

## **Conditionalities for Orphans and Vulnerable Children Intervention Programmes in Kisumu County, Kenya**

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### **Abstract**

*The high number of orphans and vulnerable children has necessitated government and non-government organizations to provide support and care to orphans and vulnerable children. The study sought to determine the conditions to be fulfilled by households enrolled on orphans and vulnerable children intervention programmes in Kisumu County, Kenya. Evaluative and Survey research designs were used to collect data through questionnaires, focus group discussions and Keyinformant interviews from 6 key informants and 384 caregivers. The study found that both the government and non-government orphans and vulnerable children intervention programmes had conditions to be fulfilled however, penalties for failure to adhere to these conditions, were not being enforced a hundred percent. The study concluded that there were non-deserving households included and deserving households excluded from the orphans and vulnerable children intervention programmes. The study recommends that there should be strong enforcement of conditions.*

**Keywords:** Orphans, Vulnerable, Children, Programmes, Conditions, Penalties, Enforcement, Beneficiaries

### **1. Introduction**

Conditions in service provision are expected to ensure accountability on the part of the beneficiaries, with penalties for those who fail to comply. Conditional Cash transfer programmes require recipients to undertake certain behavioural changes in return for the transfers.

#### **1.1 Literature Review**

While conditions which beneficiaries are required to fulfil are determined by the components of the Conditional Cash Transfer, Fizeber and Schady (2009) noted that many Conditional Cash Transfer programmes condition their transfer both on enrolment and regular attendance of household children in school, health centre visits for the younger children and pregnant women. The main reason for linking social transfers to conditions is because some financing agencies see poverty as associated with inadequate access to nutrition, health education or housing. They therefore see enhanced expenditures on these as potentially desirable with respect to poverty or education and 'tie' transfers in various ways and to varying degrees to evidence that recipients have been spending them as intended (Schubert and Slater, 2006).

Schubert (2005) noted that the Kalomo Pilot Cash Transfer Scheme in Zambia aimed at reducing extreme poverty, hunger and starvation in the (10%) most destitute and incapacitated households the pilot region holds. Each household approved by the scheme received ZMK 30,000 (US\$6) from various pay points.

In two pilot projects in Machinga and Mongochi districts – Malawi, aimed at the relative advantages and disadvantages of conditional food transfer, cash transfers, and a mix of food and cash transfers, the conditionality was that transfers (food, cash or food and cash) be made after participation in identified community asset-creation activities.

Fizbern and Schady (2009) noted that many CCT programmes in Brazil conditioned their transfer both on enrolment and regular attendance of household children in school and on regular health centre visits for the younger children and pregnant women. Once registered on the conditional cash transfer programme, the beneficiary families were required to ensure school enrolment and a minimum attendance record of (85%) for children and teenagers between ages 6 to 15 and a minimum attendance record of (75%) for teenagers between the ages of 16 to 17 years old for them to continue benefitting from the programme.

In 2012, *Bolsa Familia* was providing forty one million people (22 %) of the Brazilian population with between 32 to 242 reis per capita per month (approximately USD 14). Bither-Terry (2012) observed that, this monthly income was provided to beneficiary families on condition that children in the household regularly attended school and participated in preventive health care programmes. For families to qualify for the *Bolsa Familia* in Brazil, they were expected to meet the criterion of a monthly income of R\$70 to R\$140 per person when they had children between the ages of 0 to 17 years old or a monthly income up to R\$70 per person regardless of the age of all members (Lee, 2011). The main conditionalities for *Bolsa Familia* programme were that children 6 -15 years old maintain (85%) of school attendance, and the children up to six years old to have their immunization status confirmed. Further, the children up to six years together with pregnant women were expected to have regular health check –ups (Soares, Ribas and Son, 2007).

Further, families were required to achieve complete immunization for children under the age of 7 years old, prenatal care for pregnant women and postnatal care for women as long as they were breastfeeding as noted by (Lee, 2011). Further, Lee observed that, families were required to achieve complete immunization for children under the age of 7 years old, prenatal for pregnant women and post natal care for women as long as they were breastfeeding.

