

# research evidence for policy



Children in a makeshift classroom that doubles as a sleeping area at the Migosi Orphanage Home. Photo: Boniface Kiteme

## Changing times, changing places: AIDS orphans in Kisumu District, Kenya

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The case study featured here was conducted in Kisumu, Kenya

### Policy message

- The prevalence of AIDS orphans in Kisumu District has changed recently; prevalence has declined in urban areas and increased in rural areas.
- While most of the AIDS orphans in Kisumu District were born there, about 30% had reportedly migrated from elsewhere. This influx of orphans has put a strain on local resources for caring for orphans.
- Kenya lacks a policy on orphan care. This has led to uncoordinated orphan-care activities. A national policy is needed to deliver sustainable orphan care; such a policy should prioritise, among other things, offering financial, material, and emotional support and training in technical skills to those caring for and supporting orphans.

- In Kenya, little is known of the geography of HIV and AIDS at the subpopulation level, particularly spatial and temporal variations and patterns in prevalence of related orphanhood. Although Kenya has strategic plans and policies in place for prevention and management of HIV and AIDS, it has no policy on orphan care. This has greatly contributed to inadequate orphan care and has resulted in considerable movement of orphans around the country. Understanding these changing patterns of distribution of orphans at the subpopulation level is critical for policymaking and effective planning of resources for orphan care.

### Prevalence of AIDS orphanhood

- In the early 1980s, only about 2% of African children were orphans, but in 2004 UNICEF et al (2004) estimated that 12.5% of all children in sub-Saharan Africa were orphans. In 2010 the region accounted for about 89% of all children orphaned by AIDS (UNAIDS 2011). By the end of 2009, 46% (1.2 million) of all orphans in Kenya (2.6 million) had been orphaned by AIDS. In 1999, 46,732 children (17 years old or younger) in Kisumu District had lost one or both parents; by the end of 2009 the number had almost doubled, to 92,593, mainly as a result of AIDS (GoK 2010). Such a large increase in numbers of orphans puts considerable strain on local support services and calls for a concerted and multifaceted approach to orphan care.
- Although Kenya has clear policies on prevention and management of HIV, it lacks a policy on orphan care. Such a policy is needed to help guide and streamline the implementation of

orphan-care activities in the country. It should focus on greater recognition of and support for institutional care, among other things. The policy should specifically focus on providing financial, material, and emotional support and training in technical skills to those offering care and support.

### Factors influencing distribution of AIDS orphans

- **Spatial distribution of AIDS-related adult mortality:** Kisumu District hosts Kisumu, a city located on busy routes connecting Kenya with Uganda and Tanzania. The labour population in the area is highly mobile, which is of concern because the relationship between labour mobility and AIDS prevalence in heavily affected areas is well documented. AIDS prevalence has been high in Kisumu District for the last three decades. Recently, however, prevalences of AIDS and AIDS orphans have been increasing in rural areas and declining in urban areas.

## Featured case study

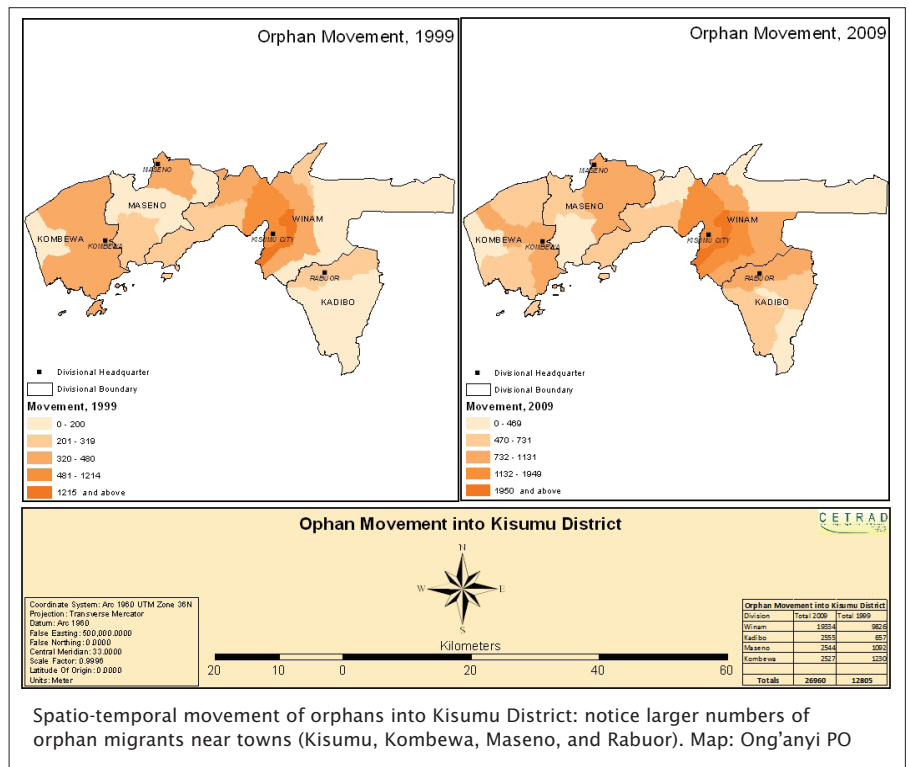
### Waking up to the changing trends of orphan migration in Kisumu District, Kenya

