growing children, and that is why the ECDE teachers attempted to assess the condition of children on a daily basis as they entered their classes through greetings. Some who were bolder would state there wellness status – that they were not very well that day or they had to miss coming to the centre in the previous days if they had been sick. Others would state they did not sleep well because of noise, neighbour's house burnt or even a friend did not come to school. This was a very informative way of self-reporting and placing the teacher in the know. Although some children were prone to sicknesses common phenomena in the slum areas of Nairobi which included malaria, diarrhoea, worm infestation, typhoid, malnutrition, common colds; this study found that some OVC were also sexually abused thus affecting both their physical and psychological health. As one teacher reported, many of the cases were found to involve people well known to the children, which was even more traumatic. As a result, it was not easy to know these abuses out of children's feelings of shame; and unless there was a problem for a teacher to take note of signs such as withdrawn and smelly odour, as was reported, some cases would go on undetected for a long time.

Although matters of sexual abuse that affected young OVC required child protection measures, it was found to be very difficult to achieve this once the cases were handed over to area administrative officers and social workers. Teachers claimed their involvement was

limited and as earlier stated; it was not always easy to make a follow up on the matter due to fears over their own safety in slum areas. Consequently, some children reported to be gagged from giving more information to teachers or even withdrawn from their schools. As revealed by *ANPPCAN,*[40] sexually abused children were in most cases transferred or taken to rural homes to defeat the ends of justice, more especially when the perpetrators of these crimes involved family members. Other sexual abuse cases were taken up by social workers but due to lack of witnesses or interferences, few were conclusively dealt with. Which meant that child protection in slums still remains a big challenge and more research needs to be done in this area to determine how best to address this issue.

Primary caregivers were found to endanger the lives of the children who were living with HIV. Irresponsible caregivers would not share information about the child's health condition and when they would be requested to come to school upon teachers requiring them to take sick children for medical care; they would fail to come. This saw some of the teachers volunteer to take the OVC to health facilities and it would surprise them to learn the sero-status of the children. One of the teachers stated, she had to stay through the clinic awareness classes for the sake of the child. She however complained that, most people at the clinic were adults and used a language which was way above that of children. Even when explaining things to the child, this could not be easily comprehended especially when it came to disclosure of his sickness. This calls for language that is sensitive to younger children at the health facilities to cater for their needs and understanding. By grouping them together with adults and using adult language in passing information was insensitive. It was also uncommon to find teachers taking the children to health facilities unless in cases of emergency. However, the findings demonstrate how teachers supported the health of sick children when the caregivers were unable to do so.

Teachers felt that the knowledge of the OVC's health was as important to them as it would have been to any other person who cares for these children; more importantly for the children who are abused, and knowing their whereabouts. They also felt frustrated when it came to

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[40] http://www.anppcan.org/node/99 - *ANPPCAN (AFRICAN NETWORK THE PREVENTION AND PROTECTION OF CHILD ABUSE AND NEGLECT) NEWSLETTER*- REDUCING VAC, SEXUAL EXPLOITATION OF CHILDREN IN KENYA: gives an account of child abuse by people known to the children in slums of Nairobi County.

irresponsible primary caregivers of children who were positive sero-status. More especially when they failed to respond to the calls for discussions on how their children needed to be taken care of in the centres. Teachers were found to happily participate in the care of the OVC who needed to take their medication while at the centres with the consent of the caregivers and the children themselves. This was an indication that, despite their heavy workload, they were dedicated to the wellbeing of the children they handled. The children on the other hand would remind their teachers when it was time to take their medication and when they were unable to cope. Thereby taking charge of their healthcare and doing some self-monitoring too. Although this practice may not be encouraged since teachers are not health professionals and have no legal protection should anything go wrong; in the absence of such professionals in public ECDE centres, the teachers took up multiple roles to keep the positive sero-status children in the schooling system. This therefore calls for their training in basic health skill particularly for handling HIV/AIDS affected children.

6.9.3.5 Nutritional support for the OVC

Young children need balanced nutritional diet for their healthy development. Teachers' acknowledgement that many of the OVC were at risk of malnutrition showed how the feeding programme was central to the children's nutritional wellbeing. However, what the centres provided was found to be very basic except for Centre 2 which had improved nutri-feed for her ECDE children. Centre 1 provided to the younger children the same food that was given to the older children throughout the week which made it hard for some of the younger children to enjoy their meals. This compelled some parents or guardians to pack some supplement nutri-feed when they had the means to. The study showed that, teachers offered to support those OVC who came to the centres hungry and having had nothing to eat the previous day. This was contrary to expectations but as one teacher put it, *"it was not the children's wish to be orphaned…so I look for how to help"*. It could be argued that, since these were public ECDE centres, it was the responsibility of the government to make sure that all children were well fed and taken care of. However, this was not the case. Most OVC came to school without breakfast. Therefore, it is the recommendation of this study that, ECDE centres in the slum areas add breakfast to their feeding programme for children to be energetic at the start of their day. This potentially ensures that all children have a good start, thus improving their nutritional and physical wellness to survive their day in school.

Furthermore, the OVC cited nutritional support as a good experience, which was indicated through the drawings of cups and plates full of food as shown in *figures 5-20, 5-21, 5-22* and *5-23* of chapter 5. For some OVC, this was the only time they got a decent meal in their day at school, implying that nutrition was a big challenge if they were to be out of their ECDE centres. In light of all these, psychosocial support seemed to be available in various forms of teachers sharing food and the wellbeing of OVC at their level of development was therefore attained to a degree.

The study also found out that, although the public schools in the slums partnered with WFP and Save the Children Fund to supplement other efforts from business partners and NGO, still the nutritional support seemed inadequate in the sampled centres for study. This was because the feeding programme was also subject to availability of funds to support the many school children in the slum areas of Nairobi County. Such were the uncertainties that ECDE centres and schools experienced food shortages, which provided a great likelihood of continuously putting OVC in public schools at risk of malnutrition and health whenever the supplies ran out. Out of humanitarian consideration and circumstances that confront them from time to time, teachers offered to surrogate the OVC and gave out nutritional support for the very needy.

Although ECDE centres are run by the communities and the county governments who are charged with the responsibility to provide food and the nutrition children get under ECDE Supplementary Bill (GoK, 2014), irregular supply of the food due to possible variations of prices at different seasons of the year meant that, they could not constantly feed well. Therefore, there were at risk of failure to thrive at the same pace as their counterparts. Derwett, Kasese-Hara and Wright (2003) noted that, communities are solely charged with the responsibility of facilitating the processes of feeding and promotion of nutrition. This was essential for good healthy children. However, no remedies were offered to challenges such as mentioned above had been suggested. Their study further observed that, adequate nutrients are good for brain development and in curbing retardation. Contrary for slum communities within Nairobi County where lives of many are laced with poverty, achieving adequate nutrition was found to be a challenge both at home and in ECDE centres. The children in their drawings expressed not being able to get fruits and ‘good’ food. This was as a result of cravings for nutrition deficiencies which pushed them into dumpsites to look for rotten fruits and sugarcane peels. Therefore, nutrition promotion for this group of children requires to be

viewed beyond ensuring their survival, and also strengthening their abilities to thrive by providing nutritionally balanced meals. Both the Kenyan national and county governments, together with community efforts in poor slum settings need proper coordination to effectively address issues of food and nutrition for preschool OVC.

6.9.4 *Promotion of friendship and socialization of OVC*

The teachers noted that children' friendship was an integral pillar in the support structures for the OVC in the ECDE centres both within and out of class. The friendship as discussed earlier took various dimensions. However, according to the teachers, friendship encourage the children in creating working bonds during indoor classroom activities through pairs or groups, and when outdoors, these bonds continued until they became strong. OVC who could come with inbuilt attitudes towards others possibly as a result of neighbourhood influences, were transformed after a while. They grew to respect others, valued teamwork and socialised well. Although teachers can facilitate friendship between children in a manner that leads to their socialization, the study found out that when OVC come to the centres, it was difficult for them to immediately build a network of friends. The group work or pairing of the children were found to break the isolation and withdrawal they initially exhibited, and gave them better social skills that were important for friendship and eventually shaped their self-identity. This had the potential to make the OVC gel naturally with their peers, which was a healthy aspect of their psychosocial development.

Friendship was not only limited amongst children, but also extended to teachers. Although children friendship at their level was good for sharing their little stories and thoughts, teachers filled in the gaps as surrogate figures and role models. It was important for the teachers to mostly befriend the OVC for trust to be developed and balanced so that children's zest in their learning spaces could be sustained. This maintained the closeness that was required for the teachers to constantly be aware of what was happening in OVC lives. That way, it was easier to pick up any distresses, anxieties or changes in them that warranted attention and solutions for their psychological and social adjustment worked out as the situations demanded.

6.9.5 *Promotion of positive psychosocial support through outdoor activities*

Outdoor activities in ECDE centres as also expressed earlier were found to be powerful in promotion of not only confidence, cooperation and socialization in OVC, but also other

children. In the drawings, conversational interviews and FGD in chapter 5, it was clearly indicated that, this was the time when most children had fun. The outdoor class activities that were done under supervision of the teacher involved skipping the ropes, slides, playing marbles/stones, singing and dancing, soccer, hide and seek games among others. These were commonly known as physical exercises (PE) on the class time table. Sometimes, children were expected to form circles and operate within the circles, and in so doing they were promoting unity of purpose amongst them. In skipping, or singing and dancing activities, they were promoting turn taking whereby each child saw himself/herself as a unique individual to accomplish tasks that was being undertaken, thus boosting their self-confidence. Other children took part in cheering those performing tasks as they were part of the games which were of high energies and quite involving. This developed a spirit of competition between individuals and amongst groups of children and created life-skills.

There were other games that required children to take abrupt turns in their movements. This promoted alertness to instructions thus enabling children to be keen and to develop the skill of listening. Although the activities demanded their high concentration, in most cases there were mistakes and confusion in the games. But this all added to the fun the children had outdoors. The different levels of energies expended by the children in these activities contributed to critical elements of physical fitness and joy which added to their wellness. Those who were unable to participate directly and actively were allowed to observe and cheer. They vicariously derived their joy by being in the presence of others who were excited. All these activities were promotional to the sense of self particularly to the OVC.

6.9.6 *Listening to children as positive psychosocial support*

Most OVC in urban areas of Kenya miss the attention of adults in their daily lives due to busy lifestyles. Therefore, they end up having no one to talk to and who can listen to them. Listening involves paying attention to what is being said, valuing it and responding to thoughts, ideas or feelings expressed (Clark, 2008). When children are listened to, they feel important and appreciated, and this fosters trust and friendship. The study findings show that, since the OVC had fewer adults who would intimately listen to them, their class teachers filled this gap. They were able to tell their teachers what they were good at; for example boys talked about how they played their soccer and the girls how they did their mock cooking games. All these were centred on their socialization with friends which as earlier discussed, improved their bonding. For the teachers, they had to listen actively and were able to laugh

along with them especially where they expressed amusement; or be sad with the children where they expressed fouls. This created special relationships and various levels of respect. At the same time, it reinforced their activities and interactions with others.

By listening to the OVC, their voices were activated to other levels of their lived experiences. According to Morrow (2005), listening to children gives them openness and sensitivity to also listen and be listened to as they learn to be in a helping relationship with their teachers. This in itself was profound for these children knowing that, what they felt whether negative or positive could be communicated to their teachers. The teachers on their part exercised creativity in handling what the children told them in order to uphold the trust and respect that were created between them, and to sustain these relationships for longer. Otherwise, there was a danger of causing mistrust which had the potential of making the children mute on matters that could be of importance to their wellbeing. This supports the works of Clark (2008) who was of the view that, listening to children may lead to sharing of some serious concerns in their lives, and it required the adults around them to be in tune with the patterns of their daily lives. Clark proposed foundations of listening to children include: respect, openness and collaboration, honesty, imagination patience and timing. By taking up the initiative to listen to the children, the ECDE teachers made the children interested in themselves, their teachers and their peers' lives.

6.9.7 *Counseling services as psychosocial support*

Kenya's ministry of education has elaborate policy guidelines on guidance and counselling for school children. There are teachers trained in this area and departments have been established in schools for this purpose. However, this is not so for ECDE centres. Existing guidelines of ECDE in Kenya do not have adequate information on how younger OVC can be counselled in the event there was a need for psychological services. Consequently, it is left to the teachers' discretion to look for ways and means to counsel young OVC who may require these services. Although the teachers in the study reported to have offered help to those who were bereaved, there was a general feeling that this particular issue needed more specialized personnel to deal with it especially when children asked questions related to separation as a result of death, them not being able to see their parent/s again, or always hoping that their parents would come back to them. Some wanted to know what death meant and many other issues related to death. It is common for younger orphans not to fully understand what happens around them especially during and immediately after death of their family member.

In the wake of this, the study recommends a training programme for more specialized counsellor for ECDE group of children.

Since the slum areas of Nairobi, like other slums in urban centres in sub-Saharan Africa, lack closely knit kinships that this group of children can fall back, much of what happens during sickness and later the demise of their primary carers is not easily brought out in their verbal expressions. The study revealed that, the possibilities of some facing the likelihood of withdrawing and isolating themselves as a result of this was high. Hence, teachers needed to use their intuitiveness to talk to them and probe further, although this was unlikely to be sufficient. Therefore, a deep reflection on how the children are to be helped during such times is essential. ECDE OVC in such circumstances need to be explained to, at their level of understanding by a specialized child psychologist or counsellor what takes place when their parents or primary caregivers are critically sick, pass way and eventually are buried. This can potentially aid them in having closure over the many questions they may harbour.

Traditionally, it is assumed in most communities in Kenya that, younger children may not know much or may not be affected by the loss of their primary carers or relatives. That was why they were never considered for the counselling programmes, be it at home, churches or at the community level. This study's findings however prove that, it is no longer the case. Out of the many questions that were asked, it was clear that pre-school OVC needed psychological services. The fact that these young children lacked the correct semantics to express their feelings at the time of loss or shortly thereafter, did not mean that they do not grieve. Many of their unexpressed pent up emotions of postponed grief as expressed in their drawings and sentiments have the potential of resulting into poor mental health and behaviour problems. Since the study was done using a smaller sample of OVC participants, it will be more beneficial to have more studies carried out in this area to ascertain the levels of psychological consequences of lack of counselling on preschool OVC and recommendations made on the way forward for teachers handling them. The teachers on the other hand needed to be equipped with the necessary skills resources to also understand what loss of carers meant to these young orphans and what support they could offer. Through resource skill training, they can also have proper understanding of how to explore other support networks outside the ECDE centres to enable children access them for their wellness.

6.9.8 *Teachers handling Children's trauma and their own challenges*

Constant threats on the lives of the OVC are used to undermine their wellbeing by many residents of urban settings in Kenya. The study found threats to be a matter of great concern to the teachers who viewed OVC as helpless and not able to fully comprehend what was happening in their lives. In Kenya, such children run the risk of joining other vulnerable children of other contexts on the streets. These children are commonly referred to as *'chokora'*[41]. *Chokora* are shunned against, rarely welcome in people's homes without invitations and that is why many end up a menace that loiter the streets in major urban areas. The fear that is instilled in these children through threats of being killed by people they know is usually geared towards isolating them from other extended family members. This is because, just like OVC in other parts of sub-Saharan Africa, in some Kenyan communities such children are believed to carry with them a bad omen (Cluver & Gardner, 2007; Kidman et al., 2007; UNICEF, 2004). The study also reveals that some blood relatives did not welcome the young orphans due to this perceived omen and even threatened them with death. This created mistrust could potentially be extended to not being able to trust people in their lives. Such threat to OVC meant a threat to their ability to thrive, more so if all their primary carers were dead. Together with discrimination, stigma, tensions and utter rejection were what preschool orphans in urban centres faced when at home especially if parents were known to have died from AIDS. This finding supports other studies in sub-Saharan Africa where uncles and aunties of the orphans were found to have mistreated and even dispossessed the orphans (Kalibala, 2012; Mahati et al., 2006 p.13; Nyambedha, 2003; UNICEF, 2004).