Moore, (2009) noted that Nicaragua's *Red de Proteccion Social* ( RPS) cash transfer aimed at achieving higher levels of well-being among the extremely poor population of Nicaragua. The cash transfer component consisted of payments that were distributed to a female head of household as long as the household fulfilled prescribed obligations. The transfers were given to females because it was believed that they were more likely than men to use them in a way that would benefit their children. Moore, (2009) noted that receipt of the food transfer on *Red de Proteccion Social* (RPS) in Nicaragua was on condition that the households participated in bi-monthly educational seminars for the female beneficiaries and that the children in the household attended the required medical check-ups. Further, children were required to remain at a healthy weight, so that if they were below weight for two consecutive check-ups the household would forfeit their transfer. In order to receive the bi-monthly school transfer, beneficiary households on *Red de proteccion Social* (RPS) with children between the ages of seven and thirteen who had not yet completed fourth grade had to attend classes regularly. If the children missed more than the excused absences, they were required to provide a doctor's note to avoid being penalized. This transfer was given at the household level, so if one child did not attend school while the others did, the household forfeited their transfer for that cycle. As well as ensuring that fertility choices were not tied to benefits, this policy encouraged households to send all children to school and to treat co-responsibilities as a group effort. The education component also included a school park, which was an annual transfer given to the individual on condition that the eligible children enrolled in school (Moore, 2009). Households were expected to use the school park money to ensure that their children were appropriately dressed and prepared for classes.

Nyang'ara, Thurman, Hutchinson, and Obiero, (2009) in a cost analysis study of four programmes in Kenya and Tanzania noted that the beneficiaries on the Salvation Army programme in Tanzania were expected to attend children's clubs every month. A study carried out by Byrant, (2009) in Kenya, noted that during piloting half of the households on the OVC-CT were subject to conditions, including schools attendance, immunization, providing basic necessities for example food, clothing and shelter and taking all children to health facility for proper healthcare when sick. However, these were not firm requirements to continued enrolment. They were a strategy by government officials to 'encourage' the community to utilize available services. The OVC-CT programme was intended to provide cash benefits to beneficiaries as long as possible to ensure maximum impact (GOK, 2007) and exiting the programme was after expiry of 5 years.

Kirera (2012) noted that conditionalities in OVC-CT seemed unclear and misunderstood, and appeared a remnant of the pilot programme, when the question of whether to impose conditionalities was first tested. Conditionalities were supposed to be monitored and evaluated but only in areas with sufficient Education and health services (GOK, 2007). Households on OVC-CT were also supposed to exit the programme on various conditions: if they no longer satisfied the eligibility criteria, failed to comply with the conditionalities for four consecutive periods, renounced participation in the programme; moved to another area not covered by the programme, were no longer deemed poor, or were found to have given false information or committed fraud (GOK, 2007). However, Kirera (2012) noted that since the programme was first implemented, only the targeting process for identifying eligible households had been conducted (excluding new areas of programme scale up). The study by Kirera confirmed that original beneficiaries of the programme were still benefiting including those that were enrolled in 2007, which was clearly beyond the envisaged given 5 year limit. Therefore the OVC-CT transfer did not implement conditions of exit from the cash transfer programme. Literature reviewed does not show the influence conditions have on beneficiary households. This study sought to determine the conditions that service providers placed on the recipients of the services provided and how they influenced the households.

### 3. Research Methodology

#### 3.1 Study Site

The Research was carried out in Kisumu County which is located in Nyanza. Nyanza covers 16,162 kms<sup>2</sup> and lies between longitude 0° and latitude 30° south and between longitude 34° and longitude 40° east. It is located in the South West part of Kenya, around Lake Victoria and includes part of the Eastern edge of Lake Victoria.

#### 3.2 Target Population

Units of observations in this study included households, Ministry of Gender, Children and Social Development services, Provincial office documentation Centre and the local administration. Target population for the study included: caregivers in households benefitting from government and non-government OVC intervention programmes, children officers in the Ministry of Gender, Children and Social Development, project directors and social workers from the NGO programme.

#### 3.3 Sample Size Determinant

A multi stage sample was calculated using fisher's formula.

This is:

$$n = \frac{Z^2 pq}{d^2}$$

$$\frac{(1.96)^2 \text{ by } (.50) (.50)}{(.05)^2} = 384.16 \text{ households}$$

The multi stage random sample size for the study consisted of 384 households. That is 192 households on the government and 192 households on non-government OVC intervention programmes from Kisumu County. There were two children officers, two project directors and two social workers who were selected as key informants. The sample also consisted of four focus group discussions, (two for men and another two for women) each comprising of 8 participants who were randomly selected for the discussion from the beneficiary lists obtained from the government and non-government OVC intervention programmes.

