

NON-GOVERNMENTAL ORGANIZATIONS' (NGOS)
PARTICIPATION IN EMPOWERING HIV/AIDS ORPHANED
CHILDREN THROUGH DIETARY SUPPORT IN NJORO
DISTRICT, NAKURU COUNTY, KENYA

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ABSTRACT

The objective of this article was to examine how NGOs participate in empowering the HIV/AIDS orphaned children in Njoro District through dietary support. The literature review analyzed various studies carried out on how Food and Nutrition play part in empowering HIV/AIDS Orphaned Children. The theory applied in the study of the phenomenon was the empowerment theory. This study adopted descriptive research design which involved interviewing and observing the behavior of respondents without influencing them in any way. The purposive sampling method was used to get the sample size of 47 participants. The research found out that majority of the respondents are donated for food by the NGOs but the staff linking the top most management and the respondents is not faithful. Some of these people sell part of the donations so that some respondents miss them or receive little than what was donated. Protein and carbohydrate nutritious foods are supplied to the respondents but vitamin foods are not supplied. The protein foods provided are second class proteins except powder milk and Soya meals. The food support given to the respondents by the NGOs is not sufficient for their upkeep.

Introduction

The basic needs of HIV/AIDS orphaned children, such as nutrition are crucial to their sustainable empowerment. The effects of the HIV/AIDS epidemic pervade every aspect of children's lives, their physical security, emotional well-being, mental development, and overall health (UNAIDS/UNICEF/USAID, 2002). HIV/AIDS orphaned children drop out of school for child labour, look after their siblings and put food on the table (Phiri & Webb, 2002). HIV/AIDS orphaned children in Njoro District are not an exception; they are exposed to the risk of facing malnutrition and becoming victims of violence, child labor, discrimination and other abuses (Government of Kenya, 2005).

The government of Kenya in collaboration with donor countries like USA have consolidated resources for supporting and empowering HIV/AIDS orphaned children today as compared to the previous decades when HIV prevalence was still low (Government of Kenya, 2005). Nonetheless, there have been NGOs in Njoro District for over ten years, but very little has been done to find out their participation in empowering the HIV/AIDS orphaned children through dietary support. This study intended to study how these NGOs are participating in empowering these children through dietary support.

Njoro District has 118 registered HIV/AIDS orphaned children and there are six NGOs operating in the area. For instance, Family Aids Initiative Response (FAIR) is the biggest NGO in Nakuru County empowering the HIV/AIDS orphaned children and it has its headquarters in Njoro District. This NGO covers Njoro, Nakuru, Kuresoi, Rongai and Molo Districts of Nakuru County. FAIR supports most HIV/AIDS orphaned children in Njoro District (Gettleman, 2008). Other NGOs in Njoro District that are involved in HIV/AIDS empowerment programmes are; Children's Right Information Network (CRIN), Kenya AIDS NGOs Consortium, (KANCO), Jubilee Social Center, catholic dioceses of Nakuru (CDN), and Deliverance center.

Dietary Support for HIV/AIDS Orphaned Children

Food and nutrition are important components of HIV/AIDS orphaned children. Malnutrition underlies more than half of the deaths in children under five in developing countries (World Food Program, 2002). This research examined whether the NGOs in Njoro District are participating in providing these essential nutritional components to HIV/AIDS orphaned children. The outcome was that the NGOs are providing the nutritional support to these children

but inconsistently and inadequately. The Emergency Plan works in many communities broadly affected by food insecurity especially in the HIV/AIDS orphaned children. Food-security issues are extremely complex, and other organizations and international partners have strong comparative advantages in providing food assistance (UNAIDS, UNICEF & USAID, 2002). Thus, a key precept of interventions empowered by the NGOs in Njoro District was on HIV/AIDS orphaned children. This study assessed how HIV/AIDS orphaned children in Njoro District are empowered through food and nutritional support. While the Emergency Plan funds can support food and nutrition for HIV/AIDS orphaned children, ideally programs should leverage this support from other international or host-country partners. It was essential to find out the role played by NGOs to provide food and nutrition support to HIV/AIDS orphaned children. When food and nutrition activities are provided, they should be time-limited and conditional on the identification of more sustainable solutions (Panpanich et al., 1999).