The study also reveals that teachers found it difficult to help such children especially when a social worker's interventions were sought to protect the children. It was reported that, social workers only support orphans who were within some form of family units. This posed a serious moral dilemma for the teacher even as they tried to bridge the experiences of the children's realities with those of their kinship rejection, and providing assurance to the children that nothing would happen to them. The teachers' approach however shows that they helped instil in the OVC a sense of hope and success in their future. Teachers also and asked them to accept even those who wrong them while at the same time evoking God in their situation. The evocation of God seemed to help in stretching their imagination, pacifying their trauma, postponing some of their unresolved issues and strengthening their spirituality.

[41] *Chokora* is a word used to refer to a homeless street child.

In the face of negative attitude by kinship members who denied younger orphans both emotional and social support at their tender ages, there was need to avoid more traumatisation and jeopardizing their wellbeing by strengthening the support they got from teachers. Therefore, a collaborative approach by schools and the slum communities through education and awareness on this matter was necessary to end cruelty meted on this group by carers, and enabling them to accept responsibility. Since this was a sensitive social matter due to other associated cultural factors, a lot of negotiation and sensitization are to be considered in the destigmatisation and religious organizations can also come in handy on this issue.

6.9.9 *Recreational activities as psychosocial support*

Teachers identified recreational activities as being the powerful tool in expanding the space for enjoyment for the OVC. These were activities beyond the plays and games they had in the school compound. The children were able to be totally immersed in what they did making them come to their centres regularly. It was reported that these activities reduced absenteeism. Besides, for the children to have opportunities to sing, recite poems, dramatize roles/role given in plays including dancing, they not only rediscovered their power of expression but also the power within them as individuals and as a group. The singing and dance as earlier discussed loosens their emotional and physical knots in them. According to Hallam (2010), singing gives children power and energy to enjoy. The breathing, timing, control of vocals, taking turns to lead or respond to the lead singer, the melody and finally achieving the task of singing as was observed amongst the ECDE children empowered their confidence. Musical and dance experiences enhance processing of information and had great impact on language acquisition, which consequently increases phonological skills and confidence to express them (Schellenberg et al., 2007). This was more evident in how OVC skills of listening, reading, writing and speaking activities as directed by teachers continued to improve over time.

Although recitals were found to be important in memory retention as observed, role play or drama was very important in the use of children's imagination and phrasing of the same within spaces provided. It is common knowledge that within the County of Nairobi, some of these activities are usually presented competitively at various levels between ECDE centres or even schools. From the observations made, the subjective experiences of recreational activities teachers provided for OVC were unmatched. The children exuded confidence, showed excitement, got into the rhythm of happiness, and were attentive to instructions given

by their teachers. These had the advantage of not only creating competitiveness but imprinting in the children at an early stage how people need to work as individuals towards perfecting a group engagement for the good of their group. Since all these activities involved rehearsals, this also had the potential of instilling in the OVC the sense of perfecting what they did, maximizing their psychosocial experiences, thus refining their competences.

Churches are known as places of worship, but teachers considered them as places for recreation too since some of the learnt recitals or dance and drama were also presented there during Sunday school sessions. It is during this time OVC learnt how to pray and why they should pray. Prayers were also found to offer unique calmness in some of the children and instilled in them a sense of hope for better things in their future. The ECDE children also had opportunities to showcase the same recreational activities during gatherings of slum community events. These events which included clean up awareness campaigns, neighbourhood security campaigns, health and sanitation among others accommodated the participation of children. Their participation reinforced what children learnt in the ECDE and was effected into their community neighbourhoods. This was important in helping all children to know how to take part in determining their own environmental cleanliness, hygiene and safety from an early stage in life. It also helped in building their inner personality, fortifying their self-belief through display of their talents and enriched their psychosocial experiences. For the OVC, these were very important contributors to their resilience nurturance in that environment.

6.10 Support from stakeholders and networks from other support agencies.

OVC in the study faced challenges in having reliable support network systems. Traditional support networks in any child's life are created and sustained by adults they are attached to such as family, relatives, friends and neighbours (Alamo et al., 2014; Andersen, 2012). This was possible especially in the rural parts of Kenya where the locality people stayed determined the strength of the support structures and networks (Nyambedha, 2003). However, family set up in urban slum areas face serious challenges especially within the County of Nairobi where support systems are weak and not easily sustained due to dispersed kinship. In the event of deaths of the primary carers, it is not within the powers of the orphans to keep their custodial figures' networks. This is because there are no permanent residences in slums which in most cases are rental. In addition, the stigma that was associated with death

of carers and rejection weakened or even broke down all the initial support structures and networks they once had. The major alternative support systems apart from a few cases of kinship as earlier discussed were found in churches or through schools. In the absence of the primary caregiver, the orphans had to renegotiate, reconstitute or reconstruct their spaces as well as finding alternative support networks a new. And being young and helpless in urban areas, these type of children were most likely to face many unknown psychologically, emotionally, socially and physically challenges.

This study found that, World Food Programme, Save the Children Fund and UNICEF Kenya partnered with various government ministries, business partners and non-governmental faith organization in support of the OVC. This was limited to learning institutions through the slum school projects where they offered feeding programmes, scholastic material and health support. Although this was very important in cushioning the OVC against the harsh realities of their lives, the organization main target were OVC in the public primary school section and not necessarily the ECDE section. This raised great concern over there being no clear policies to cushion this age set of children right from the inception of their transition programmes at the ECDE level for school readiness. This is because the ECDE forms the cradle of mainstream education and children from disadvantaged background need to be strengthen right there. In addition, the trickle down support from the primary section only reached those who were able to access ECDE centres which made these institutions very important safety nests but only for a few. However, the implications to the majority who were not absorbed as a result of overcrowding in public schools and possibly ended up in informal day-care centres were not captured. This meant that the support network risked leaving out a large number of preschoolers who could benefit from the services extended to children.

The County department of health also partnered with manufacturing companies of detergents to teach children on oral and general hygiene, immunization against childhood diseases such as polio and measles. They also offered other medical check-ups and referrals were made for those found to be at risk of serious health conditions. During such exercises, it was observed that services were extended to children who were not officially enrolled at the centres but resided within the slum area. This indicated the high demand for these services and by allowing other children was meant to cover as many as possible to curb any communicable diseases. This also indicated that there was a high likelihood of many other OVC having not enrolled in public ECDE centres ended up in informal centres equivalent to ‘day-care’ or

'stay-at-home' centres which also raised unique developmental challenges and inadequate support networks. This finding is important in calling for concerted community efforts and more support partnerships in ensuring at-risk children in slum setting have a high survival rate beyond their orphaning or orphanhood whether in public ECDE centres where they can be easily accessed or informal day-care centres. This also calls on to the County government to regulate the informal day-care centres for they play a crucial role in catering for children who do not get absorbed in mainstream public schools. Being in ECDE centres or its equivalent widens their opportunities of stability and gives them larger social networks that enhance their physical, social and emotional wellbeing (Singer, 2015)

6.11 Liaison with local administration on sensitive matters affecting OVC

Local administration is charged with the responsibility of governance in urban areas under the County governments. In enforcing law and order, the local administration play an active role. However, the study found child abuse cases are rampant in urban areas in Kenya which was a departure from what was termed as lawful. This finding supports a study by ANPPCAN in 1997 revealed that Nairobi slum communities reported many cases of child abuse. In the present study, the teachers noted that there were situations which found cases of abuse to be more complex and sophisticated, affecting mostly the OVC. The abuse cases were not limited to sexual assault, but also negligence, physical assault that lead to severe injuries, exposure to indecent acts, introduction to heavy domestic chores, failure to provide essential necessities, vulgar verbal abuses among others. All these support a study by Onyango and Kattambo (2001) which revealed an increase of physical abuses, prostitution, child labour and general mistreatment children in Kenya.

The sensitivity of some of these cases surrounded the involvement of relatives and where there was an evaluation to be done using the affected children, their claims against their carers' was always compromised. Although the local administrators picked up such cases together as social workers as earlier indicated, the abused children were usually left in the custody of the carer while investigations are underway. This was the biggest challenge teachers had and as one head teacher explained, once they inform the social worker and the local administrative chief, who involved administrative police, there was not much she could do. Instead hostilities and differences were created as teachers indicated, and some carers who were the abusers tended to present themselves as redeemers of the children. This attitude

of the guardians was tied into various forms of abuses the OVC experienced, which they intimated to their teachers. Although as the teachers followed the right channels to have the matters addressed, according to them, administrative officers and the social workers did not fully address the issues. Instead, some children were relocated to ECDE centres, creating more disruptions in their lives. One of the head-teachers while responding to interview questions shrugged indicating that their involvement was limited to as far as the welfare of the abused children was concerned within the confines of the ECDE centres and not beyond. This finding reiterates the calls for further investigations as earlier stated on a wide range of issues surrounding child protection in Nairobi's slums with special emphasis on OVC.

6.12 Infrastructural assessment on OVC Experiences

Learning centres with well-equipped infrastructure can improve psychosocial experiences and wellbeing of children. In this section, a discussion on the infrastructural assessment made at the sampled ECDE centres will be provided and how this contributed to their support structures in the ECDE centres for the benefit of OVC in realising their developmental processes.

Public primary schools located in the high density slum region of Nairobi County are increasingly under pressure to provide adequate infrastructural facilities for all children including those in the ECDE centres. Kenya's Educational policy guidelines require the County governments to provide adequate classrooms and play grounds for children in the ECDE sections within public schools. The ministry of youth, sports, culture and social services is charged with maintenance of recreational facilities every three months; while the Office of the President of Kenya is to oversee the coordination of all these (GOK, 2010). These distributions of responsibilities between national ministries and County government have created confusion as was observed earlier in the study, especially where there were overlaps in service delivery.

While the infrastructural capacity of any ECDE might not necessarily be viewed as having a direct influence on the psychosocial aspect of younger OVC, this cannot be underestimated in its function to do so. Their adequacy and utilization by all children who were the prime users was considered. Evident from the findings on infrastructural capacity in terms of physical facilities available and adequacy, they fell short compared to the number of children enrolled in the centres and schools. The study found that there was overcrowding for the few resources

available which was a source of strive and conflicts amongst children. Indicating that, there was a great need to have adequate infrastructural capacity for optimal services to all children in ECDE and to give the OVC a positive perception of their wellbeing. However, some components have been considered in isolation targeting the support and wellbeing of OVC.

6.12.1 *Classrooms*

Although ECDE classrooms were found to be functional in the two centres and satisfactory to the children's operations, there were a few areas that needed attention. Electricity that could have improved lighting in the classrooms was non-existent. This meant that children had to strain when days were cloudy. The study found that, there was a degree of negligence on repairs that were needed to improve the quality of the ceilings and floors in the classrooms. This endangered the safety of the children in general. Although the floors were made of cement, they had some rough patches which posed risks of accidents to the very active pre-schoolers. This was also reflected in poor maintenance of most of the physical buildings used for classes in the two ECDE centres. It was also clear that there were no standards to regulate construction of physical facilities for ECDE centres in Nairobi County. The two centres where the study was carried out had their classes constructed in different materials and yet they were all in public primary schools. One centre had classrooms made of corrugated sheets while the other permanent ones.

Besides poor maintenance, classrooms were also fairly congested. This congestion was an impediment to friendlier class arrangement and free movement of children especially in Centre 1. The possible dangers included different levels of stresses for both the teachers and the children that deterred free movements. Since most of the OVC initially came into and sat behind in their classrooms, there was a danger of them being missed out on active engagement due to these many numbers in classes. As was observed, whenever the teacher could not reach to the back of the class in one centre, those OVC who were hungry would be found to be dosing or generally inattentive. In such cases, it required more than one teacher at all times to keep all children engaged and to identify those having difficulties. However, this was only possible during the school terms when trainee teachers were on internship.

ECDE class activities need to be provided in a stimulating and attractive ambience for the young children. The study found that wall displays were very appropriate and relevant to the pedagogical practices for children at the ECDE level. The colours used were bright and

attractive thus stimulating their sense of sight. The display section for children's works as was observed was the most frequently visited place in class especially after tasks were performed and marked with big ticks or crosses by the teacher. The children would be heard describing the sizes of the ticks put on their work and which one was better than the other. This engagement also stimulated discussions which also improved expressions and arguments of children through speech. These were very promotional discussions to OVC especially in their class work since they could easily compare their work to other children's, and have concrete images of their own output displayed which gave them strong conviction of their abilities. This was important in helping them internalise the belief that they are at per with other children.

6.12.2 *Classroom storage facilities*

The classroom storage facilities help in keeping order in the classrooms and creating spaces that continuously make children invited in multiple activities. However the study found inadequacy in storing all the children's items and class materials storage. There were no personal storages for children. Although this was so, in centre 2 teachers were able to store bags of those who had packed special diet and medicine in their own separate cupboards for safety. The rest had to either leave their bags on top of their desks or moved around with them, which led to lose of items. It can be argued that the teachers were not medical practitioners to handle medicines, however, out of trust and confidence the parents and guardians of the affected children had in them; they offered to support. This enabled those who were on chronic medication which included ART/ARV to stay in class with their peers. In centre 1, there were open pigeon holes for storage of children's bags and lockable place for the teachers. There were fewer challenges on storage here compared to centre 2.

The study did not find any resting facilities for the children in terms of rooms and mattresses if there was need to rest. The only centre that had a few mattresses had them kept in the head teacher's office. This was partially due to lack of room in the ECDE facilities which inconvenienced the teachers when they needed to access them for sick children. Not all children can have the same energy and endurance levels in the centres especially the sickly ones. Some may need to rest especially after lunch as was the practice in most of the private ECDE centres in Nairobi County. The private ECDE centres model preschool institutions of the western world and thus provide for sleeping or resting time for children (Crosser, 2008). However, this was found not to be a practice in the public ECDE centres under study due

limited facilities and spaces. This absence of resting places is an issue that can be considered to cater for children who may be on therapy or on different low levels of energies while at the centres. They may be in need of some rest before they join others for activities; or in case a child became sick suddenly they need to be rested for first aid before a transfer can be made to a medical facility. In such cases, children needed to be kept safe, away from the rest so as not to be disturbed as a decision is taken on how best to handle them. Therefore absence of rest facilities needs to be reconsidered by public ECDE centres in Nairobi for the general wellbeing of all children.

6.12.3 *Water and Sanitary facilities*

The availability of water, hygiene and sanitation has a great impact on the general wellbeing of children in institutions of learning. The available of toilets, toilet papers brought by children and water were important in maintaining hygiene in the ECDE centres. The toilets were set in close proximity to the ECDE classrooms making them accessible. Although both centres had modern flash toilets, they were not designed for children but for adults. This made it difficult for children to use them effectively without having to be accompanied by their teachers or older children. Although the toilet were flushable and their sizes found to be fit for adult use, the children were privileged to use them for they did not pose much danger as compared to pit latrines that were common in slums of Nairobi. The study findings indicated that there being frequent water shortages which were a common occurrence in the slums; children were constantly denied access to tap water at home but in school it was in plenty. The two ECDE centres had a privilege of getting more water from boreholes to complement the supply of tap water when taps ran dry. Still, the quality and safety of the water was also in question to poor drainage and sanitation in the schools' neighbourhoods. Although it was against the County's environmental department to sink boreholes in crowded slum areas due to high pollution levels, no stop gap measures were in place to cushion schools.

Running tap water was also found to contribute joy to the OVC at the centres during outdoor activities and after using the toilets. Since it was rare to have clean running tap water anywhere in the slums, tap water as indicated in *figures 5-24* and *5-25* was very important for children to wash their hands before and after eating, going to the toilet or after playing in the dirt; as was required by their teachers. This enabled them to be conscious of not only ingesting harmful germs, but also maintaining hygienic behaviour to safeguard their own

health. Besides, the water enable the centres keep the ablution facilities clean. The cleaning staff had to clean the facilities basically three times, and as often as was necessary if experiencing a rainy season.