As in many parts of Africa, lack of adequate material and emotional support for orphans and their care providers is largely responsible for orphan migration in Kisumu District, Kenya. The situation is made worse by the extent of poverty in the area and the lack of external support.

Traditionally, when a child's parents die when living in urban areas, the child is sent to the rural villages that their parents originally came from. A study in Kisumu District found, however, that most orphans return to the urban areas where they had been living because they are not used to village life and the care available among their extended family is inadequate. The resulting influx of orphans back into urban areas puts great strain on orphanages in the urban areas.

Rural-urban migration has long been associated with young male adults, but the study found that the majority of current young migrants were young females who had lost their father or both parents.

Curtailing orphan migration to urban areas requires provision of support to those caring for orphans in the community. A well-structured orphan-care and support system, such as the cash-transfer programme recently piloted by the Government of Kenya, needs to be expanded to reach more AIDS affected families. Efforts are also needed to encourage other forms of orphan care, such as formal adoption within the community (Ong'anyi PO 2012).



Spatio-temporal movement of orphans into Kisumu District: notice larger numbers of orphan migrants near towns (Kisumu, Kombewa, Maseno, and Rabuor). Map: Ong'anyi PO

- Orphan migration:** Patterns of orphan migration largely explain the spatial and temporal distribution of orphans in Kisumu District; a large proportion of AIDS orphans in Kisumu District (27% in 1999 and 30% in 2009) are from elsewhere in Kenya, and this trend seems to be increasing. Orphan migration is largely a survival strategy linked to inadequate care provided by foster families (Ong'anyi PO 2012).

### Orphan care

#### Foster care

The Government of Kenya has advocated foster care within the extended family as the best approach to caring for orphans. However, the burden of such foster care has been found to fall largely on grandparents, who may be very old, and on young families, including households headed by children. These people are often ill-equipped materially and psychologically to provide the care needed, and material and psychological support for them is often lacking.