Food and nutritional support are essential for sustaining HIV/AIDS orphaned children but are often the most costly. Ensuring adequate food and nutrition throughout the stages of child development requires interventions and coordination at many levels by working with national governments, communities and food agencies (UNICEF, 2011). Unfortunately the NGOs in Njoro district do not consider this aspect when feeding HIV/AIDS orphaned children in Njoro District. These NGOs just distribute food at random without considering the various ages of respondents whereas the respondents include infants, toddlers and adolescents. The Emergency Plan contributes to achieving food and nutrition goals for HIV/AIDS orphaned children, but in a way consistent with its mandate as an HIV/AIDS program. Emergency Plan funds support HIV/AIDS orphaned children food and nutritional support interventions at three levels which include; nutritional assessment and counseling, therapeutic and supplementary feeding of malnourished children based on anthropometric assessment and World Health Organization (WHO) guidelines and weaning foods and other nutritional support for children less than two years of age (WHO, 2003). The NGOs in Njoro District have a supplementary feeding program for the malnourished respondents and the HIV infected, they have a nutritional assessment program but children under two years are not under any weaning program. The NGOs have linked some HIV/AIDS orphaned children to health and nutrition support programs like bee keeping where they get honey and extra income from but still some children are not getting enough food for their upkeep.

Several studies have found higher malnutrition rates among HIV/AIDS orphaned children. In the United Republic of Tanzania and Zambia, orphans of HIV/AIDS were more likely to be stunted, but not more likely to be wasted, than non-orphans. Nutrition surveillance in Zimbabwe showed that underweight and stunting are higher among orphans than among non-orphans – 22 percent versus 17 percent, and 34 percent versus 26 percent, respectively (UNICEF, 2011). Some studies have not shown that orphans were at an increased risk of malnutrition. A study carried out in Malawi showed that, among children living in villages, orphaned children were not more malnourished than non-orphans (Urassa, et. al., 1997). This study found out that some HIV/AIDS orphaned children in Njoro District are malnourished due to lack of enough food. In addition, the children were not accessing enough vitamin food essential for protecting their bodies from diseases. Nutritional status is the outcome of a combination of household food security, health service and provision of care. As financial resources in households affected by HIV/AIDS decline, access to health care is compromised (WHO, 2003).

The loss of parents and the requirements of caring for the ill often lead to HIV/AIDS orphaned children and their caretakers experiencing inadequate productive capacity and economic hardship even in accessing food which is a basic need. Economic strengthening is often needed for the family/caregivers to meet expanding responsibilities for ill family members or to welcome HIV/AIDS orphaned children into the household (Sengendo & Nambi, 1997). Also, maturing children and adolescents need to learn how to provide for themselves and gain sustainable livelihoods. Linking HIV/AIDS orphaned children and their families with programs providing economic opportunities is important (Ainsworth & Semali, 2000). The NGOs in Njoro District have tried to strengthen the caregivers and adolescent HIV/AIDS orphaned children in the region on ways of meeting food for consumption but these programs are few because not all children and their caregivers are accessing them. Hence there is need for the NGOs to invest more on these programs. Livelihood training without prospect of a job must be avoided. Food typically absorbs the greatest share of household expenditures. Interventions that save household labor and expenses can relieve the burden of diminished capacity and perhaps allow families to allocate resources for more productive, remunerative uses (Desmond, Michael & Grow, 2000).

Theoretical Framework

This study used empowerment theory as the major theory in tackling this problem. The theory was explained systematically starting with its proponent, the year it was coined, the principles of the theory, the principles which were to be applied to the study, then the researcher applied the principles, then criticized the theory and finalized with a conclusion.

Methodology

Methodology has discussed the study area, the research design, unit of analysis, population and Sampling Procedure, Methods of Data Collection, and Data Analysis.

This study was undertaken in Njoro District because this region experiences ethnic clashes during general elections which are held after every five years in Kenya (Government of Kenya, 2008). These clashes render most residents homeless and poor. In return, women opt for commercial sex work to earn a living which exposes them to HIV/AIDS infections. These women in return infect their spouses and eventually both parents die leaving behind HIV/AIDS orphaned children (Central Bureau of statistics, 2003). The highest number of HIV/AIDS orphaned children in Njoro District are supported and empowered by Family Aids Initiative Response (FAIR), an NGO funded by USAID (FHI, 2010). This NGO works in collaboration with other NGOs like deliverance, jubilee social centre and, Kenya Aids NGOs consortium among others. The areas to be covered within Njoro District will include; Njoro, Nessuit, Mauche and Kihingo (Government of Kenya, 2008). This District is densely populated with about 399 people per Km² (Government of Kenya, 2008). Njoro town serves as both Divisional and District headquarters. The study area was cosmopolitan in nature; therefore it was suitable for the study because it provided an opportunity to get information from respondents of diverse cultural beliefs and orientations.