Therefore, availability of sanitary facilities with adequate clean water supply is important in ensuring that high hygienic standards are maintained in ECDE centres and that children's exposure to germs and opportunistic infections is minimized. The act of being taught how to sanitize their hands using the available materials provided was empowering in keeping hygienic standards high. The children took turns to use toilet facilities which made them adequate. In the absence of adequate sanitary facilities and clean running water, children can be adversely affected with the OVC being the greatest casualties due to their statuses. As noted earlier, the OVC's viewed the act of washing their hands from running taps as a positive experience. However, the sanitary facilities in all the ECDE centres could be improved by having child appropriate facilities that include water basins in both the girls and boys toilets to curb on wastage and urinals for the boys toilets.

6.12.4 *Teaching and Learning materials*

Teaching and learning materials are integral parts of resources for teachers enabling a firm foundation of knowledge acquisition for children in ECDE centres. The teaching-learning materials enhance children's experiences as they are used to facilitate reading, writing and creative activities. Most preschools in developed countries have various sophisticated forms of teaching-learning materials which include visual, audio, pictorial, manipulative technologies amongst other aids. Although some of these gadgets can be found in some of the high cost pre-schools that serve children of the rich in Nairobi, the study findings indicated that, the teaching-learning materials in the ECDE centres available were basic and in short supply. Some were displayed in the classrooms on the walls such as visual aids which included newspaper cuttings, collages with thematic areas, UNICEF posters on education, Save the Children posters on food, nutrition and health, road safety posters, world globe and a map of Kenya. Others included old books and charts; handwritten alphabets, numerals, hand drawn sketches of natural landscape and common features of the communities children lived in.

Although there is advocacy by the ECDE policy guidelines (2006) to use culturally relevant materials at this level of transition to schooling, the multi-ethnic nature of the slum

population in the county of Nairobi like other major urban areas in sub-Saharan Africa had a unique culture. It was therefore not easy but necessary to translate the culturally relevant materials in this case. There was a lot of improvisation since materials were in short supply and the centres lacked funds to replace those that were worn out or torn. The teachers worked with local artist to design some of the learning and teaching materials from recyclable materials such as gunny bags or manila papers which were affordable but not durable due to wear and tear. This made the regular acquisition of these materials expensive since they had to be bought annually to replace the worn out ones leading to perpetual shortage whenever there were no funds. However, the study found out that, there was sharing of the available resources between classes and between schools. Although one would argue that the children were inconvenienced, the sharing helped in bridging gaps of relationships and created bonds beyond their classroom. This was very important for the OVC especially those who would find it difficult to make friends easily as earlier discussed. This was not only important for their cognitive-creative wellbeing but also social and emotional growth.

6.12.5 *Kitchens, Food and Nutrition in ECDE centres*

Facilities such as kitchens in schools are important places where meals are prepared for both the primary school children and the ECDE children. The study found that, there were functional kitchens which were well ventilated and with the necessary equipment in the two schools where the ECDE centres were hosted. The two centres used wood to prepare food and thus the kitchens were smoky. Centre 1 had a kitchen made of corrugated sheets. Here the staffs were more compared to Centre 2 which was found to have fewer members. In Centre 1, the ECDE children had two meals- breakfast and lunch that was enriched. The food was also varied over the week, thus taking care of different types and levels of appetites the children had. Meals for ECDE children were prepared separately by staff specializing in younger children's nutrition. These meals included nutri-feed porridge that was given every day of the week at break time and the lunches consisted of a combination of rice with pulses/beans, carrots, cabbages and occasionally minced meat depending on their availability. The rest of the staff prepared a standard meal that included mixture of maize and beans or pulses for the rest of primary school.

Centre 2 had a permanent kitchen, which had less cooking pots and only provided lunch for all the children. The lunch comprised mainly of mixture of maize and beans/pulses. This centre had most of the OVC who experienced hunger in the early hours of the day. The

teachers shared their own snacks with them during break time; at times they had to order for them an early meal or even bought some snacks using their own money as revealed in the findings. While the food in Centre 2 was very central to most of the OVC, cooking was done together regardless of whether the younger children had allergies or not. The same meal provided every day of the week denied the children a balanced diet for their appetites. This could explain why the centre had some of the carers or parents of other children packing snacks for them. This findings support Murundu et al., (2010) who found out that ECDE centres in western part of Kenya did not provide balanced diet in their feeding programme.

The disparities in provisions of meals in ECDE centres of Nairobi County are wide and further research is needed to create a better understanding of why public centres in the same locality can be diverse in their nutritional services to children. Although it can be argued that nutritional support is provided especially to the OVC, it is still not adequate to meet their nutritional needs. Kenya has agriculturally rich areas that can contribute to the nutritional support of children, however, most of it was expensive and teachers on their own were unable to afford the required food due to scarcity of funds. As earlier mentioned, ECDE centres were not fitted in the national budgetary allocation and therefore no proper plans were made for the children's nutritional provision. That is why many relied on well-wishers when the donor supplies ran out. This potentially put the health of those children who solely depended on the ECDE feeding programme for nutritional support at risk.

The operations in the kitchen, the food provided, dietary practices and cooking activities in the ECDE centres were found not take into account cultural or religious practices. This was as a result of there being few choices to make as most of what was available was only limited to children's survival. As earlier mentioned, children whose parents could afford different types of meals were able to come to school with packed snacks, fruits or special meals. This took care of those who had allergies and meal preferences. But for those OVC who had reactions to particular food allergies or different cultural/practices at home, the ECDE environment could not provide choices for them. This had the potential to cause conflicts in food practices and their belief systems around food choices. However, this issue was beyond the scope of the study.

6.12.6 *Play facilities in ECDE centres*

When children are together, they function in a play world, and reality to them is like play (Zinger, 2002). That is why the interactions of young children play are creative and their

imaginations are stretched. In the developed countries such as USA, Australia and Europe, children are exposed to a variety of play facilities both indoor and outdoor. Their spaces and items are accounted for and their functions clearly known. Although play as an integral part of childhood has already been discussed earlier in the children's positive experiences, the study findings showed that play facilities in centres were inadequate. This led to congestions in school playgrounds, stampedes on available slides and swings, conflicts over balls and old toys among other play items. As observed, teachers received a lot of complaints on fighting or accidents of bruises over break time due to the rush for space and use of the play facilities. To curb this, teachers encouraged children to create their own balls from the waste papers or others have their own games such as 'marbles' stones, jumping across numbered squares etc. One would argue that, it is the responsibility of the government to plan and provide for each and every child psychomotor facilities in education centres. But in areas where there were various competing interests and economic hardships as was found in the slum ECDE centres. The large numbers of children who shared the few inadequate play facilities available was overwhelming bearing in mind budgetary constraints.

Teachers encouraged mixed play activities but there were certain activities that were aligned to either boys or girls as was observed. This gender preference was more prominent during unsupervised play times mostly during break times. The boys, due to their aggressiveness nature would prefer to play *'futa'*[42], play marbles, chasing each other around or wrestling. While girls would skip ropes, use stones/marbles in a game of scattering and gathering for eye hand coordination, pushing stones on one leg through a drawn maze of squares on the floor or simply mimicking home chores activities. In these activities, girls seemed to need more deeper concentration and calculated moves whereas the boys' activities needed more energy and quick strategies. It was also observed that, there were more boys than girls on the slides and climbing trees, while the swings had more girls than boys. In these play activities; there was no discrimination or stigma amongst children as would have normally been associated with OVC statuses. All the children seemed to enjoy their play activities, had their own leaders, rules and mediators in cases of conflicts without necessarily going to their teachers.

[42] *Futa* is a sheng word for football or soccer game using balls made from waste papers.

Although Mweru (2012) suggests that most of play activities of ECDE children are modelled by their teachers who pass stereotypical views on gender preferences to certain play activities, this study findings show that children freely associated with their peers regardless of gender. However, there were elements of mixed play groupings and gender was not necessarily the main motivation in their activities. The children's activities were also driven by availability of chance on play facilities, energy levels to participate in the activities they engaged in and the sense of belonging in that particular group in that particular moment. It was also observed that, the children had the option of changing their activities if they found one not enjoyable.

It is expected that every institution that hosts children requires an accessible first-aid kit on its premise at all times. The first-aid kit is a provision for emergency items that can be used in cases of injuries after which any injured children can be assessed to know whether they need further medical attention or not. The study found no accessible first-aid kits available for immediate use in case there was need for it. With the kind of energies younger children expend on school play grounds, injuries are common and one would expect to have some cases of injuries from time to time. In the absence of accessible first-aid kits, the wellbeing of OVC especially the presence of positive sero-statuses children who have free association and engagement in most play activities with the rest of other children was in jeopardy

Although schools are supposed to provide safe play facilities in a hazardous free environment for all children to minimize injuries, slum ECDE centres find this a great challenge. It was however found out that an area around one of the centre's classes and a climbing play facility were fenced with a barbed wire and the surface filled with stone ballast. The barbs and ballast posed a safety risk to the children who scrambles for the facility to climb, slide or swing when unsupervised. The play grounds were also not very well taken care of. During rainy seasons, some parts of the grounds would have overgrown grass that harboured caterpillars and other crawling organism. The exposed parts would also be muddy. This was found to be a challenge to the OVC especially when they soiled their cloths for they did not have many dressing options. In the dry seasons, the ground would be exposed including the dumping pits within the centres which endangered the young ECDE children who ventured to such places.

Waste management in Nairobi County public schools is the responsibility of the County environmental department. However, it was found out that the schools disposed their waste in

dug up pits which was problematic. The dumps contained a variety of rubbish such as rusty tins, bits of metallic substances and broken glasses. The risks were great bearing in mind the spaces for play in the schools were constrained and young children had tendencies of adventuring to the waste disposal areas. Therefore, there was a degree of negligence on waste disposal in ECDE centres, and since most OVC were found to be disoriented at times, they were most likely to venture into such areas and endanger their safety.

Therefore, for children to derive maximum fulfilment from play facilities while in learning centres both in class and out of class, it is essential to raise awareness through education by showing them the dos or don'ts of play equipment in a language that is to their level of understanding. Monitoring can also be stepped up by schools grounds personnel and not to wholly rely on county's environmental department to manage and maintain the play facilities. There is also great need to have friendlier play surfaces and an environment that is generally reliable and safe; for example by using material such as sand around play facilities surfaces, having functional and easily accessible first-aid kits in every ECDE centre's classroom, and trained personnel available to take care of any injuries.

6.12.7 *Safety/Security facilities*

Safety and security of children in an ECDE environment is essential for their wellbeing. For some schools which model learning institutions of developed countries, the required standards of safety and security regulations are strictly adhere to in their environment. This is enhanced by use synthetic playground surfaces, children kept safer by using guard rails or other protective child friendly barriers (CPSC, 2010). Although it can be argued that the responsibility of safety and security for public schools in Nairobi County squarely lies on the host ECDE centres, the services are supervised by the County education and environmental departments as earlier mentioned. The study found that there were some safety precautions that had been taken to keep children secure in the centres. First, there was a time schedule for them to arrive in school and leave. They had to be brought by their carers or older children up to their classrooms. A register could then be taken to account for their presence or absence before classes started. At 1pm, those who wanted to go home would be picked up, while the rest would be engaged in remedial activities until after school hours at 4pm, when they would be picked up as brought in the morning. The OVC benefitted from this arrangement of after 1pm in many ways. This kept them secure and supervised.

Schools in Nairobi are required to have a perimeter protection enclosure to keep children safe once they are signed in the school compound. The study found that, in one centre, there was a perimeter stone wall around it and the other had a perimeter of barbed wire and tree hedge. There was evidence that the enclosures were not well maintained. The stone perimeter had sections of it collapsed on the inner side which the teachers claimed was as a result of heavy rains. This claim was particularly serious for it posed safety concerns. The other centre's perimeter of barbed wire and tree hedge was also found to have gaping parts with barbed wires in some places having been cut. These two scenarios posed a danger of strangers sneaking into the schools when in session or out of session. This was a security concern to the children, teachers and the school property especially the teaching learning materials which were often reported stolen. OVC were most likely at greater risk for there was a possibility of them unsuspectingly getting allured to effect crime in the school for older gang members known to them. This could have been in terms of petty theft or even handling of small arms which they could have peddled unknowingly for them to evade any security dragnets.

Deep trenches were also found to surround the schools' perimeter enclosure. These trenches were very important not only in facilitating drainage in rainy seasons but also in bolstering safety and security because of the schools' location in the slums and the possibility of trespassers abusing the spaces. Therefore, there is need for regular inspection of school physical facilities and constant repairs of broken perimeter enclosure to seal off possible security concerns where OVC or any other children can be compromise in the ECDE centres.

6.13 Organizational Capacity

6.13.1 *Enrolment of Pupils at the ECDE centres*

Children form an integral part and a key determinant of organizational capacities in any learning institution. ECDE centres being the reception classes for the educational system in Kenya, there is a degree of importance attached to them especially in urban centres which hold a multi-ethnic-cultural population. According to the ECDE policy guidelines (2006) and the County Early Childhood Education Bill (2014), no child should be denied admission in schools based on any kind of discrimination. These policy regulations were to make it possible for the OVC to get enrolment. However, the study findings established that, for children to be admitted in schools, they needed to meet certain criteria. The ECDE centres in Nairobi County required a child to have attained 5 years at the time of enrolment, be able to

avail a birth certificate, immunization card for childhood diseases, and other scholastic requirements. However, it was found out that, some of the OVC who were admitted to ECDE centres had ages ranging from 4-7 years old. Apart from centre 1 that had classes to cater for those who were below 5 years and those found to have special needs, Centre 2 mixed all children in the same class regardless of their needs and ages. The situation in centre 2 had its own merits and demerits which impacted on their individual attention. However, the age ranges gave the OVC opportunities to benefit from head start.

Registration of births is a fundamental right for every child without which legal proof of age and identity complicates their future recognition (UNCRC, 1989). In addition, birth certificates give children not only identity but also links them to other rights which include protection services, health, nationality, education among others (UNHCR, 2014). However, the study findings showed that, most of the OVC had been admitted without birth certificates which resulted in lack of dates of birth entry into the class registers. According to the class teachers, they worked with the assumptions of the verbal information given to them by their caregivers to estimate their date of birth of some children which was also a misinformation.

Owning a birth certificate is having an official record that shows existence of a particular child and a piece of datum that the government can use to plan for this particular child, be it at the county level or national level. Since quite a number of ECDE children lacked birth certificates which was a document that linked then to various services, they risked entrenching policy exclusions in national planning. This meant that their data was not captured in national planning since they lacked accurate information on all children in Kenya; a situation that was detrimental to the wellbeing of OVC. Some of them were unhappy when constantly asked for their birth certificates or dates of birth which affected their self-concept, identity and self-esteem. There was a possibility of such a problem persisting beyond their exit from the ECDE programme. The exclusionary measure in not properly documenting the OVC meant that major services such as health, education etc would continue being inaccessible to this group of children. There is need for such children to be registered on admission so that they benefit – giving them identity and support needed for them to thrive

6.13.2 *Human resources capacity - information on teachers*

Human resource capacity makes up the workforce of any institution. Although there were different personnel at the ECDE centres, the study was most interested in teachers who were

the most vital pillars due to their support function. The centres were found to have regular teachers and teachers on internship as indicated in chapter 4. Teachers were found to be very significant as modelling figures in pre-schoolers' lives. There was however a big gender disparity in the composition of teachers at the two centres, with females being the most dominant. This was also reflected in the larger primary schools that hosted the centres where the male teachers account for close to a 1/5 of the total staff. This meant that, there was a shortage of male role models for the pre-schoolers. Based on what the children drew, narrated and discussed, there was no mention of how any male influenced them positively, apart from one *Figure 5-26* where the young boy admired his friend's father and felt very close to him. The rest of males were depicted by the children negatively. Unfortunately, ECDE centres which were place which would have offered a compensatory support did not have enough male staff to help.