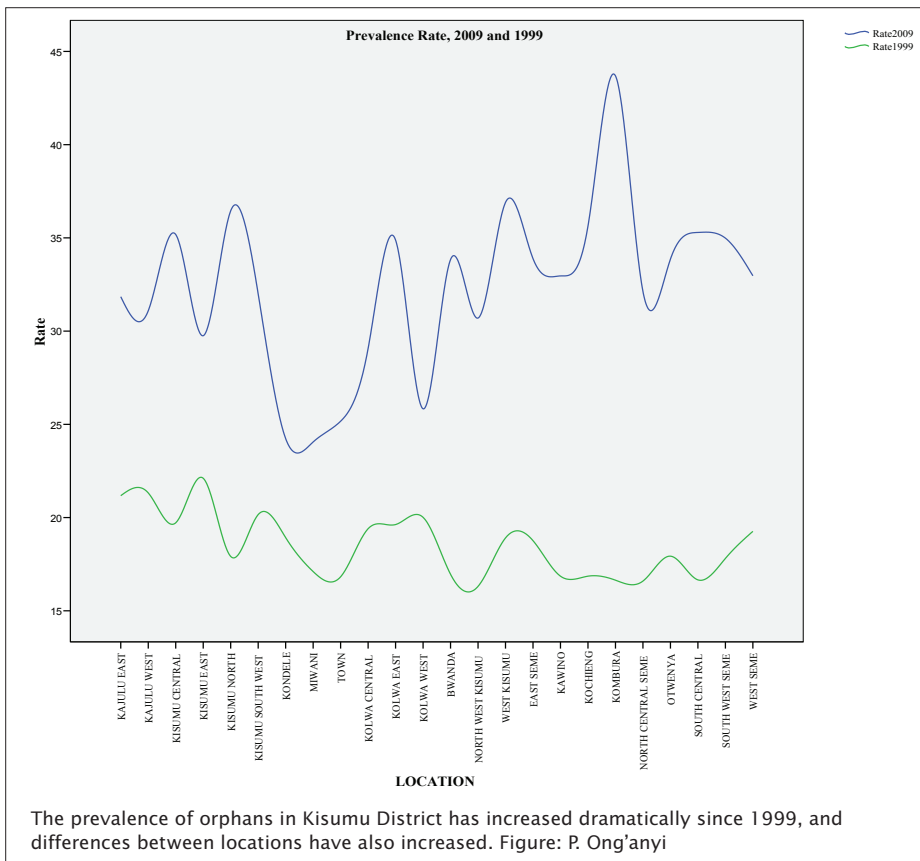
- Lack of material support:** Fostering in Kenya suffers from lack of coordinated care and support. Set against increasing numbers of orphans and pressing care needs amidst high poverty levels, this has resulted in many children being poorly cared for and feeling neglected. A well-structured orphan care and support arrangement needs to be put in place by the government in consultation with all stakeholders.

- Lack of skills in dealing with orphans:** Dealing with children who are distressed by the loss of their parents is not easy, and many care providers do not know how to handle the orphans in their care. For instance, many care providers warn adolescent orphans to be careful in their relationships lest they die like their parents. Such an approach only acts to stigmatise orphans further and make them feel unwanted. This increases the likelihood that they will run away from their care providers, going to live with other relatives, on city streets, or elsewhere. To avoid this, care providers should be trained how best to care for orphans, including how to talk to them about their hopes and fears. This will help improve the quality of life for both care providers and orphans.

#### Institutional care

The breakdown of community social safety nets and high poverty levels in Kisumu District are increasing demand for institutional care for orphans (orphanages). However, orphanages in Kisumu District are poorly distributed and often lack recognition and support.

- Poor distribution:** An overwhelming majority of orphanages in Kisumu District are located in urban areas. Out of about 30 orphanages in the district, only two are located in rural areas, despite



The prevalence of orphans in Kisumu District has increased dramatically since 1999, and differences between locations have also increased. Figure: P. Ong'anyi

## Definitions

**Orphan:** a child (0–17 years) who has lost their father, mother, or both.

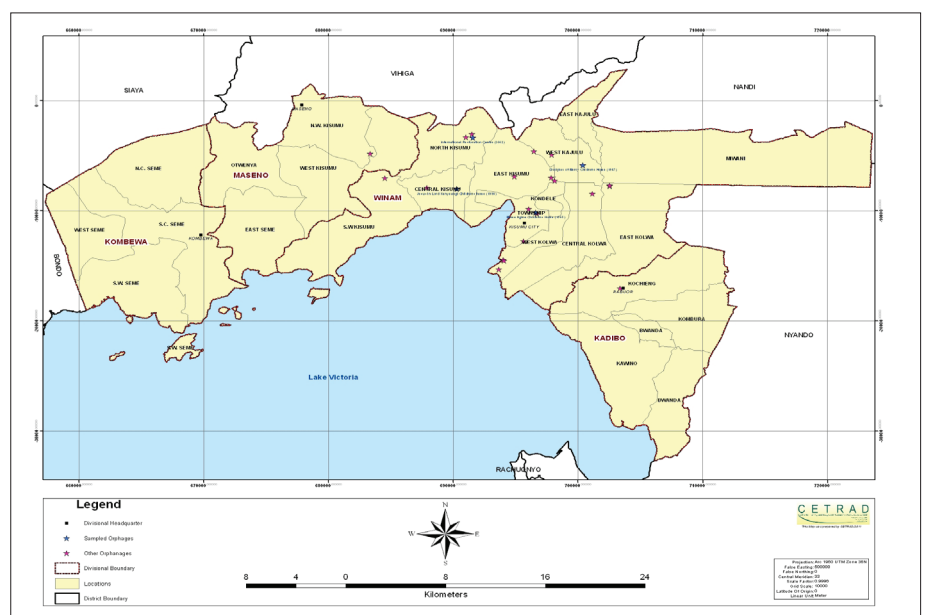
**Foster care:** full-time substitute care of children by people other than their biological or adoptive parents or legal guardians.