This study used descriptive research design. Descriptive research design is a scientific method which involves interviewing, observing and describing the behavior of a subject without influencing it in any way. The researcher observed and interviewed the respondents through open questions without unnecessary interventions to obtain the real situation of HIV/AIDS orphaned children on the ground (Babbie, 2003). The unit of analysis for this study was the eldest child among the HIV/AIDS orphaned children in each household. This child must have been 15 years

and above because they were old enough to give information (UNICEF, 2004). The study intended to focus on the HIV/AIDS orphaned children in Njoro District as the target population. Purposive sampling was used to get the sample size because NGOs in Njoro District have registered the HIV/AIDS orphaned children in the region. The number of HIV/AIDS orphaned children in Njoro district is 118 according to the registers in the NGOs. Out of the 118, only 42% of them are 15 years and above. 42% of 118 children are 52 children. So the researcher will take the 52 children as the sample size. These 52 children had to come from different households. In cases whereby two or more of the 52 children came from the same household, only one who was the eldest was interviewed. The research used the register from these NGOs to reach the respondents. In addition, these organizations have a community health volunteer in each village and this community health volunteer is familiar with each HIV/AIDS orphaned children household. So the research used the community health volunteers in these villages as research guides to direct her to the affected households.

The key informants were also interviewed in focused group discussions to give data on this particular study. Key informants are those people who can provide detailed information and opinion based on their knowledge of a particular issue. For this particular study, the relevant key informants were representatives from the NGOs in Njoro District which support HIV/AIDS orphaned children. These included the social workers and community health volunteers.

Both primary and secondary data were collected. The researcher interviewed the respondents and key informants to get the primary data. Interview was found to be the best tool for obtaining qualitative data because they involve talking which is natural hence does not interfere with the study phenomenon (Miles & Huberman, 1994). The researcher pre-determined the interview questions and interviewees were allowed to ask for clarification whenever possible. The researcher was taking notes during the interview for data analysis afterwards (Silverman, 1993). Secondary data was gathered from books, reports, researches and other relevant documents maintained by the NGOs which participate in empowering HIV/AIDS orphaned children in Njoro District.

After the collection of data, the researcher processed the information gotten; picked meaningful data and recorded detailed notes (Silverman, 1993). This was done immediately because the interaction was still fresh in the researcher's mind hence accuracy was assured. The researcher then started processing the data for themes and patterns (Maykut & Morehouse,

1994). After the researcher had identified the themes, she grouped the data into thematic groups so that the meanings of the themes could be analyzed and connected to the research questions. Thereafter, the researcher assembled organized and, compressed data into a display which facilitated the drawing of a conclusion (Maykut & Morehouse, 1994). Finally, the drawing of conclusion and verification followed. This was achieved by stepping back and interpreting the meanings of all the findings, determining how the findings could help answer the research questions and drawing of implications from the findings (Bryman & Burgess, 1993). For the sake of verification, the researcher was required to revisit the data from time to time to confirm the conclusions drawn.

Demographic Characteristics of the Respondents

The sample of investigation consisted of two groups who are the HIV/AIDS orphaned children in Njoro District who are 15 years and above as well as the key informants who are the social workers, regional coordinators and community health volunteers in these particular NGOs. This section presents the findings from HIV/AIDS orphaned children and key informants. The sample consisted of 57 respondents that included 47 HIV/AIDS orphaned children and 10 key informants. As per chapter 3 (3.5) population and sampling procedure, the researcher was expected to interview 52 HIV/AIDS orphaned children but ended up interviewing 47 because 5 of them were missing in their homes due to various reasons or came from the same household.

Age Distribution of Respondents

Respondents of different age brackets were used in this study as shown in Table 1.

Table 1: Age bracket of respondent

		Frequency	Percent
HIV/AIDS orphaned children	15-17 years	47	90.38%
	Total	47	90.38 %
Key Informants	30 - 40 years	5	50.00 %
	41 - 50 years	3	30.00 %
	Above 50 years	2	20.00 %
	Total	10	100.0%

Table 4.1 above illustrates the age bracket of the respondents. 47 children aged between 15-17 years old out of the expected 52 were interviewed for this study. The number of key informants who were expected to be interviewed was 10. The researcher interviewed the ten key informants 5 of whom ranged from 30-40 years old, 3 were aged between 41-50 years and 2 were aged above 50 years.

Gender of Respondents

The gender distribution of respondents who took part in this study is displayed in 2.