Lauren (2014) identifies large gender gaps that exist in preschools and the need to have a male role model to satisfy craves for attention of a father figure to pre-schoolers. This observation is very beneficial not only to OVC but to all children. There are many advantages to having male teachers in ECDE centres since the study findings indicated that there were many of the OVC having single mothers. This meant that the children had less active influential male models to nurture them. Since female teachers' impact was positive on the children wellbeing, male teachers could have equally contributed as role models in building character, mentorship, developing positive relationships, offer guidance and providing leadership (Palenski, 2012).

Although it can be argued that there is need for most of the public ECDE centres in Nairobi County to consider men involvement as ECDE teachers more studies need to be done in this area to ascertain this deficit. Gauging from the depiction of the findings of their drawings, there is great concern regarding the idea of masculinity for male OVC whereby they depicted most male images in one form of violence or the other. The males were depicted as; boys fighting and kicking on the play grounds, male drivers in accidents on roads due to bad driving, trending dreadlocks, strangling others with ropes around the neck or in gang fights with guns. This depiction of males mostly drawn by boy OVC is a worrisome disconnect with normalcy and a predictor to a distortion of male figures in the understanding these OVC, indicative of gaps OVC had in their lives especially the paternally orphaned or those children of single mothers.

The ECDE centres were also found to provide internship opportunities for teacher trainees. As they got the professional experience, these teachers also brought with them the realities of their lives to share with the children. The study showed that the trainee teachers on internship were younger and were found to be influential to the children at a very good psychological level especially when relating to the needs of OVC. This was partially because most of them were also from the same slum environment children came from and therefore understood them better. This was good for modelling for the OVC. They were also very useful in their innovations and creativity in outdoor activities with the children. This made the activities they engaged in with children very enjoyable. The balance of class teachers and them as was observed in role plays was good for the children especially when the older ones had to play mother roles and the younger teachers playing the auntie role. Their stay was however short-lived for they had to return to their colleges after three months of internship leaving a gaps in children's experiences. Thus, the study suggests that, for the stability and continuity of activities with that of same experiences for the children especially OVC, internship for these teachers need to be longer so as not to traumatize them when they depart after their short stay.

Friendly working relationships in an institution of learning are desirable for good service delivery to the children. The study showed that employment terms caused disparity in teachers' functions and responsibilities at the centres, which from the researcher's observation, was a constant source of friction. This was as a result of teachers having different employment terms. The deputy head teachers' employer was the Teacher Service Commission (TSC), while the ECDE teachers' employer was the Nairobi County Education Department (NCED). The two employers remunerated teachers using different scales of employment. Salaries of TSC employees were regular while those of ECDE teachers were paid intermittently leading to frustrations. This was found to adversely affect not only the wellbeing of the teachers but their frustrations extended to children, as was evident in the shouts and the use of the cane on errant children. The ECDE teachers also complaint of being unable to meet their basic needs and wished they had better jobs that could pay them regularly and more. This matter was complicated further since ECDE had not been entrenched into the mainstream education system of Kenya, yet teachers were subordinate to the deputy head teachers who were in the mainstream education within primary school. This weighed in on conflicts within their working relationships. There was need to harmonise the teacher recruitment policy to have the same employer to standardise work conditions for the

benefit of the children. Therefore, entrenching ECDE into mainstream education would ensure a continuum in administration of teaching personnel and children's learning process.

Curriculum for teacher training needed to be deepened, responsive and relevant to the needs of the children they taught. The study found out that, there were different levels of qualifications for the teachers in ECDE centres which ranged from degree to diploma and certificate levels. The diplomas and certificates were acquired at the municipal level (MUCECE), district level (DICECE) or national level NACECE (GoK, 2003). Although the teachers reported to have been well equipped in ECDE pedagogical skills, the study findings indicate that their skills were only functional and were required to occasionally attend some courses organized by non-governmental organizations to equip them with other necessary skills to handle complex cases such as children in HIV/AIDS context, basic health, children's rights, budgeting etc. Conversely, this was only limited to a few teachers leaving out the rest of teachers. There was no evidence that the skills learnt by the few teachers were handed to the rest of the teaching staff in ECDE in a well regulated, leaving gaps in uniform skills acquisition for all.

Therefore, the study suggests regular reviews and strengthening of the ECDE teacher training curriculum and, in-services courses to at benefit all teachers; particularly in addressing emerging issues affecting the vulnerable children from disadvantaged backgrounds at the ECDE levels in poor urban settings. Unlike their rural counterparts where ECDE teachers know the homes and communities from which children hail from and are able to extend services to their homes, in the context of the urban slum setting of Nairobi, the situation is complex. Teachers rarely know the homes of children they teach, and thus cannot extend their services beyond the centres. Hence any psychosocial support given to children had to be within the school compounds and not beyond. This limited the opportunities for extended support.

Another feature of the teachers' demographic information included their faith. The teachers were found to be aligned either to Christianity or Islam. This had a bearing on their own motivation ability to attend to multiple priorities in a challenging work environment with little resources to transform OVC lives. Their faith enabled them to appreciate the children they handled by passing the same religious values to them. Some mentioned that they believed it was God who wanted them to teach these OVC and 'mother' them, although they

felt their salaries which were little, unreliable and irregular did not commensurate to services they offered. One mentioned that teaching the children made her very fulfilled and felt that God had blessed her to bless the children too. It was also observed that at the beginning of their classes in the morning, teachers would ask one child from their class to say a prayer for family, friends, schools and other things the children thought of. However the most common was 'The Lord's Prayer'. At meal times, children also took turns to pray for their meals before they ate.

During prayer times, as was observed, children would put their hands together, bow down their heads and were in total silence until the prayer was over as one of them prayed. The silence they went into during prayer time was a training they were being given by the teachers to have deep reflection over what was being prayed for in silence. This exercise was a constant reminder that there was a superior being above their circumstances. Although the study also found one teacher of Islamic faith at one centre, she was not found to be explicitly practicing Islam with the children during the study visits. By teaching children how to pray, the teachers facilitated the children to have an understanding of there being an unseen powerful being whom they could make request to for things they wished for, give thanks for things they had and tell anything to if people around seemed not to help them. Therefore, those children who felt hopeless could continue hoping; those with negative energies could activate positivity, and those who felt they had no one to talk to would be reminded that there is God to talk to. This was potentially a significant way of creating calmness in especially the OVC, building hope and a sense of comfort. A regular practice of prayer for these group of children also had the potential of building in them positive character which is a strong indicator of faith for life's provisions and optimism, normally associated with resilience.

6.13.3 *Information on Teaching Capacity*

Generally, teachers in many parts of the sub-Saharan region handle a heavy workload. This is not any different in Kenya. The ECD policy guidelines (2006) suggests a lower teacher to child ratio at 1:25 per class since a lower ratio ensures effective class control and management, quality interaction and participation of teachers and children. The study findings showed that the classes were large and were more difficult to manage when teachers on internship were not around. There were times when the two class teachers per centre hand to combine their classes and teach together and only split them after the trainee teachers arrived. The pupils were over recommended numbers since admission continued throughout

the year which was cumbersome. This crowding had implications on how teaching-learning activities and other services offered by the teachers.

Millions of children from disadvantaged communities in sub-Saharan Africa have been found to exhibit inability to perform well in primary schools (EFA, 2013/4; ECDE Global Meeting, 2013). This could be as a result of large classes which are not sustainable in terms of quality services and it becomes very easy for OVC to slip through the cracks, and not given adequate psychosocial support services. The potential of them competently proceeding onto other levels of education without having been given personalised attention enough for nurturance in resilience which is a necessary tool for thriving in hostile environment, can affect their survival chances in schooling programmes.

In addition, the study findings indicated that deputy head teachers besides handling the administrative duties for lower primary, the ECDE and the special needs unit in the school, they were also expected to take up teaching loads as well as support teachers in their professional as well as their social lives. This was indicative of how heavy workload was an impediment to deputy teachers to easily identify directly with the psychosocial experiences of all the children in ECDE centres. They only became aware issues affecting OVC when there was an urgent need to attend to or only when their involvement was needed in addressing a problem concerning them. According to the study, this situation was worrying and calls for an urgent need for Kenya to invest in training more ECDE teachers so as to have sufficient numbers to handle children effectively. This would enable them to give a better head start in ECDE programmes, and to effectively address psychosocial needs of OVC in disadvantaged communities in the slums of Nairobi County.

6.13.4 *ECDE weekly Programme vs Teachers' Capacity*

Weekly programmes are very important for they help teachers to programme children they teach in a certain pattern of activities. This was good in helping them to be expectant and psychological preparation for their individual or group participation. The timetables help in this organization of children in learning environment and putting them into routines and rhythms of both indoor and outdoor activities. The study findings showed each centre had a timetable that started in the morning at 08:30am to 13:00 pm with two breaks for toileting and one lunch hour. The indoor learning activities which were for intellectual stimulation had time slots weighted against the ECDE curriculum provided by the Nairobi County education

department. The activities were in the areas of social and environmental education, language and writing, mathematics, outdoor activities, science activities, creative activities, Music and movement, and religious activities. All these were very enriching in content and relevance for the age group of ECDE children.

ECDE centre outdoor activities comprised of the physical body exercises commonly known as PE. This was scheduled on the class timetable which ensured a good balance in children's experiences. There were two break sessions as earlier mentioned; the first break coming at 09:45 to 10:00 for toileting, and the second at 11:00 – 11:30 for porridge and snacks. Centre 2 did not have the provision for porridge for the children during the second break but some children had parked snack from home. At 13:00pm, lunch was served. These schedules were helpful to the children especially the OVC in regulating them as earlier indicated. Every morning, the centres opened up the young children's world where they had to recall what they learnt the previous day and make presentation of their assignments/ homework to the teacher. This was to ascertain their entry behaviours on a daily basis. Thereafter, they engaged in useful activities, as well as some nourishment. A selected number of the OVC would be given roles to lead other children or facilitate scheduled activities, which was promotional for training in various leadership competencies.

In this study it was observed that any changes to activities that were scheduled had to be communicated to the children prior to set time, and sometimes the changes had to be negotiated. For example, during this study's activities, the researcher together with the teachers had to negotiate with the children for research activities to be fitted in the week's class schedules. In one of the centres, it was observed that children could be allowed to provide suggestions to what they liked to be taught, and this was discretional to the teachers as they offered some guidance. When changes in the class schedules were unexpected, children, especially some of the OVC, were very restless and would react negatively by being disruptive to others or openly stated that '*they had been cheated that day'*. This was an indicator of how changes can create a degree of mistrust when not communicated early to the OVC. Therefore, these schedules for pre-schooler instilled self-regulation, organization, responsibility, independence, self-awareness, confidence, cooperation and negotiations among many attributes that are associated with nurturing resilience (Werner & Smith, 1989, Masten, 2006).

6.13.5 *Capacity vs stakeholder's support*

For ECDE centres to adequately perform their role, a strong partnership between the government of Kenya and stakeholders support was important; especially in fast tracking implementation of policies related to ECDE in the interest of the child. This partnership in Kenya was encouraged over the years since the 1970s. In Nairobi County, a multi-sectoral approach as indicated earlier was adopted and some of the stakeholder partners include the international organizations, non-governmental organizations, faith-led organizations, philanthropists, business communities together with various government ministries. Although governments should efficiently provide for all the basic needs, early childhood education being one of them, the involvement of partners is indication that there are gaps in meeting those basic requirements. These partners as reported by teachers helped in filling the gaps. This therefore allowed children from disadvantaged backgrounds such as OVC to benefit. However, their support was found not to be sustainable. The partnership depended on availability of donor funds and when funds ran out or got misappropriated after a short period of time, the projects would wide up and the needs of children deepened as the demand for the support increased due the county's slum population explosion, which was alarmingly high. Therefore, there is need for the county government to look for lasting solution to the support offered for ECDE to be sustainable to all children.

The stakeholder's support was also found in be forms of capacity building which ensured that the resource personnel- teachers were continuously trained or went for in-service courses. The training was mainly driven by NGO, foundations, UNICEF in partnership with the local public higher institutions of learning. This kind of support ensures that teachers remain competent and professionally relevant in their service delivery. Other interested partners provide support for infrastructure, food and nutrition, health and sanitation, teaching learning materials, awareness and advocacy campaigns in support for the ECDE. These partnerships through various activities are essential in ensuring OVC get a proper head start in life and be at par with the rest of the children.

Therefore, it can be concluded that, the public ECDE centres in slum areas of Nairobi suffered from moderate-to-severe infrastructural stress. However, teachers utilised their expertise and available resources to provide the best services they could under the prevailing circumstances.

6.14 Policy provision for ECDE centres

Policy provisions are essential in guiding teachers in service delivery and cushioning the interest of the children they handle, as well as their own. This is particularly important in effectiveness of intervention measures to all children especially OVC. The study findings revealed that, the two deputy head teacher who participated in the study and class teachers were aware of some the policy documents that were available in the school. However, not all of them knew the specific provisions that paid reference to psychosocial support of the OVC. This was because, the policy documents were in the head teacher's office and therefore not easily accessed unless there was a serious issue that needed one to refer to them. The policy documents teachers remembered were the ratified international article that spelt out the children's rights (UNCRC), which were mostly taught during in-service training they received intermittently. Unfortunately, only a few class teachers were able to have this in-service training, while the majority missed out on additional skill resources that detail policy provisions.

Although much of the emphasis in ECDE policy implementation was placed on administrative matters and pedagogical regulations, teachers were not very sure about what provisions for OVC, but instead relied on social workers for guidance on some of the sensitive issues. While good interventions were managed by the class teachers in supporting them, in general they relied on their intuitiveness. There was little knowledge on policy matters regarding their roles in the ECDE centres. This implied that, they were had less or not contribution in policy formulation, thus the gaps that existed in policy with regard to ECD. If the teachers as policy implementers are oblivious of set provisions, it means that their contribution is excluded during the policy formulation. This could have dire consequences in their services to children since, as findings indicated; they were not fully knowledgeable in all the policy details that should guide them in specific service delivery at the ECDE centres. This necessitates great attention to policy matters especially the knowledge of their formulation and implementation.

Therefore, the study suggests a comprehensive review of the ECDE teachers training curriculum to ground them in policy and be in tandem with emerging needs of children they handle. There is also an urgent need for the current Kenya's ECDE system to involve teachers at their various levels of service in policy formulation for them to own these policies in their practice, and at the same time there is need to strengthen ECDE teacher training

curriculum to be sufficiently responsive to challenges teachers encounter when handling OVC in the context of HIV/AIDS. Training equips teachers with necessary skills that enable them play supportive roles when handling the OVC. In the absence of strong policy provision in ECDE programs and appropriate training for teachers, resilience nurturance for these children will continue to be covered by other general policies that may not be specific, which may remain insufficiently effective.

6.15 Study findings in relation to theoretical resources of resilience.

The theoretical perspective adopted for this study drew and integrated aspects of protective model, ordinary magic model of interactive model, transformative, ordinary magic and adaptive model of the resilience theory (Garmezy, 1971; 1985; Hermann et al., 2011; Masten, 2001; Rutter, 1986; Werner & Smith, 1989). This integrative perspective facilitated the understanding of a range of OVC experiences, their ability to thrive and realisation of their potential despite their difficult circumstances. Although the models were drawn from earlier resilience studies carried out on western populations, their integration was found suitable to the realities of OVC population under study. This formed the basis of explaining OVC's experiences in their day-to-day endeavours, and their possibilities to thrive under unfavourable circumstances in the low resourced slum environment.

In this study, protective and promotional factors which included awareness of self and others, self-confidence, high self-esteem, independence, having internal locus of control, sociable amongst many others; were found to play vital role in this group of children. The OVC were aware of difficult circumstances that surrounded them. They however showed that they could confront their challenges responsibly when supported. As a result, these children exhibited a lot of enthusiasm and positiveness in their daily interactions at their ECDE centres, nursed aspirations of them 'becoming' in their future lives, and not focusing on their vulnerabilities. Such positiveness, enthusiasm and hope are associated with resilience.