#### 3.4 Sampling Procedure

The study adopted a three stage sampling approach in selection of the sub-counties, government and non-government service providers and beneficiary households. A multistage sampling procedure was adopted because it enabled sub counties to be used as sampling units at various levels, thus permitting the study to be concentrated and at the same time cover a wide area. Further, multistage sampling allowed for flexibility where various sampling approaches were used at various stages of sampling. In the first stage, three sub counties were randomly selected from the seven sub counties in which the government and non-government OVC intervention programmes were being offered. The selected sub counties were: Seme, Kisumu East and Kisumu West. In Seme sub county, the government OVC programme was hosted in three locations namely: South Central Seme, West Seme and Otwenya. At the time of the study the fourth location was being targeted for the government OVC intervention programme and did not qualify for the study.

South Central Seme location did not qualify for the study since the beneficiary households had only received the government OVC intervention for one and half years, while the study was targeting households that had benefitted from OVC programmes for a minimum of three years. Out of the two remaining locations West Seme was randomly selected for the government OVC intervention programme.

In Kisumu East sub-county, the government OVC programme was hosted by Winam administrative division that consists of eight locations namely: Township, Kondele, Kolwa West, Kolwa East, Kolwa Central, Kajulu East, Kajulu West and Miwani. Out of the eight locations, the government OVC intervention programme at the time of the study was only being implemented in three locations. These were: Township, Kolwa West and Kolwa East. Out of the three locations that were benefitting from the government OVC intervention programme, Kolwa West had just been slated to start receiving the government OVC interventions, therefore did not qualify for the study. Out of the remaining two locations, township was randomly selected for the study.

The NGO programmes were selected from East Kisumu Location of Kisumu West Sub County and Kisumu North West Location of Seme Sub County.

In the third stage beneficiary households were randomly selected from the lists obtained from the Ministry of Gender, Children and Social Development and the Non-Government Organization. Selection of caregivers of households from the lists of beneficiary households was done by simple random sampling and was based on the lists of caregivers from the Ministry of Gender, Children and Social Development and lists from the NGO project in each sub county.

### **3.5 Research Instruments**

The Primary data was obtained using researcher administered questionnaires, focus group discussions and structured interviews administered to 384 OVC households and 6 key informants. An observation check list was administered to households to check the accuracy of information provided by the respondents.

### **3.6 Data Processing**

Data was processed by descriptive statistics that were computed using SPSS version 16. MS EXCEL was used to draw and present the results in bar charts and tables. Data collected using questionnaires was presented quantitatively using means, percentages and standard deviations for continuous and frequency distributions of categorical data. Data collected from focus group discussions and intensive interviews was analyzed qualitatively.

## **4. Results and Discussion**

### **4.1 Enrolment in School**

The study sought to determine enrolment in school as a condition for benefitting from the OVC programme. All the 192 respondents enrolled on the government OVC programme, reported that enrolment in school was one of the conditions the government expected of beneficiaries. The children's officer and the focus group discussion revealed that one of the conditions for enrolment on the government cash transfer programme was that children had to be enrolled in school. All the 192 respondents enrolled on the NGO programme, reported that for the beneficiary to be enrolled on the programme and continue being supported by the NGO they had to be enrolled in school. An interview with the project directors and social workers revealed that for households to be enrolled on the NGO programme school attendance was mandatory and Education for advancement of the OVC was the main objective of the programme.

Having Education as a condition for being enrolled and continuing to benefit from the OVC intervention programmes is consistent with findings by Fizbern and Schady (2009) who noted that CCT in Brazil conditioned their transfer on enrolment and regular attendance of household children in school. The findings in the current study are consistent with findings by Bither-Terry (2012) in the *Bolsa Familia* programme which found out that the main condition for *Bolsa Familia* in Brazil, were that children 6-15 years old maintain (85%) of school attendance. Findings by Moore (2009) on the food transfer on *Red de Proteccion Social* are inconsistent with findings in the current study in that beneficiary households were conditioned to participate in bi-monthly educational seminars for female beneficiaries, also if one child did not attend school while the others did; the household forfeited their transfer for that cycle. Similarly, for children to receive the bi-monthly school transfer beneficiary households with children between ages of seven and thirteen who had not yet completed fourth grade had to attend classes regularly and if the children missed more than the excused absences, they were required to provide a doctor's note to avoid being penalized.

#### 4.2 Preventive Healthcare Service

All the 192 (100%) respondents enrolled on the government programme indicated that the government programme expected beneficiary households to attend preventive healthcare programmes. An interview with the children's officer revealed that the beneficiaries enrolled on the programme were expected to take the OVC for preventive healthcare in a government facility. Further, the children's officer revealed that preventive healthcare was provided at village level by community health workers and the beneficiaries were expected to attend the programme.