Table 2: Gender of respondent

Gender	Frequency	Percent	
HIV/AIDS orphaned children	Male	29	61.70 %
	Female	18	38.30 %
	Total	47	100.0
Key Informants	Male	3	30.00 %
	Female	7	70.00 %
	Total	10	100.0

Table 4.2 above illustrates the gender of respondents. Out of the 47 HIV/AIDS orphaned children interviewed, 29 were male and 18 were female. Out of the 10 key informants interviewed, 3 were male and 7 were female.

Table 3: care givers of HIV/AIDS orphaned children

Care givers	Frequency	Percentage
Relatives	35	74.5 %
Guardians	12	25.5 %
Total	47	100.00 %

Table 4.3 above illustrates the caregivers of the HIV/AIDS orphaned children who were interviewed in this research. 35 (74.5 %) caregivers of the children were relatives while 12 (25.5 %) of the caregivers were guardians.

Table 4: each NGO and the number of children it empowers

NGO	Frequency	Percentage
Family Aids Initiative Response (FAIR)	41	87.3 %
Kenya AIDS NGOs Consortium (KANCO)	1	2.1 %
Children's Rights Information Network (CRIN)	1	2.1 %
Jubilee Social Center	1	2.1 %
Deliverance Center	1	2.1 %
Catholic Dioceses of Nakuru (CDN)	2	4.3 %
Total	47	100.0%

Table 4.4 above illustrates the various NGOs in Njoro district empowering HIV/AIDS orphaned children. Family Aids Initiative Response (FAIR) empowers 41 (87.3 %) children, Kenya AIDS NGOs Consortium (KANCO) empowers 1 (2.1%) child; Children's Rights Information Network (CRIN) empowers 1 (2.1%) child; Jubilee Social Center empowers 1 (2.1%) child; Deliverance Center empowers 1 (2.1%) child and Catholic Dioceses of Nakuru (CDN) empowers 2 (4.3%) children.

Assistance Received by HIV/AIDS Orphaned Children from the NGOs

When the researcher asked the respondents whether they receive any type of aid from their respective NGOs, all of them agreed that the NGOs are very helpful to them, although the people who act as a bridge between them and the top most officials are not always faithful. Some of these people were accused of not supplying all the items given to them instead they sell these aids like food stuffs to benefit themselves instead of giving them freely to the respondents, others were accused of favoring some children over others.

Frequency of Aid

Respondents who are the HIV/AIDS orphaned children said that foodstuff aid are donated to them monthly. A few of the respondents said that the food aids supply is irregular and sometimes they can get information from their friends that food was supplied when they did not receive anything.

All HIV/AIDS orphaned respondents in the region also said that the food aid is not guaranteed as per the discussion above, but whenever it is delayed, communication is made earlier to prepare them psychologically. In such cases, most of them go hungry because their caregivers cannot afford to feed them. A few argued that their guardians or relatives intervene to provide for them during the period.

Dietary Support Received by HIV/AIDS Orphaned Children from the NGOs

The respondents said that they are usually provided for food stuffs but the supplies are not regular hence the respondents cannot predict what will be given to them next or when they will receive the next donations. They only wait to receive.

Proteins Foods

When the researcher asked respondents to mention the foods given to them by the NGOs, they mentioned a number of protein nutritional foods like beans, broken peas, Soya meals and powder milk amongst others. From the list, the NGOs give the respondents more second class proteins which are mostly acquired from plants. Second class proteins are not as strong as first class proteins which are acquired from animal meat and animal products. The foods include meat milk and eggs. The only first class protein mentioned by respondents is powder milk.

Carbohydrates Foods

Some of the foods rich in carbohydrate mentioned by respondents when asked to do so by the researcher include; maize or maize flour, rice and, cooking oil which is rich in fats. According to the respondents, these are not only the carbohydrate foodstuffs donated to them as they keep on varying from time to time. But carbohydrates are the major types of food which rarely lack in the donations.

Vitamin Food

Unfortunately the respondents did not mention any vitamin food provided to them by the NGOs when asked to do so by the researcher. The researcher further explained to the respondents what vitamin foods are and even gave them examples but they argued that they never receive such foods from the NGOs.

When the key respondents were asked whether they give vitamin food to the respondents, they denied and argued that because most of vitamin foods are perishable, they don't give them to the respondents due to the urgency they require to receive the respondents. However they argued that they really encourage the respondents' caregivers to grow vegetables and fruits at their homes to use instead of waiting vitamin food to be supplied to them. Further, the key informants said that whenever they realize from their regular tests that there are respondents lacking sufficient vitamins, they give vitamin supplementary tablets like vitamin A tablets.