The children's capacities to be flexible when faced with challenges showed their abilities to negotiate their fears. For example, on their way to school they engaged with strangers to help them to cross dangerous roads, at school with teachers they had activated their help seeking habits, and with peers they had social engagements. They were found to look for alternative solutions to prevailing challenging circumstances even when it seemed inappropriate. As one teacher mentioned they were forced to mature early. Engaging in help seeking behaviours

while in school included telling a friend or the teacher when in distress, and this automated support systems to their advantage. Their expression of distress was an opportunity to unshackle themselves of inhibitions and a realisation to the fact that, they were in an enabling environment. Consequently, the positive characteristics that emerged in OVC experiencing psychosocial support and making meaning of their experiences varied from one child to another; indicative of unique realities of each individual child. Some children who expressed helplessness partly due to their immaturity to decipher events around them were later emboldened just like majority of OVC who showed positivity and optimism.

Despite children's daily struggles accessing ECDE centres and challenges they had to encounter, they showed indications of self-directed individuals. This woken them up to life's realities of being self-driven to make the best of what they had through nurturing positiveness to counter negative feelings. Thus, ECDE centres' spaces offered a buffer of nurturance in positive thinking exposing its transformational role to the OVC. In these spaces children's attitudes were interrogated; anxieties exhibited in unbecoming behaviours contained, they received modeling from peers, older children and teachers, and centres routine programs offered stability. Attachment figures in their teachers encouraged trusting relationships which led to resilient functioning in the children. Since lack of kinship ties for some was a challenge, this was countered through surrogate attachments to their teachers and older children in the schools.

Socialisation was successful in countering withdrawal tendencies evident in their expressions of self before and after coming to the centres. Socialisation enabled them to cope and it provided insightful to children which helped them to develop problem solving skills. This strengthened children's resilient functioning mode, which steeled them against the adversities of life. Therefore, children were nurtured to accept their circumstances, helped to understand themselves, were equipped with life skills and taught to hope for better things in their future lives. Although the participants were found to be exposed to prolonged stress, they did not present visible signs of their suffering when they were with others. This suggests that, when at their ECDE centres, they were empowered to be like the rest of the children. They displayed many facets of resilience, and their knowledge of their vulnerability was not deterrent to their adaptation in the ECDE centres. This gave them a high propensity for more positive attitude towards life and their future success, with the ECDE centres and school environment as the mediating agents.

Although the framework utilised in this study showed individual components, there was an interactional effect that led to their integration. Thus, the risk factors that potentially posed adversity provided opportunities for regenerative activities for these children to thrive in the ECDE environment. Awareness in terms of self and others, helped in the identification of past experiences, realisation of the role of relationships with peers and attachment figures such as teachers in deepening the window of resilience for the OVC. This increased the promotion of their adaptive behaviours. The children were nurtured into self-regulation, skilled to tolerate their fears and reduced risky tendencies similar to those experienced in studies by Werner and Smith (2002). For the OVC to have expressed adjustments that were both internal and external as they got into the rhythm of activities that skilled them at the ECDE centres, was indicative of their ability to adapt by confronting prior negative experiences and feelings. The infrastructural capacity supported the process of redefining the children's childhoods outside home environment. This enabled them to realise their developmental progression and restoration within their age set, with teachers not only playing their professional role, but also desensitising those at risk. The ambience at the ECDE centres was ideal for childhood progression and exposure to potentiation processes. Programmatic process in form of school routines also provided regulatory functions, healthy competition and improved emotional balance.

While some of the factors identified in this group of children can be associated with older children in other studies on resilience, they indicate that, nurturing resilience can be captured earlier in children's lives. However, considering that this group was homogeneous- from the slum area of Huruma- OVC adaptive behaviour was actualised in creating more inner strength, positive attitudes, coping styles of evoking God, help seeking behaviours, healthy relationships and hope. It could be interesting to look at heterogeneous sample with varied age groups both in urban and rural environments to ascertain differences. This study provided a strength perspective adopted in other studies (Luthar 1991; Masten 2001; Rutter 2012; Werner & Smith 1989, 2002; Ungar, 2010) some of which were longitudinal. This study was limited in time and sample as opposed to prior resilience studies. Nonetheless, it brought novelty to the outcomes of this study in understanding younger OVC in a harsher urban environment who managed to thrive with psychosocial support as highlighted in this thesis.

6.16 Chapter Summary

This chapter discussed children's experiences as presented by both the children, their teachers, and from observations and assessment made. Although it is clear that OVC in urban slum areas are exposed to potentially higher risks which may have adverse effects on their wellbeing, there were various aspects which pointed towards support provision mechanisms that promoted resilience nurturance in young OVC. This insight provides more understanding of the psychosocial support systems within the ECDE centres environment in slum areas and also suggests gaps that need strengthening for efficiency in support services. The ECDE environment gives OVC a membership and engagement in activities with the capacity to promote positive feelings and a sense of belonging; encouraged through support networks by peers, teachers, the ECDE environment and partnership with stakeholder and interested groups to potentially buffer their survival and possibly worked towards reduction of risks in their lives.

Teachers' role in facilitating support actions that are promotive were instrumental in mobilising available resources, building long lasting relationships and bonds which were crucial for the psychosocial development of younger OVC. This gave the children encouragement, and strengthened routine behaviours that enabled them to build resilient characteristics. Since their needs and challenges were many and surpassed resources available to them in ECDE centres, there was no one single psychosocial support approach that was found to address the uniqueness of their individual needs. Synergizing a multiplicity of effective approaches and partnership with various arms of the Kenyan society could be the solution to a number of factors that were found to threaten or undermine the wellbeing of preschool OVC in slum areas of Nairobi. However, all these need to be put on a larger research scale both in rural and urban areas of Kenya for generalization.

A relationship was established between the study findings and resilience literature. Although, the adopted framework had individual components, they were interactive and thus integratory. Nonetheless, the study findings substantially addressed the research questions set in chapter one. The next chapter gives an overview of the study, summary of the findings, limitations, recommendations, suggestions for further research and conclusions.

CHAPTER 7 CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

Childhood vulnerability resulting from effects of HIV and AIDS is worrisome and continues to affect many children who live in urban areas in Kenya. This study aim was to explore experiences of psychosocial support and wellbeing of OVC affected by HIV/AIDS in ECDE centres in Nairobi Kenya. Urban pre-school children affected by HIV/AIDS in Kenya are too young to comprehend the realities that continue to pose challenges that can hamper general development unless provided with adequate support under the circumstances they find themselves in. The study was inspired by the need to make a contribution to the body of knowledge in this area, since there is paucity of information that relate to psychosocial support to preschool OVC and few of such studies available in the sub-Saharan African context (Dunn, 2005). In addition, the dearth of empirical information to inform policies that cushion preschool OVC in the context of HIV/AIDS in a learning environment seem to provide no specific prescribed guidelines to cushion teachers in service delivery to this group of OVC in Kenya. Thus, the findings provide insights that can inform policy makers, ECDE practitioners, interested stakeholders, and suggestions made to stimulate further studies on psychosocial concerns and wellbeing of OVC in middle childhood.

7.2 Summary of the study chapters

This study has 7 chapters. Chapter 1 consists of the background information on the study and it provides a basis upon which this study was conducted. The chapter gives background information, problem identification, an outline of the study's purpose and the research questions that offered guidance to the research. Since the focus was to explore psychosocial support and wellbeing of preschool OVC in ECDE centres in the context of HIV/AIDS in Nairobi Kenya, the study only looked at the children's lived experiences and meanings they attached to these experiences in order to ascertain available opportunities for their support and resilience nurturance within that slum environment.

Chapter 2 provided a theoretical consideration within the resilience framework which was adopted to guide the study. A brief review of literature on resilience studies was given with a focus on children in adversity. A proposed framework that considered the psychosocial experiences of OVC, awareness of OVC psychosocial concerns, infrastructural support and contribution of policy towards resilience nurturance of the children in the ECDE environment was discussed.

Chapter 3 reviewed literature related to OVC. Discussions on OVC affected by HIV/AIDS pandemic were highlighted, with some reflections on the ECDE sector in Kenya in terms of guidelines, provision of services to preschooler with teachers as facilitators within learning environment; and policies that relate to OVC in general.

Chapter 4 described the research design, methods and processes utilized in accruing data which include sampling procedure, multiple methods, data collection and analysis. The chapter explicates how data were to be analysed based on lived experiences of OVC and meanings they attached to these experiences informed by the phenomenological hermeneutic approach. Ethical considerations were also highlighted.

Chapter 5 provided findings based on the multiple methods that were utilised in the study. The findings included OVC psychosocial experiences, teachers' and children's level of awareness concerning OVC psychosocial experiences, ECDE centres' infrastructural support and promotion of wellbeing of OVC, and the contribution of policies in ensuring the children's wellbeing and opportunities for the OVC resilience nurturance.

Chapter 6 presented discussions of the findings by locating the OVC psychosocial experiences and meanings they attached to the experiences. Highlights of potential risks factors that exacerbated vulnerabilities of OVC, and protective process that potentiated OVC wellbeing within the ECDE centres environment through psychosocial support were made.

Chapter 7 presents summary of key findings and conclusion; identifies the study contributions to the body of knowledge; highlights recommendations and suggestions that can offer a stimuli for further exploration on psychosocial support and wellbeing concerns of OVC affected by HIV/AIDS in ECDE centres in Kenya.

7.3 A summary of the key findings that emerged in the study

The study findings on each objective are encapsulated in the following sub-section as presented below:

7.3.1 *Objective 1: Psychosocial experiences and challenges of OVC in the ECDE centres*

The findings of OVC psychosocial experiences and challenges were guided by the research question 1. The children were asked about experiences that made them happy and those that made them sad. These experiences were explored using VSI and narrative, drawings and narrations, conversational interviews and focus group discussions. A summary of the findings are described below.

7.3.1.1 Experiences of risks exposure to vulnerability

This study was of the view that experiences have a great influence on the wellbeing of children. The experiences expressed by OVC as sad showed high levels of exposure to risks and vulnerability. These experiences were located in home environment, journey geographies to school and some at the centres. According to the children they greatly undermined their general wellbeing as shown below. However, these sad experiences did not deter them from accessing their ECDE centres.

7.3.1.1.1 *Risk exposure to vulnerability in home environment*

The study findings indicated that some of the children suffered **loneliness** coupled with either **confinement** or **neglect** from their caregivers. Through the VSI, the OVC also identified and voiced negative experiences which included; inadequate stimulation, hunger and lack of favourite food, sickness, lack of shelter, lack of protection, fear of darkness and cold for lack of blankets", helplessness, bad (negative) feelings, loss of parents and loss of care. Children also attached sadness to these experiences for they were denied both the adult care and play with their peers when neglected by their caregivers or even locked up indoors whereas others played outside. While acknowledging the need for safety for younger OVC, lack of adult care, confinement and neglect coupled with loneliness have the effect of non-social behaviour, lack of trust, withdrawal and mental distress which do not promote the children's wellbeing.

Fire tragedies were found to pose huge risks to OVC. The children were exposed to risks of getting burns; loss of shelters and homes, loss of not only their physical possessions but also their scholastic materials, displacements, possible relocation and loss of memories of their childhood playmates. Such were reasons given by OVC for negative experiences in the slums that increased their vulnerability. The wellbeing of the children was undermined by not only

living in disadvantaged socio-economic slum settlements but also posed major risks to their advancement in life. However, this finding which predicted vulnerability to children who experienced fire tragedies was contrary to what the children experienced once they got to ECDE centres. They were supported materially from that location and this enabled them to adapt and be optimistic.

Children from **orphanages/foster homes** were found to be unhappy with their living arrangements as the homes were congested, lacked adequate adult supervised care, had insufficient food supply and the children were generally unhappy. This finding revealed that children went to community churches for meals or got some when schools were in session which was evidence of the difficulties and uncertainties OVC experienced in slum institutionalised care. Although some literature lauds institutionalised care for OVC and others have contrary views, the OVC from orphanages in this study brought to the fore the issues that undermine their wellbeing. The study acknowledges that a smaller sample of OVC was used in highlighting these issues. However, this finding affirms the need to have functional institutional homes that fully support the wellbeing of OVC for better adjustments in life.

Bereavement, separation of siblings and loss of their familiar homes were found to adversely affect the children. Those who were bereaved were found not to understand what death of family members meant, the finality of death and why they had to be separated from siblings or move from the homes they knew. This finding highlighted the difficulties OVC who lost primary caregivers face and the need for skilled persons in ECDE centres or slum communities to explain to them in a language that is to their level of understanding, the transitions they find themselves in as OVC in the context of HIV/AIDS.

Some OVC were also found to have been exposed to **sexual abuse**. Evidence of drawings of genitalia or naked bodies was a confirmation of their degree of exposure to adult behaviours which were detrimental to their wellbeing. Teachers also reported children's use of inappropriate language, exposure to pornography and cases of defilement they had handled. Intricacies of handling abuse cases especially in foster families or involving OVC custodial figures was brought to the fore. This finding reveals a major weakness in child protection services to this group of children in urban slum areas. The ECDE teachers on their part

offered their support in highlighting such cases once they emerged but their influence was found to be limited.

In general, the above highlights indicate that OVC experiences of risk exposures increased their vulnerability which was characterized with factors from home. OVC endured many exposures to psychosocial risks for an opportunity they got at the centres which enabled them to access some support and possible positive adjustment necessary for them to thrive.

7.3.1.1.2 *Risks and exposure to vulnerability on journey geographies to ECDE centres*

Journey geographies to and from ECDE centres posed many risks for a majority of the OVC. Besides the **poor terrain** of slum neighbourhoods, **gangsterism, gang fights, dangerous dogs, bushes, crowds, witnessing** and **getting involved in fatal vehicular accidents** indicated lack of adult guide to school. The trauma that came with the journey geographies was manifested in **high levels of distress, anxieties** and at times **aggressive behaviors** that were reported to manifest in some of the OVC when they arrived at the centres in the morning. The study however found more boys than girls expressed the journey risk exposures as sad experiences. This apparent alertness of boys to these risks was indicative of other underlying issues that may need further investigation. However, understanding these experiences and the meanings the OVC attached to them is vital in creating awareness and in mitigating the effects of such experiences.

7.3.1.1.3 *Risks and exposure to vulnerability at the ECDE centres*

The study findings also indicated that some of the OVC felt more vulnerable in their ECDE centres. Evidence from the drawings and FGD show that fear of the **teacher's cane**, being **taught while standing** during class lessons, **isolation** for not answering questions correctly denied the OVC the psychological benefits of being with others in their classrooms. Such exposures had the potential of instilling aggravated feelings of vulnerability and phobia for class sessions. The OVC also reported experiencing **bullying, hunger, discrimination** and **stigma** through **labeling** and **general fear** of other children. Although the children loved being in their centres, there was a possibility that such exposures in and out of classroom situation were a reflection of how other children in school environment may stigmatize some of the OVC and increase the likelihood of them having poor mental health.

7.3.1.2 Protective and promotional experiences of OVC

The study also revealed that, a majority of OVC identified various **protective** and **promotional experiences** in their ECDE centres. These experiences were enshrined in various processes within classrooms, out door and out of school activities. They included teaching and learning of reading, writing, and counting together with related tasks; creative activities, play, games and recreational activities and school tours and excursions. These experiences provided for stimulating opportunities that responded to the psychological needs and various forms of support for the OVC.

7.3.1.2.1 ***Promotional experiences of OVC in classrooms***

Although a majority of the OVC were found to have had experiences that exposed them to vulnerabilities, their arrival to schools and their **classroom experiences** exposed them to **cognitive stimulation**. This was achieved through reading exercises, starting with sounds of **alphabets**, succeeded with three to four letter words, **recitals**, **spelling** and **fill-in exercises**, **counting** numbers to **mathematical tasks**. Children engaged in **creative works** such as painting, coloring, encouraging others, supporting individual and group activities. These class activities which complimented others socially in achieving their tasks within a classroom setting cushioned some of the OVC who may have had difficulties to cope.