The children's officer observed that preventive healthcare was one of the conditions that was ignored and that the beneficiaries enrolled on the programme still received their cash even if they missed taking the children for preventive healthcare services at the government hospital. The findings of this study are consistent with findings in a study by Bither-Terry (2012) who observed that the *Bolsia Familia* expected beneficiaries to participate in preventive healthcare programmes. The findings of the current study are consistent with findings of a study carried out by Byrant (2009) in Kenya that noted during piloting, half of the households on the OVC – CT were subject to conditions including taking all children to health facility for proper healthcare when sick. However, the conditions were not firm requirements to continued enrolment but a strategy by the government officials to 'encourage' the community to utilize available services.

Out of the 192 respondents enrolled on the NGO programme, 181(94.3%) indicated that beneficiary households were expected to attend preventive healthcare, 4(2.1%) indicated that they were not expected to attend preventive healthcare while 7(3.6%) respondents reported that they did not know that they were expected to attend preventive healthcare. Having 181(94.3%) respondents enrolled on the NGO programme indicating that they were expected to attend preventive healthcare was interpreted to mean that preventive healthcare was one of the conditions for being enrolled on the OVC programme. An interview with the project directors and social workers revealed that the beneficiaries were expected to get preventive healthcare services from the government facility and that every Saturday the children enrolled on the programme were expected to attend preventive healthcare programmes at the NGO center. Two FGD's one for female and another for male participants revealed that once every week the children enrolled on the OVC programme were expected to go to the NGO project center on Saturdays for various programmes one of which was on preventive health. Findings of the study that the NGO programme had preventive health care programme and that children up to age five had to be immunized for beneficiaries to be enrolled on the programme was consistent with findings by Bither-Terry (2012) who noted that *Bolsa Familia* conditioned children up to six years old to regularly participate in preventive healthcare programmes. The findings of the current study are inconsistent with findings by (Moore, 2009) who noted that households participated in bi-monthly educational seminars for females and that children attended the required medical check-ups. Children were required to remain at a healthy weight, so that if they were below weight for two consecutive check-ups the households would forfeit their transfer.

#### 4.3 Pre-Natal Care Services for Pregnant Mothers

All the 192 respondents enrolled on the government OVC intervention programme reported that the programme did not expect pregnant mothers in households to attend pre-natal care for them to continue benefitting from the government programme. This was interpreted to mean that pre-natal care service for pregnant mothers was not a condition for households to continue benefitting from the OVC programme. An interview with the children's officer revealed that pre-natal care for pregnant mothers was not a requirement for the households to continue benefitting from the OVC programme. Two FGD's one for women and another for men concurred with the Children officers' observations.

Out of the 192 respondents enrolled on the NGO programme, 163(84.9%) reported that the programme they were benefitting from did not expect pregnant women in beneficiary households to attend pre-natal care services for households to continue benefitting from the programme. Another 29(15.1%) reported that they did not know whether the programme they were benefitting from expected pregnant women in beneficiary households to attend pre-natal care for the households to continue benefitting. An interview with the key informants on the NGO programme revealed that the child development programme did not expect pregnant mothers to attend pre-natal care services for households to continue benefitting from the programme. Two FGD's one for women and another for men revealed that expectant mothers were not expected to attend pre-natal care services for households to continue benefitting from the programme.

Having a large number of respondents enrolled on the NGO programme reporting that pregnant mothers were not expected to attend pre-natal care services in order for households to continue benefitting from the programme, was interpreted to mean that pre-natal care services for pregnant mothers in households was not a condition for households to continue benefitting from the programme.

Findings of the current study that attending pre-natal care service was not a requirement for households to continue benefitting from the programmes is a major finding not in reviewed literature since it is inconsistent with findings by (Soares et al., 2007) who observed that the *Bolsa Familia* programme expected pregnant women to have regular health check – ups. The current study is inconsistent with findings by Lee, (2011), who noted that families were required to achieve pre-natal and post natal care for women as long as they were breastfeeding.