Food Supplements

Most (88%) respondents said they don't receive any supplemental foods. A few of them (12 %) however went contrary and confirmed that they do receive supplemental foods like eggs and multivitamin tablets. This was however confirmed by the key respondents later in the Focus Group Discussion that there are special groups which need supplemental foods hence they are the only ones who receive the supplements. These special groups include; the HIV positive respondents, the malnourished respondents and any other respondent who need the supplements like if one ails for a long period of time losing weight. This individual will be subjected to supplemental foods.

Sufficiency of the Food Given to the Respondents

When the respondents were asked whether the food given to them is sufficient for their upkeep, all of them said it was not sufficient. The researcher further asked them how they get the other portions for their upkeep, most of them said that they beg, some said they do menial jobs like hawking to get money and purchase the food, some said the well wishers donate the food to them and some said they cultivate their gardens. Some of the respondents have well wishers from whom they get some portions of food or some cash through their guardians every month.

Empowerment Means given by NGOs to Respondents to acquire their Own Food

As per whether the NGOs engage or encourage the respondents in ways of getting their own food, actually most respondents agreed that the NGOs do empower them to get their own food. Some said that during planting seasons the NGOs donate seeds and fertilizers to their caregivers to plant, some respondents said that the NGOs have given them livestock like cows and goats to

their caretakers to keep. The key informants confirmed that, the group with livestock is the HIV positive group and the livestock are meant to provide them with regular protein nutrients because of their health status. Some respondents confirmed that they are linked to projects like bee keeping in the area where they are stakeholders hence they earn some income from there. Some respondents are also linked to workshops and programs like music and dancing clubs, comedy action groups and sport clubs where they earn a living from.

Healthy Feeding

When respondents were asked whether the NGOs teach them eating habits so as to remain healthy most of them confirmed that they do. The respondents said that some of the teachings they receive from the NGOs are eating a balanced diet, drinking a lot of water which they said it should be at least eight glasses a day. Taking plenty of fruits and vegetables and, eating small amounts of foods at regular interval.

The key informants confirmed that there were special teachings for HIV infected patients and general teachings on the other group regarding eating habits. For instance, the HIV infected group is encouraged to eat small portions of food at regular intervals and ensuring that they always eat a balanced diet.

Summary of Findings

The following is a summary of the salient results of the findings of the study.

- i) Majority of the respondents confirmed that the NGOs donate food to them but the staff linking the top most management and the respondents is not faithful. Some of these people sell part of the donations so that some respondents miss them or receive little than what was donated.
- ii) Protein and carbohydrate nutritious foods are supplied to the respondents but vitamin foods are not supplied. The protein foods provided are second class proteins except powder milk and Soya meals.
- iii) The food support given to the respondents by the NGOs is not sufficient for their upkeep.

Conclusions

The following conclusions were reached based on each of the stated objectives:

- i) Some respondents do not benefit nutritionally from their respective NGOs although they are supposed to.
- ii) Some respondents do not access vitamin foods. Vitamin foods are a necessity to the respondents because they are growing and need them to resist disease and more especially the HIV positive respondents (Ndungo, 2002). Although the key informants intervened to argue that they have empowered the respondents to grow their own vitamin foods, there is need to follow up and ensure they grow them.
- iii) The NGOs do not provide the respondents with adequate first class proteins. First class proteins are more nutritious as compared to second class proteins.
- iv) The NGOs do not feed the respondents basing on their ages.

Recommendations

Based on the findings of this study, the following recommendations were made:

- i) There is need for the respective NGOs to strategize new methods of delivering the donations to the respondents. If the community health volunteers have to continue taking the donations to the respondents, measures should be laid out to ensure that these Community Health Volunteers deliver the right proportions to the right beneficiaries.
- ii) The NGOs should empower the respondents on how to access food and more especially vitamin foods regularly. Although the key informants claimed that they have empowered the respondents and their caregivers to grow fruits and vegetables, they should make follow ups to ensure this is done.
- iii) NGOs should implement extra empowerment programs to the respondents on how to obtain extra food for their upkeep. Although these NGOs have implemented some programs like linking the respondents to bee keeping projects, there is need to implement more of those programs.
- iv) These NGOs should put into consideration the aspect of age when empowering the respondents on the feeding habits. Actually the respondents' ages vary from infants, toddlers to adolescents. Each of this group requires a unique diet.

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