7.3.1.2.2 ***Promotional outdoor OVC experiences***

Outdoor activities which were found to be more physically engaging helped the OVC expend pent up emotions, strengthened them physically, encouraged them to strategize in achieving tasks both as individuals and groups, provided opportunities for self-awareness and aware of others, encouraged networking, cooperation, happiness, confidence, initiative, self-identity, discovery of unfamiliar things amongst others. **Socialization and creation of friendship relationships** were augmented during the outdoor activities. The children felt motivated and inspired by peers and teachers. As was evident from the children's findings, there were also **elements of surrogacy** that came with the teachers playing **roles of pseudo nurturers** to these children through nutrition, provision of material, general care and support. The fact that a majority of the OVC reported to have experienced all of the above, reflects on the significance of ECDE centres as promotional venues for acquisition of positive developmental competences and general wellbeing; qualities often associated with resilience.

7.3.1.2.3 *Promotional out of school OVC experiences*

The study revealed that the children frequently visited game parks and animal orphanages, had opportunities to participate in school competitions which included: recital, songs and dances. These activities were conducted in locations outside their familiar school area or home environment. They created in them a lot of **enthusiasm**, **competitive spirit** and **rejuvenation**. Through the competitions, they had opportunities to see unfamiliar things and children which provided them with enjoyment, exposure to attitudinal changes by comparing themselves to others and the places they came from. Through tours to game parks and animal orphanages, children did not only see unusual things, but also smelled 'fresh air', touched different materials and got energized in their inner beings by interacting with other environments. They were also able to break the daily routines, with the probability of arousing in them dreams, certain interests about their future and having different perspective towards life. All these potentially broadened their scope concerning the wider society they lived in, and deepened their understanding through reality experiences of new perspectives gained in these tours.

7.3.2 *Objective 2: Level of awareness, challenges and the psychosocial support given*

It was important to establish level of awareness of psychosocial challenges that OVC faced and support they received. This was guided by research question 2 which sought to find out the level to which the children and teachers were aware of psychosocial needs and, the support given within their ECDE centres.

7.3.2.1 OVC awareness of psychosocial challenges and psychosocial support provided

A majority of OVC were aware of their challenges and the support offered in the ECDE centres. Their challenges which comprised of risk exposure that exacerbated the children's vulnerability included: lack of care, not having parents, feeling sad, not knowing what happened to their parents when they were buried and when they would come back, threats from relatives, not getting material support, not knowing they faced stigma and discrimination at home and sometimes at school, neglected in orphanages, not having money like others (poverty) and labeling. Those who had positive sero-statuses were aware of the positive activities to engage in and which ones not to. Awareness in all these were expressed in their drawing, conversational interviews and FGD. There were a few cases where the children knew little of their challenges and exposure to their vulnerability. For example the children who wanted to establish an inappropriate relationship with their male teacher or

those whose parents had died but did not fully express themselves. This notwithstanding, a majority were found to be aware of their psychosocial challenges. However, at their age, they could only rely on the adults in their reach to mitigate them.

The study also showed how OVC manifested high levels of awareness of the psychosocial support they experienced in ECDE centres. The children cited the following as supportive: companionship and interaction with friends; making friends and sharing stories with them; having a place to play; getting fed in school, sharing teachers' food and also getting some more at the churches; having friends from the primary school who checked on them and helped with class assignments at home; getting uniforms and other writing materials; team work, member checking and reporting to the teachers, creative activities, companionship, encouragement from peers and friends, friendship, modeling for each other, talking to their teachers and getting forms of encouragement; teachers defending the bullied; teachers caring and taking those who were sick to hospital, teachers dispensing medicine to those who came to school sick; the sick being carried by the teachers on their backs and teacher general surrogacy to them. These findings confirm ECDE centres as places that have rich ingredients for psychosocial support that contributes to the wellbeing of OVC.

7.3.2.2 Teachers' awareness of OVC challenges and psychosocial support given

Although teachers had the awareness of the OVC psychosocial challenges within the ECDE centres, head teachers and their deputies were not privy to all the challenges the children experienced in the same measure the class teachers did. These challenges according to teachers included vulnerabilities such as: social, economic, psychosocial and physical. The social and physical vulnerabilities included - age and dependency on adults, living with critically ill parent/s (poverty), stigma and discrimination due to statuses of orphanhood and sero-positive, changes in adult care and lifestyles, neglect; physical hunger and poverty, loss of possessions when floods or fires break in their homes, hostile neighborhood/crowding, lack of uniform and scholastic materials, water and sanitation, at risk of poor health by eating from rubbish dumbs, malnutrition, accidents and poor hygiene with risks of ill health. Teachers' views on the **psychological status** included: crying, fighting, fear, stuttering, startles, withdrawal, aggressive language, labeling, loneliness, anxiety, difficult to have friends, lack of trust, isolation, insecurity and recruitment into early crime and sexual abuse. Teachers were also aware that children who had positive sero statuses faced challenges of

being prone to ill health, inability to accessing medi-care, neglect of guardians failing to take them for their hospital visits, non-adherence to their medication, lacked money for hospitalization and general poor care.

While teachers were not well equipped with the necessary resources to adequately address the needs of the OVC, the study found out that, they supported them in various ways. Besides teachers offering the expected academic support through: reading, writing, creative activities, displays the works affirmation;, school uniforms which gave the OVC **an important identity**, provision of scholastic materials from the class 'pools', facilitating both individual and group activities for OVC in classroom which created an accommodative environment in class and, being their role models. They were also offered emotional support through detection of their psychosocial concerns or inquiring on change in their behaviour, surrogacy and acting in loci parentis whenever there was need to do so, comforting, facilitating joyous activities, counseling and providing appraisal for encouragement.

Teachers were also found to facilitate **friendships** in and out of classroom. Those OVC who exhibited leadership qualities, roles and responsibilities were assigned to them which helped in programing them into being influential peer leadership roles. Security was also found to be a challenge for most of the OVC. To assist in this, the school offered children security in their movements to and from their schools for their unaccompanied children through walk-to-school clubs. Other forms of protection were also sought in cases of physical or sexual abuse to a limited degree since this was an intricate matter. These efforts helped ensure that the children did not lose ability to adapt well in the ECDE centres. Conversely, the study found out that there were challenges of slum culture in matters security especially where OVC were involved. Gangs' influence on the movements of children to school was worrying during gang conflicts. Another complication of security for OVC concerned cases of abuse especially where kinship was involved. Children would be shut into silence and even transferred from the ECDE centres.

7.3.3 *Objective 3: Capacity in meeting OVC psychosocial needs and wellbeing*

To achieve this objective, the study was guided by research question 3. The findings showed that there were several aspects of institutional capacity in place that ensured the wellbeing of the OVC. The physical structures such as; classes, play facilities; were shared with the primary schools that hosted the ECDE centres and were accommodative in giving OVC room

to explore and exploit their talents. Perimeter hedges erected around the schools provided protection and security to the children who at risk of exploitation and recruitment into antisocial behavior and early crime. Functional sanitary facilities were found to help the children learn personal hygiene even in the absence of their teachers. Schedules of the week for the ECDE programme helped in offering some form of organization and order for the OVC into a regular daily routine. Nevertheless, the physical facilities needed to be improved especially on the safety of buildings that accommodated children, play facilities to avoid injuries, having sanitary facilities designed for children and not adults, and repair of the perimeter hedge around the schools. The programmatic schedules provided organization, stability and predictability of children's lives.

However, teachers were found to be overstretched and overworked. There was a disproportionate **teacher-child ratio** in each class compared to the ECDE guidelines and provisions, and as reported, enrolment continued throughout the year. Teachers were overloaded with many responsibilities with a high possibility of them inadequately meeting psychosocial needs of all children in their classes, OVC included. However, those on internship brought them intermittent reprieve in their work load for the length of time they were available. This finding calls for recruitment of more teaching assistants to support class teachers in ECDE centres located in slum schools.

Challenges were found in ensuring a balanced diet for some children especially for those who had positive sero-status in the school feeding programme. Teachers had to prepare milk or nutri-feed for them using their own resources. The dependency of ECDE centres' on what schools received from the government, donations from non-governmental organizations, or other external support was unreliable and risked malnutrition in those OVC who relied on the feeding program. However, teachers shared their own meals and prepared food for some, showing how their role went beyond the call of duty.

7.3.4 *Objective 4: Policies contribution to opportunities and resilience nurturance*

The above objective was guided by the research question 4. It sought to find out the contributions of policies towards psychosocial support and resilience nurturance in younger OVC in the ECDE centres. The study findings show that teachers' knowledge of policy provisions for psychosocial support for OVC in ECDE programmes were shallow and as

policy implementers, this was worrisome. Although policies addressing children issues were spread out in different government ministries such as health, education, gender and youth, local governments to address nutrition, health, protection and education; teachers relied only on ECDE policy guidelines and partly the education policies which were general and inadequate to sufficiently address specific psychosocial needs of OVC. The study also found no policy or legal provision cushioning teachers in the event of any unfortunate incident occurring to OVC in the context of the study. This revealed the gaps that existed in policy with regard to ECD due to lack of expert input from ECDE teachers as policy implementers. This necessitates a collaboration of all multi-sectoral players on all policy matters right from the formulation, designing and implementation levels. This study is also of the view that, a comprehensive review of the ECDE teachers training curriculum be made in order to provide teachers with knowledge on policy matters in tandem with the emerging needs of the children they handle. Shallow or absence of strong policy provision in ECDE programmes, and lack of training for teachers in resilience nurturance to benefit the children may continue to be problematic. The study revealed that teachers mostly relied on their own intuition when dealing with some serious psychosocial concerns of OVC without backing in law or educational policy.

7.4 Reflection on the resilience framework

Resilience theoretical framework that was proposed for this study explained the experiences of OVC, transformative and adaptive changes they experienced despite having constant stresses to overcome their adversity (Masten, 2001; Ungar, 2010). As seen from the findings, this group of children was exposed to multiple risks of being young and in an urban poor slum area with most of the neighborhoods and its inhabitants being socio-economically deprived. Some of the OVC in this study were exposed to multiple risks not only as orphans, but also having to experience processes of orphaning, as well as suffering vulnerability due to ill health of custodial members of their families. Some were found to have positive sero status and at the same time living in a low socio-economical urban slum area. Nevertheless, the limited protective factors available in ECDE centres had the potential of enabling them to thrive. Their everyday experiences and the ‘magic’ in their lives in terms of their psychosocial adjustments within the ECDE centres were crucial in this study.

Surviving harsh life in poorly resourced urban slum in the context of HIV/AIDS is a challenge for most of the younger OVC in Nairobi Kenya. The study's findings demonstrate that although OVC encounter many negative experiences presented in forms of violence, overcrowding, insecurities, lack of care, mental stresses, behavioral and emotional difficulties, vehicular injuries, nutritional and health problems amongst others; access to ECDE centres enables them to have opportunities to psychosocial support which enhance their wellbeing, thus deepening this window of resilience. Working on dealing with negative effects that come with their statuses as OVC through psychosocial support provides possibilities of handling the apparent fragmentations of their lives, enhance individual growth and opportunities to gain access to psychosocial intervention processes. Dealing with everyday experiences was especially important for the OVC in adapting to life challenges. In the ECDE centres the OVC needs of belonging were also met. This in part filled the gaps of disconnect in kinship, established friendship and built strong relational interactions that catalyzed their psychosocial development. Thus, psychosocial support and wellbeing for those OVC affected by HIV and AIDS in ECDE centres located in slums are essential for their growth and development. Such places many on paths of achieving their full potential in life.

Although the study was explorative in nature and used a smaller sample, it should be noted that, younger OVC had many developmental and care challenges. Through processes of resilience nurturance, they gradually were able to handle challenge interfaces from home, on journey geographies and, their ECDE centres which were unique to each individual child. Their interactions and adaptations were enshrined in their daily experiences. The children's interactions with peers, teachers, ECDE centres' environment, cognitive, social, emotional, physical and psychological support they accessed were found to facilitate protective processes that provide for their adjustments within the context of the slum environment for them to thrive. Thus, no one approach can be sufficient to provide the opportunities of making adjustments in their lives.

Resilience perspective posits that, for children to be termed to have resilience the following have to be present: i) individuals must have had exposure to a significant amount of stress or adversity or difficulties or risks and appeared to have come out successful; ii) possibly had positive adaptation or competences shown; iii) have had protective factors that mitigated the adverse effects of stress or adversity or difficulties or risks (Luthar, 2000; Masten, 2001;

Rutter, 2012). The OVC under study were found to have had one or both parents deceased or living with HIV/AIDS while others had their families hosting relatives who were HIV infected. This potentially placed them under various risks of care and socio-economic nature as seen from the findings. OVC experiences as shown in chapter 5 and 6 of this study highlighted their risk exposure, which underpins the notion of significant threat as described in resilience theory. Understanding their lived experiences within the context of HIV/AIDS in a poor resourced slum environment; and how they are able to thrive with the help of processes within the ECDE centres have profound implications on the support and intervention measures these children receive.

Positive adjustments were reported to have been adopted by the young OVC within the ECDE centres mainly through interests created in the children amidst interactions and relationships with peers, teachers and the environment. It was clear from the findings that, the children had numerous opportunities to thrive, albeit under strenuous circumstances. In the ECDE environment they found spaces to feel free as children often do and to express their emotions to their teachers without feeling judged. This was explicit in their expressions through the multiple qualitative methods used and meanings attached to their expressions which were insightful into their resilience processes that were facilitated at the ECDE centres. In additions, the resilience processes identified by OVC and teachers show that for such children to adapt, they need to be exposed to a multiplicity of promotional and relational activities.

While the resilience studies advocates for strong protective factors in countering risks and harnessing competences in children, there is need to build and improve capacities around the younger OVC, as well as have strong policy frameworks that protect the interests of such children and those who handle them. The resourceful implementation of policies by actors in the ECDE programmes on issues affecting younger OVC in the context of HIV and AIDS can help in strengthening resilience nurturing processes that can effectively enable them to thrive optimally. Positive experiences and support systems through teachers, stakeholders and other infrastructural capacities add to the inoculative protective factors usually identified with resilience.

This study showed accounts of OVC realities as described by them, perceptions of their psychosocial support and wellbeing. Therefore, conceptualization of them thriving in

stressful circumstances is seen in terms of their agency, awareness of self, others and their surroundings, and attainment of locus of control; all of which were facilitated by ingredients in their ECDE centre environment. There is however need to understand that, processes of psychosocial support that ensure wellbeing to preschool OVC have the potential of resilience nurturance not only in slum areas of Kenya but also to OVC in other parts of sub-Saharan region.

7.5 Contributions to existing body of knowledge

Preschool OVC who are affected by HIV and AIDS experience many challenges in their daily lives which threaten their opportunities to thrive optimally. The findings explicate opportunities and resilience nurturance through the support networks within ECDE centres. ECDE centres were depicted as key providers of psychosocial and health support for OVC affected by HIV/AIDS to achieve developmental progression. This can inform policy makers in augmenting sound policies that specifically target such children to harness OVC development and wellbeing.

Harsh urban poor environment impose negative socio- economic and emotional constraints on children in the context of HIV and AIDS which lead to loneliness and various unmet psychosocial needs. The study shows that responding to these needs through various support systems that incorporates other external resources can ensure sustenance of these children to a certain level of equilibrium. Thus the study contribution is seen through highlights of OVC potentials which can be incubated and harnessed through psychosocial support in their learning environment.

The study contributes towards creation of awareness on bereavement and effective alternative care for positive-sero-status children within a learning environment. Without compromising the privacy and wellbeing of OVC, this study also raised awareness on the need for extended services of wellness targeting such children to reside within learning environment for closer monitoring and surveillance.

The study contribute to existing literature by presenting children's perspectives concerning their own lived experiences of psychosocial support and wellbeing, and the meanings attached to these experiences; while at the same time highlighting their needs. Their

expressions in graphic, textual and spoken language which added to the richness of understanding them, raised awareness on issues affecting them from their own points of view.

These study findings demonstrate the vital functions of ECDE institutions in slum communities in bolstering adjustments in the lives of OVC within an urban setting. They offer a central place of safety where several of them can be located and their issues addressed with the involvement of interested partners together to improve the quality of their lives.