**Institutional care:** residential care without a parent or guardian for longer than three months in a building often referred to as a “children’s home”.

**Orphan prevalence:** the number of orphans (0–17 years) divided by all children (0–17 years), given as a percentage.

the increasing prevalence of AIDS orphans in rural areas. This shortage of orphanages in rural areas contributes to rural–urban migration of orphans in search of care and support. Establishing more orphanages in rural areas would help reduce the migration of orphans back to urban areas. Overall, orphanages should be established within the communities that orphans come from to avoid alienating orphans from their extended family. Orphanages should also run early-childhood education programmes to promote education for orphans.

- Lack of recognition and support:** In the context of overwhelming needs for orphan care, a range of acceptable orphan-care approaches must be recognised and supported. Currently, the Government of Kenya focuses on foster care in the extended family. However, younger orphans (aged five or under) often require more physical, emotional, and medical attention than the extended family is able to provide; much of care providers’ time is spent in trying to fend for the expanded family. Recognition of institutional orphan care as a complementary orphan-care arrangement is critical in this context.



Distribution of orphanages in Kisumu District: note the preponderance of orphanages in Winam Division. Map: Ong'anyi PO



**Paul Ong'anyi, PhD**  
 Department of Geography and  
 Environmental Studies  
 University of Nairobi  
[jatondre@yahoo.com](mailto:jatondre@yahoo.com)

## Policy implications of NCCR North-South research

### Support for foster carers

Most care providers in Kisumu District are the grandparents of the orphans or the orphans' older siblings, and are ill-prepared materially and emotionally to care adequately for the orphans. This often results in a strained relationship between the orphans and their care providers, and many orphans run away. This problem can be addressed by sensitising the community to the needs of orphans and their carers and training care providers in the skills they need to care for orphans. Relevant government departments, non-governmental organisations, and other community-service organisations working in the field of child welfare should take a lead in these activities.

### Support for orphanages

Migration of orphans has considerably altered their distribution. Many orphans end up in overcrowded orphanages, or living on beaches and in city streets without any formal care. This has negative consequences for their education and general welfare. This problem can be addressed in the short run through measures aimed at helping orphans settle (see "Support for foster carers"), and through establishment of and support for orphanages by governmental and non-governmental agencies.

### Poverty-reduction measures

Long-term measures to support orphans include efforts to reduce the high level of structural poverty in the region. This would enable the community to better support orphans.

### National orphan-care policy

Despite the magnitude of the orphan-care problem in Kenya, there is no national orphan-care policy. The government should develop such a policy to guide and streamline orphan-care activities in the country.

## Further Reading

**GoK [Government of Kenya].** 2010. *2009 Population and Housing Census*. Nairobi, Kenya: Government Press.

**Ong'anyi PO.** 2012. *Spatio-temporal variations in orphanhood: analysis of the effects of AIDS, and traditional versus modern institutional coping mechanisms in Kisumu District, Kenya* [PhD dissertation]. Nairobi, Kenya: University of Nairobi.

**UNAIDS.** 2011. *Global report: UNAIDS report on the global AIDS epidemic 2010*. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS). Available at: [www.unaids.org](http://www.unaids.org); accessed 26 November 2012.

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### Regional Coordination Office

Boniface Kiteme, PhD  
 CETRAD  
 P.O. Box 144-10400  
 Nanyuki, Kenya  
[b.kiteme@africaonline.co.ke](mailto:b.kiteme@africaonline.co.ke)

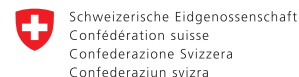
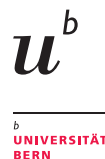
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