The study has also demonstrated that, there is need to have strong policies. The involvement of communities, faith based organizations, multiple players in child protection services and all stakeholders in early childhood education sector in the support and general wellbeing of OVC affected by HIV/AIDS is crucial. Existing policies were found not be comprehensively outlined for this group of children and not well known by the teachers; and were therefore not translated effectively at the ECDE levels. The various interests in handling ECDE centres in Kenya and multi-sectoral approaches through partners left gaps that compromised the quality of life for the OVC.

Child agency and self-efficacy is embedded in preschool OVC daily lives through self-awareness, sense of belonging, acceptance of who they are and what they are, having optimism and hope, happiness, socializing amongst many others. Thus, study findings contribute to fostering agentic abilities of OVC in urban areas from a very young age through empowerment, resilience nurturance and potentiating opportunities.

Methodologically, this study makes a contribution towards participatory research with younger OVC on own lived experiences from their perspectives. The utilisation of multiple qualitative methods including visual stimulus illustrations (VSI), conversational interviews, focus group discussions (FGD), drawings and narratives which gave the children opportunities of expressing themselves, were found to be very useful in sharing their lived lives for such a sensitive and vulnerable group of children. Through phenomenological hermeneutic analysis, the children's meaning making of their experiences provides a deeper window to their lived lives as paediatric OVC. This insight is an important contribution in the creation and use of more multiple qualitative children friendly participatory research approaches to many issues affecting 4-8 year age group of children. The study' methods were developmentally appropriate in capturing the realities of younger OVC experiences in their

own ‘voices’. This group of children and the environment in which they were located are neglected in research.

The study also makes a contribution on the multiple roles of ECDE teachers in urban low resourced settings.

The study perspective which was encapsulated in interactive, ordinary magic and adaptive model of resilience theory makes a contribution in highlighting the interaction of various external protective factors in the learning environment that could mediate OVC risk exposure. Interactions within activities offer a buffer that provides steeling or strengthening effect to counter further risks. This was embedded in the daily ordinary magic which was promotional and protective. Thus, the perspective helped in understanding each OVC’s experiences, the support availed and opportunities for harnessing their wellbeing in context. The ECDE centres role in offering resilient functioning opportunities reduced the risks and gave children stability. These resilience functions were evident in the patterns of competencies, relationships, awareness, sustained self-esteem and confidence amongst other attributes. It is believed that important aspects have emerged from this study that contribute to the understanding of resilience in younger children in adversity; and that they could potentially be considered for expansion in any other subsequent resilience studies.

7.6 Implications

There has been scanty information in literature of sub-Saharan Africa and particularly Kenya on preschool OVC in urban poor slum settings in cities. The existing literature targets mostly older children and mainly support areas of psycho-educational or socio economic with a greater bias for HIV/AIDS contexts in rural areas. This study has implications for information and understanding experiences of preschool OVC in the context of HIV/AIDS in urban areas, challenges faced and the potential of ECDE centres in providing vital psychosocial support services for their wellbeing.

This study implies that, there is need to ensure the mental health of preschool OVC in the context of HIV/AIDS from a very young age, by providing opportunities in forms of different media for self-expression about lived experiences; and to provide psychological services to those who may be identified to be at risk of extreme vulnerability.

Since Kenyan ECDE is under the administration of Counties' department of education, the study has implications for informing collaborative approach to efficiency in psychosocial services offered to preschool OVC. This includes liaison with all the stakeholders, NGO, government ministries and other interested parties in ECDE in Kenya.

There are implications on the role of communities in which the schools are situated. Their active participation in all matters to do with OVC is required especially in partnering with the schools administration in ensuring that the facilities provided are sustained; and that, safety and protection of children both physical and psychological are sustained.

The study also has implications on the need for paediatric health personnel for monitoring and surveillance of the positive sero-status children and general health of all the OVC on ECDE centres locations. Investing in mobile clinic for slum schools for this group will ensure their wellbeing from central locations.

The study reveals that no one method can be used to bring out lived experiences of younger children in disadvantaged circumstances such as the OVC under study. Thus, it has implications on investing in a variety of sound formulated qualitative methodological designs that appeal to younger children in order to chart out more research output in this less researched group of children in Kenya and other parts of the sub-Saharan African region. Younger children in sub-Saharan Africa have many phenomenal experiences which are missing in literature and with varied research approaches; researchers are more likely to put these experiences into researchable ventures and eventually into the public arena.

7.7 Recommendations

In view of these study findings, a number of recommendations are made with the aim of contributing to the effective way of handling the OVC in a learning environment; and areas that needed further exploration.

1. Teachers were found to be limited in their factual knowledge base concerning support to OVC. There is need for them to expand their knowledge on how to support children who come to their classes in the context of HIV/AIDS. The study recommends a continuous revision of the curriculum to prepare teachers on emerging issues concerning OVC in the context of HIV/AIDS.

2. The study makes recommendations on programmes of forerunning advice to guardians/parents of preschool OVC in HIV/AIDS context to better their skills in changing situations of longevity of children living with positive sero status within challenges of urban slum areas. In addition, active participation of the immediate communities in which schools are located in providing security for the younger children is recommended.

3. There is need for education and awareness on children's general safety matters.

4. There is need for teachers to have smaller manageable classed in order to effectively address all children's individual psychosocial needs. This also calls for more teachers to be employed in the slum ECDE centres to handle high enrolment over the years.

5. There is also need for improved feeding programmes in slum areas by the government and non-governmental organizations to include fruits or vitamins supplements, and a nutritionally-balanced diet in slums areas to fully meet the children's nutritional needs even beyond school days.

6. The government of Kenya and especially the county governments need to fully involve ECDE teachers in formulating sound policies that can sufficiently address children's concerns.

7. Public ECDE centres should consider employing a child psychologist to help the OVC in handling individual difficulties that emanate from issues related to the HIV and AIDS; and other difficult circumstances they find themselves in.

8. The centres also need equip schools with improved and sufficient infrastructural materials which should be routine checked to ensure that the play environment is adequate, safe, child friendly and responsive to the needs of all children.

7.8 Suggestions for further research

In stimulating further research, the study suggests comparative and longitudinal studies to be extended on psychosocial support and wellbeing of preschool OVC between urban to urban,

urban to rural, rural to rural areas in public vs private/faith-based as well as formal and non-formal ECDE centres of Kenya to ascertain their survival rates in schools and resilience nurturance. The studies can also be expanded on the role of social and psychological workers perspectives of psychosocial support and wellbeing of younger OVC affected by HIV/AIDS within urban slum areas from a child's protection point of view.

It will be more interesting to have a replication of the multiple qualitative methods used in this study with children from different parts of Kenya; and translated into local languages for comparisons to be drawn. Further studies are also required on more qualitative methods in other parts of sub-Saharan countries customized to OVC affected by HIV/AIDS in different contexts to bring to the fore their experiences. Quantitative research is also required to improve generalizability of findings so as to establish statistical significance

Studies on teacher training curriculum and their preparedness on the changing trends of pseudo surrogacy roles within the HIV and AIDS context are also needed. There is need for curriculum enrichment and in-service training to create a deeper sense of awareness on emerging trends on HIV, AIDS and children.

Studies are required to find out why males are least attracted to taking up ECDE teaching as a career, and why there is lack of male ECDE teachers who can also be mentors to the OVC in Nairobi County. This needs to be extended to address gender disparities in ECDE profession and how this gap can be bridged.

Although this study found more similarities than differences in the psychosocial experiences of the two sets of twins OVC, this was a unique and unexpected finding. Nonetheless, there is need to expand the scope for further understanding of twin's psychosocial concerns and their wellbeing in learning institutions to ascertain the correlation of genes in experiences of the monozygotic and dizygotic twins who are OVC; and whether the used approach to psychosocial support can lead to same outcomes in a learning environment.

7.9 Limitations

The study had limitations.

- It was framed within the resilience model which has overlaps in other models such as ecological systems theory. The latter could not be explored further in this study.

- The study only targeted children within the urban slum areas and not the rural areas, which denied the study the basis for generalization.

- Parents/guardians were omitted from this study due to challenging dynamics of involving them which would have inflated the researcher's budget. Their insights would have added more understanding and widened the children's and teachers perspectives captured in this study.

- This study was time bound. A longer period would have given more insights on the transition processes and adaptation of OVC from ECDE centres into the primary school programs.

- Despite the limitations stated above, this study is a step towards understanding experiences of psychosocial support and wellbeing of OVC in ECDE centres in urban areas of Kenya. However, an expanded exploration of the same for OVC in other parts of Kenya and sub-Saharan Africa can help in strengthening psychosocial support framework targeting younger OVC, and to inform policy on this group of children.

7.10 Conclusions

HIV/AIDS subjects OVC in urban areas to experiences of trauma, stigma, violation of their rights, inadequate stimulation and lack of reliable adult care, consequently undermining their wellbeing. Although the study adopted the resilience perspective to explain the processes of 'hardening' OVC to confront life challenges, in the context of preschool OVC, there is little known in literature to offer guidance on how this can be achieved in sub-Saharan Africa. This study concludes that, as much as OVC affected by HIV/AIDS from poor urban slum areas in Nairobi Kenya may have major vulnerabilities, understanding their lived experiences and meanings they attached to these experiences has been given prominence in this study. This was in search of how available support systems harness their wellbeing in a learning environment. ECDE centres environment showed to have great potential of offering support which can improve the OVC wellbeing through; peers, teachers, safer environment to thrive, exposure to joyous activities, nutrition, age appropriate activities as well as monitoring and general surveillance. Thus, the psychosocial support systems that offered resilience nurturance in ECDE environment were vital to the holistic development of the OVC.

Multiple qualitative methods used in exploring OVC experiences helped in locating these children in their phenomenon lived lives, each with their own uniqueness. This provided an understanding of the dynamism in which these children lived and the resilience processes that were at their disposal. Although resilience emphasis is on bouncing back after exposure to significant risk, Masten (2012) underscores the need for resilience nurturance from early stages of children's lives. It is also important to note that the first 0-8 years of a child's life are very crucial to their growth and development; which was the age set for the OVC under study. For children affected by HIV and AIDS, it is just not enough to survive. They need to be in environments that stimulate them to thrive to optimal levels. Therefore identifying catalysts of resilience promotion in the children's environment is significantly important in curbing the-would-be risks, and taking deliberate steps towards activating more available mechanisms that expose them to opportunities that are transformational. Psychological adjustments which are compensatory, protective and promotive have the potential of alleviating vulnerability in OVC. Positive psychosocial adjustments offer OVC confidence in relationships, understanding of themselves and others create awareness of circumstances they find themselves in, equips them with communication and skills to navigate through their own vulnerabilities. However as seen from the study findings, there is no one approach to dealing with the negative psychosocial experiences and the unmet needs of all the young OVC in the context of HIV and AIDS.

Peers and teachers in ECDE played vital roles in facilitating psychological adjustments in OVC. The study found them to have an outstanding positive image in the reality of most OVC's life-world which needs to be sustained for continued positive psychological adjustments and holistic development. Teachers as crucial catalysts and facilitators in resilience nurturance played a pivotal role in these adjustment of the OVC in ECDE environment. However, there were a few concerns that showed isolated tendencies of frustrations which affected the perception of some of the children about them. Despite these few constraints, the ECDE environment had rich ingredients for resilience functioning.

Classes were found to be larger against fewer class teachers. However, they did not impede the positive influence OVC were getting in their individual ECDE centres. The agency of those directly affected by HIV/AIDS and the non- affected, the class teachers, the larger school community and the stakeholders, indicated that, appropriating psychosocial support

for the wellbeing of a majority of younger OVC in urban slum was achievable. This study takes cognizance of the fact, that vulnerability of younger OVC in urban areas is embedded in their everyday lives. This study also observed that OVC have a higher propensity of attaining resilience within an environment which has nurturance ingredients such as the ECDE centres. This is a major contribution to the body of knowledge which is largely lacking in literature in Kenya and sub-Saharan Africa. As much as this thesis may generate some questions, it is hoped that this will stimulate more efforts in researching with the under researched childhood populations in sub-Saharan Africa.

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APPENDICES

Appendix A (1):

Participant information sheet for the Head teacher/Administrator/Teacher

Dear Participant,

My name is Linet Imbosa Muhati-Nyakundi, a Kenyan student at the University of the Witwatersrand- South Africa. I am conducting a research study on **psychosocial support and wellbeing of Orphans and Vulnerable Children (OVC) in the Early Childhood Development Education (ECDE) Centres in Nairobi Kenya**. I kindly invite you to participate in this research by answering questionnaires/interview questions. The information you will give will be confidential and will be used only for the purpose of research. Your participation is highly valuable at the same time purely voluntary. There will be a counsellor during all the sessions of the activities related to this study should you feel distressed. Should you need any clarification or have any questions to ask feel free to do so at any time by phone or in person. Your acceptance to participate in this study is very important and can be given by filling the attached consent form and handed over to the researcher.

Thank you very much.

Linet Imbosa Muhati (Nyakundi)

e-mail :imbosalin@yahoo.com/ imbosalin@gmail.com/ 396399@student.wits.ac.za

My supervisor's contacts: Mambwe Kasese-Hara Tel: +27117174552

e-mail: mambwe.hara@wits.ac.za

…….

Consent form for the Headteacher/Administrator/Teacher

I Mr/s.....consent to taking part in this study. I fully understand all that is required of me as a participant.

Teacher's signature_____ Date _____ Time_____

Appendix A (2):

Participant information sheet for the Parents/Guardians/Caregivers

Dear Parent(s)/Guardian(s)/Caregiver(s)

My name is Linet Imbosa Muhati Nyakundi, a Kenyan student at the University of the Witwatersrand- South Africa. I am conducting a research study on **psychosocial support and wellbeing of Orphans and Vulnerable Children (OVC) in the Early Childhood Development Education (ECDE) Centres in Nairobi Kenya.** I kindly request you to allow your child to participate in this research through a pictorial illustration, answering questions related to the pictorials/ participate in art expressions, respond to questions about their drawings and interview questions. The information they will give will be highly confidential and will be used only for the purpose of research. Their participation is very valuable at the same time purely voluntary. Should they wish to withdraw, there will be no negative consequences. Should the child be in need of counselling during the activities of the study, there will be a counsellor to address his/her concerns. If you need any clarification or have any questions to ask from me or my supervisor, feel free to do so at any time by phone, e-mail or in person. Your acceptance to have your child participate in this study is very important and can be given by filling the attached consent form or putting a thumbprint impression in the space provided and hand it over to the class teacher.

Thank you very much.

Linet Imbosa Muhati (Nyakundi)

e-mail :imbosalin@yahoo.com/ imbosalin@gmail.com/ 396399@student.wits**.ac.za**

My supervisor's contacts: Dr. Mambwe Kasese-Hara Tel: +27117174552

e-mail : mambwe.hara@wits.ac.za

……..

Consent form for the Parents/Guardians/Caregivers/ Teacher

I Mr/s.....consent to my child taking part in this study and I have understood all that is required of him/her as a participant.

Parent's/Guardian's/Caregiver's/Teacher's signature_____

Parent's/Guardian's/Caregiver's thumb print _____

Date _____ Time_____

Appendix A (3):

Participant information sheet for children

Dear child

My name is Linet Imbosa Muhati Nyakundi, a Kenyan student at the University of the Witwatersrand- South Africa. I am conducting a research study on **psychosocial support and wellbeing of Orphans and Vulnerable Children (OVC) in the Early Childhood Development Education (ECDE) Centres in Nairobi Kenya.** This has to do with children who are helpless due to sicknesses and those children whose parent or both parents have passed away due to sicknesses. I will be looking at what makes these children sad or happy, and how your ECDE centre helps them. I kindly invite you to participate in this research through a picture story, answering questions about the picture story, taking part in writing/drawing, answering questions about your drawing and colouring, answering interview questions and group discussion. What you will say or write or draw and colour will be private and will only be used for this study. Know that you are important and your participation is also very important. If you feel sad or bad during these activities, you can tell your teacher so that she/he can show you the counsellor who can help you with your feelings. Also if you feel you cannot continue with the activities, do not have any fear to inform your teacher for no one will punish you. If you have any questions to ask your teacher concerning anything you do not understand, feel free to do so. If you have agreed to take part in this study please fill the form attached and hand it over to your teacher or ask your teacher to fill it for you.

Thank you very much.

Linet Imbosa Muhati (Nyakundi)

e-mail :imbosalin@yahoo.com/ imbosalin@gmail.com/ 396399@student.wits**.ac.za**

My supervisor's contacts: Mambwe Kasese-Hara Tel: +27117174552

e-mail: mambwe.hara@wits.ac.za

Consent form for the child

I .....of class.....in..... ECDE centre agree to take part in this study and I understand what teacher has told me about me taking part in the activities of this study.

Child's signature/teachers signature_____

Date _____ Time_____

Appendix B: The story of Imani (VSI sequence)

A QUESTIONNAIRE FOR CHILDREN

Identification: Centre_____ Area _____Sub-county_____

Name _____ Age _____

Questions on Psychosocial Experience from Visual Stimulus Illustrations

The following questions formed a guide to the children's conversations and discussions on psychosocial experiences emanating from the VSI presentation:

1. ***What happened when Imani and Simba came back from playing?***

This question sought the children's comprehension regarding the circumstances surrounding Imani and Simba.

2. What were the feelings of Simba and Imani when they could not join Mama Lioness on the other side of the moving water?

This question sought to establish the children's understanding of the feelings of a tragic incident in the lives of the young animals.

3. What are some of the difficulties Simba, Imani and other cubs experienced?

Children were tasked with identifying general challenges in the lives of the young animals after the tragic incident of the floods.

4. What did Simba, Imani and other cubs feel when Auntie Lioness found them?

The children were expected to identify emotions that accompanied the young animals in the VSI.

5. Name the good things that Imani and others experienced and who made that happen.

This statement guided the children to cite positive experiences that Imani and others had despite their difficulties. The question sought to find out if the children were able to identify some of the positive outcomes facilitated by young ones in the absence of adult figures.

6. What do you think happened in the lives of Simba, Imani and other cubs after Auntie Lioness taking them to her home and uncle Lion teaching them?

This guiding question sought to generate a discussion towards identification of transitions of the young cubs towards their future lives.

7. Sometimes some of these things happen to children. Is there anything in the story that relates to you or a friend or a person you know? Tell me about it.

This last statement in which the children were expected to relate some of the events to their own experiences or to the experiences of others they knew was to prepare them for more openness in relating their own lived experiences and their psychosocial concerns.

Appendix C

Art expression fun/happy activity for all children

Make two drawings on separate papers.

1. Draw or write about the things that make you happy at the ECDE centre.
2. Draw or write about the things that make you sad at the ECDE centre.

Appendix D

Conversational Interview for sampled Children with a positive sero-status

1. What is your name?
2. Where is your home?
3. Whom do you live with at your home?
4. What feelings do you get when you come to the ECDE centre and why?
5. What are the things that make you happy in this centre?
6. Which person do you want to become when you are an adult in future?
7. What are the things that make you sad at this centre?
8. What do you do when you are afraid or sad?
9. How do you get help when you feel sick or sad or afraid?
10. What help do you normally get?
11. What else would you like to tell me about your teacher/friends/learning or other things in this centre

Appendix E

INTERVIEW QUESTIONS FOR THE HEAD TEACHER/ADMINISTRATOR

Part A- Demographic data

a) Kindly tell me about yourself. Male ( ) Female ( )

b) What is your age bracket? (tick where appropriate)

Below 20 years ( ) 21---25 ( ) 26---30 ( ) 31---35 ( ) 36---40 ( ) Over 40 ( )

c) What is your faith? Christian ( ) Muslim ( ) others ( ) Specify ……..

d) What is your level of education?

Form four ( ) Form six ( ) Any other ( ) Specify …….

e) What is your level of professional training?

Certificate ( ) Diploma ( ) Degree ( ) others ( ) Specify ……..

Part B. (Identifying the proportion of orphans and vulnerable children)

a) How many children do you have in your centre? Girls ( ) Boys ( )
b) Tell me about the admission criteria/process?
c) How many children have :i) one parent ( ) ii) both parents ( ) iii) Guardian/s ( )
d) How many are orphaned: i) by one parent ( ) ii) by both Parents ( ) iii) Guardian/s(
e) Is there a difference in their status of orphan-hood? Explain.
f) How many children have: i) one sick parent ( ) ii) both parents sick ( ) Other sick family members ( ) Specify
g) How many chronically sickly children do you have at your centre? ( )
h) What are the known causes of the sicknesses experienced by these children?
i) Do you have any knowledge of children who are living with HIV/AIDS in your centres?
j) If yes, how did you come to be aware of their status?
k) How many have unknown cause of their sicknesses? Explain.

Part C. (Level of awareness, identifying the psychosocial needs)

a) Describe the state of this category of children when they arrive at the centre.
b) Those children whose parent(s)/ guardian/sibling(s) are living with HIV/AIDS
c) Those children who are living with HIV/AIDS?
d) Those children who orphaned?
e) What are the psychosocial (social and emotional) needs of:

f) The children who have sick parent/s or guardian/s or other family members? How do they express them?
g) The Children who are orphaned? How do they express them?
h) The children who are HIV/AIDS infected? How do they express them

Part D. (Response and support)

a) How many staff members and support staff does the centre have?
b) How many female ( ) many male ( )
b) How does your staff become aware of the emotional and social needs of these children?
c) What activities do teachers engage the children in to address their social and emotional needs? Explain.
d) How are the orphaned and vulnerable children accommodated in the activities and to what extend? Explain
e) In your opinion, how do these activities or lack of them affect the wellbeing of this category of children?
f) What quality of care does this group of children get at the ECDE?
g) How do you deal with the nutritional needs of the children while at the centre?
h) How do you deal with the health needs of these children while at the centre?
i) Which opportunities does the ECDE centre give these children?
j) What other concerns do these children have and how do you deal with them?
k) In your opinion, what is your description of the children's wellbeing by the time they graduate from the centre?
l) In your opinion, how can you gauge the competence of your staff in addressing the social and emotional concerns of the orphaned and HIV infected children in ECDE centre.
m) Do your staff members have any formal training on psychosocial (emotional and social) support and wellbeing of children? Explain.
n) Which policy guidelines do they follow in providing emotional and social support for this category of children in ECDE centre?
o) What other insights would you like to share concerning the wellbeing of this category of children in ECDE Centres?

*Thank you for accepting to participate in this interview.

Appendix F

A QUESTIONNAIRE FOR TEACHERS

Instructions:

Kindly do not write your name.

Read the questions and the accompanying instruction carefully before you answer.

*Confidentiality will be observed and the information you give will be used only for the intended purpose of the study.

Section A

Identification: Centre_____ Area _____Sub-county_____

Section B

Demographic Details

1. Kindly indicate your gender by ticking the correct one. Male ( ) Female ( )
2. What is your age bracket? (tick where appropriate)

Below 20 years ( ) 21---25 ( ) 26---30 ( ) 31---35 ( ) 36---40 ( ) Over 40 ( )

3. What is your religion? (tick the appropriate one)

Christian ( ) Muslim ( ) Others ( ) specify …….

4. What is your level of education? (Tick where appropriate).

Standard 8 ( ) Form four ( ) Form six ( ) Any other ( ) Specify …….....

5. What is your level of professional training? (Tick where appropriate).

Certificate ( ) Diploma ( ) Degree ( ) Any other ( ) Specify …….....

Section C

1. Briefly describe the kind of children you handle in this ECDE centre.

……

……

i) Do you have children who are orphaned by AIDS in your classes Yes ( ) No ( ) ii) If **Yes**, how many are they?

…….....

iii) How did you get to identify them?

.....

Do you have children in your class whose parents are living with HIV/AIDS? Yes ( ) No ( )

iii) If your answer is **Yes**, how did you come to identify them?

2. i) Do you have children who are living with HIV/AIDS in your class? Yes ( ) No ( )

ii) If your answer is **Yes,** how did you come to identify them?

3. If your answers in 2(i), 3(i) and/or 4(i) are **Yes**, how did you deal with this information?

……

……

……

Section D

1. i) Do you discuss with the children their fears and anxieties? Yes ( ) No ( )

ii) If **Yes,** what types of fears and anxieties do they express?

……

……

……

2. i) Do you discuss the sickness of family members with the children? Yes( ) No ( )

ii) If **Yes,** do you do it on individual basis, group basis or both? Explain.

……

……

3. i) Do you discuss the death of family members with the children? Yes ( ) No ( )

ii) If **Yes,** do you do it on an individual basis, group basis or both? Explain.

……

……

……

iii) What other discussions do you have with children on sickness, bereavement and grief?

.....

.....

4. i) Do the orphaned children have any knowledge of what caused the death of their parent/s? Yes ( ) No ( )

ii) If **Yes**, is HIV/AIDS mentioned by children? Yes ( ) No ( )

iii) If **No**, what are the other causes mentioned by children?

……

……

5. i)What are the emotional and social difficulties experienced by the infected children?

……

……

ii) What are the social and emotional difficulties the vulnerable children face either through the sickness and/or death of their parent/s?

……

……

6. Describe some of the characteristics exhibited by orphans, those under threat of orphanhood and the HIV-infected children in your centre.

   ……

   ……

   ……

7. What role have you played in addressing their social and emotional difficulties?

   ……

   ……

   ……..

8. How does your centre address their health needs?

   .....

   .....

9. Which other self-help skill/s do you provide for such children within the centre?

   ……

   ……

How would you describe such children by the time they leave the centre to join primary schools?

.....

.....

Have you received any training in handling children's social and emotional support? Yes ( ) No ( )

If **Yes,** give the details of the training and who facilitated it.

.....

.....

If **No**, what guides you in dealing with this category of children?

.....

.....

What other information would you wish to share concerning the OVC in your centre?

.....

.....

Thank you for participating in answering this questionnaire.

Appendix G

Focus Group Discussion for children

Exploratory questions were generated to find out what they loved, how they perceived and felt about their school, teachers, friends and themselves. Below are guiding questions

1. Tell me about your school
2. What do you like in this school?
3. What do you not like in the school?
4. What other experiences have you had in the classroom and outside classroom can you tell ‘teacher’?
5. How do you feel about your friends,
6. How do you feel about your teachers
7. How do you feel about yourself together with everyone in school?

Probes: Tell me more, why? Give me examples…

Appendix H

Focus Group Discussion for Teachers

1. Preliminaries (introductions)
2. What can you tell me about the children you handle in the ECDE centre
3. What categories of OVC do you have in your centre?
4. Tell us more there being in the school environment
5. What are their issues they bring to you about home environment, school and themselves; and how do you handle them
6. Do you have programs that target these children and how are they catered
7. What kind of relationships do these children create?
8. What kind of dreams or hopes do they express about their future lives
9. In your opinion what can be done to help them achieve them?
10. What other issues would you like to tell the research team concerning these children?

Probes: Explain further. Why? How? ….

Appendix I

Infrastructural Assessment checklist

Name of the ECDE centre:	
Sub- district/sub-county :	
Name of the Head teacher (optional):	
Tel:	
Assessor(s) Name(s):	
Date:	
Location of the ECDE centre	
Number of children at the centre	
Number of Buildings used for ECDE and their condition	
Sizes of the buildings	
The presence of play ground	
Number of the ECDE staff present	
Ration of teacher to children	
Class condition	
Number of children per class	
Playing items	
Resting facilities	
Medicine cupboard	
Children's activities	
Kitchen	
Food	
Running water	
Writing materials	
The wall displays	
The floors	
Library	
Recreational opportunities	
Head teachers signature	
Observer(s) signature(s)	

(Adopted from the Ministry of Education-Kenya Education ACT 2008)

Appendix J

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON MEDICAL)
H121009 Muhati

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER H121009**
PROJECT TITLE	Psychosocial support and wellbeing of orphans and vulnerable children (OVC) in early childhood development and education centres in Nairobi, Kenya. A Case Study
INVESTIGATOR(S)	Ms L I Muhati
SCHOOL/DEPARTMENT	Human and Community Development
DATE CONSIDERED	19 October 2012
DECISION OF THE COMMITTEE	Approved Unconditionally
EXPIRY DATE	31 October 2014

DATE 31 October 2012 **CHAIRPERSON** (Professor T Milani)

cc: Dr. M Kasese-Hara

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature

02 / 12 / 2012
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix K

CONDITIONS

1. You must report to the District Commissioner and the District Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit
2. Government Officers will not be interviewed with-out prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2)/four(4) bound copies of your final report for Kenyans and non-Kenyans respectively.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice

GPK6055(3m(10/2009

REPUBLIC OF KENYA

RESEARCH CLEARANCE PERMIT

(CONDITIONS— see back page)

PAGE 2

THIS IS TO CERTIFY THAT:
Prof./Dr./Mr./Mrs./Miss/Institution
Muhati Imbosa Linet
of (Address)University of Witwatersand
Johannesburg,
has been permitted to conduct research in

	Location
Nairobi	District
Nairobi	Province

on the topic: HIV/AIDS & children: responses to psychosocial needs by early childhood *development Education Centers in Kenya.*

for a period ending *31st May* 2013

PAGE 3

Research Permit No. *NCST/RR1/12/1/SS011/410*
Date of issue *30th August 2011*
Fee received *KSH.2,000*



Applicant's Signature

Secretary
National Council for
Science and Technology

CITY COUNCIL OF NAIROBI

TELEGRAM "SCHOOLING"
TELEPHONE: 221166/224281
EXT: 2426/2590

CITY HALL ANNEXE
P. O. BOX 30298 GPO
NAIROBI

CITY EDUCATION DEPARTMENT

GL/NC/141 VOL IV/213

7th Jan, 2013

LINET NYAKUNDI
UNIVERSITY OF WITWATERSAND, JOHANNESBUG,
PRIVATE BAG 3, WITS 2050
SOUTH AFRICA

RE: RESEARCH AUTHORIZATION

We are in receipt of your letter dated 7th Jan 2013, requesting for authorization to access ECD Centers/ nursery schools in Nairobi County for Education Research purposes on "***Psychological Support and Well-being of Orphans and Vulnerable Children (OVC) in Early Childhood Development and Education Centers in Nairobi, Kenya: A Case Study***".

I wish to inform you that authority has been granted to you to carry out the research in ECD Nursery schools.

Liaise closely with respective Head teachers for the success of your research. On completion, this office expects a copy of the research findings.

I wish you success

RUTH OWOUR
ASSISTANT DIRECTOR CITY EDUCATION 'A'
FOR: DIRECTOR CITY EDUCATION

Cc Education Officer Nairobi County

CT/608

CITY COUNCIL OF NAIROBI

CITY HALL
NAIROBI

Being payment for Research Work in E.C.D.'s Nairobi County – Public Schools.

DATE 7/1/2013

AMOUNT	
Shs.	Cts
3,000	00
CODE	
1-8243	

Name LINET IMBOSA MUHATI N.
Address 30197 - 00100
University of Nairobi

ONLY THE COUNCIL PRINTED RECEIPT BELOW WILL BE RECOGNISED
RECEIVED the sum here started in printed figures.

LOCAL AUTHORITY INTEGRATED FINANCIAL OPERATIONS MANAGEMENT SYSTEMS

BILL

Bill No. ED1301-00022
Date Issued 08-Jan-2013

LA Name: 001 CITY COUNCIL OF NAIROBI

(Customer Copy)

CUSTOMER SERVICES OFFICE

The Customer Services Office Notifies

LINET IMBOSA MUHATI N.

that the amount shown below is due to be paid at your earliest convenience.

Payment is due at the CASH OFFICE of the Council

ATTACHMENT AND RESEARCH FEES

DETAIL OF CHARGES

No.	Account Code	Description	Amount (KSh)
1.	1-8243	ATTACHMENT AND RESEARCH FEES	3,000.00
		BILL TOTAL AMOUNT (KSH)	3,000.00

0017120130113% CSH3000 ED1301-00022-3000 (LINET IMBOSA MUHATI N.) 20130108075E

RECEIVED BY UNDADI

THANK YOU

Payment Information