#### **4.4 Penalties for Failure to Observe Conditions**

As observed in figure 4.1, 165(85.9%) respondents indicated that there were penalties for failure to observe conditions, 28(13.5%) respondents reported that there were no penalties and 1(0.5%) reported that they did not know whether or not there were penalties for failure to observe conditions. This was interpreted to mean that the government OVC programme had penalties for failure to observe conditions. The children’s officer and two focus group discussions noted that there were penalties for failure to observe conditions. Out of the 192 respondents enrolled on the non-government programme, 167(87%) reported that there were penalties for failure to observe conditions 14(7%) respondents indicated that there were no conditions and 11(6%) respondents reported that they did not know whether there were penalties or not for failure to observe conditions for OVC enrolled on the programme. This was interpreted to mean that the NGO programme had penalties for beneficiaries who failed to observe conditions.

The project director and social workers and two focus group discussions reported that there were penalties for failure to observe conditions which included being given a departure from the programme and withdrawing extra support given to the highly vulnerable and chronically ill children enrolled on the programme. Findings of the current study that there are penalties for failure to observe conditions are consistent with findings of a study by Fizbern and Schady (2009) who noted that many CCT programmes condition their transfer both on enrolment and regular attendance of household children in school and centre visits.

#### **4.5 Beneficiary Households that do not Fulfil Conditions**

Out of the 192 respondents enrolled on the government programme, 164(85.3%) reported that they did not know of any beneficiary households enrolled on the programme that did not fulfil conditions and 28(14.7%) reported that they were aware of some beneficiary households enrolled on the government programme that were withdrawn from the programme for failing to fulfil conditions. Having a large number of respondents enrolled on the government programme reporting that they were not aware of any beneficiary households that did not fulfil conditions was interpreted to mean that most beneficiary households adhered to the conditions. Having a small number 28(14.7%) of beneficiaries reporting that there were some beneficiary households that did not meet the conditions was interpreted to mean that there were discrepancies in enrolment of beneficiary households on the government programme.

An interview with the children’s officer and two focus groups discussions revealed that some of the beneficiary households did not fulfil certain conditions. A participant noted: “Yes there are conditions to be fulfilled. But we need the services.” Findings from this study that a high number of respondents reporting some beneficiaries did not meet all the conditions is consistent with findings by Byrant (2009) who noted that conditions were only implemented at pilot of the OVC-CT programme and were not a firm requirement to continued enrolment on the programme.

The study found that out of the 192 respondents enrolled on the NGO programme, 49(25.5%) reported that they were aware of some beneficiary households that did not fulfil conditions, 140(72.9%) reported that they were not aware of beneficiary households that did not fulfil conditions and 3(1.6%) reported that they did not know whether or not there were households that did not fulfil the conditions. Having a large number of respondents enrolled on the NGO programme reporting that they were not aware of beneficiary households that did not fulfil some conditions was interpreted to mean that most of the beneficiary households enrolled on the NGO programme fulfilled conditions.

Having a quarter of the respondents enrolled on the NGO programme reporting that they were aware of some households that did not fulfil conditions, was interpreted to mean that the NGO programme was relaxed in monitoring and evaluating the programme, there was laxity and impartiality during enrolment of beneficiaries on the NGO programme.

An interview with the project directors, social workers and FGD of participants on the NGO programme revealed that there were some households that did not fulfil some conditions expected of households. Some beneficiaries were reluctant to attend the Saturday programmes, while some caregivers were unwilling to pay monthly levies at the project that were proof of participants ownership of the project. Some of the beneficiaries were unwilling to bring report cards at the end of every term for evaluation of their academic performance. Both the government and non-government OVC programmes had beneficiaries enrolled on the programme who did not meet conditions (28(14.7%) and 25.5%) respectively. This finding was interpreted to mean that both programmes did not enforce conditions for enrolment on the programme. The NGO programme was higher in non-enforcement of conditions for enrolment on programmes than the government OVC intervention programme.

#### **4.6 Withdrawal of Beneficiary Households from the OVC Programmes**

From figure 4.2, it can be observed that out of 192 respondents enrolled on the government programme, 173(90.1%) indicated that there were no beneficiary households that had been withdrawn from the programme for failing to fulfil any of the conditions expected of beneficiary households. Another 19(9.9%) reported that they did not know whether there were any households that had been withdrawn from the government programme or not. Having a very large number of respondents indicating that they were no beneficiary households that had been withdrawn from the government programme was interpreted to mean that the government programme did not implement penalties to beneficiaries who failed to meet all the conditions expected of households benefitting from the programme. This finding is consistent with findings by (Byrant, 2009) who noted that conditions were only implemented at pilot of the OVC-CT programme and were not firm requirements to continued enrolment. The programme was intended to provide cash benefits to beneficiaries as long as possible to ensure maximum impact.

The study found that out of the 192 respondents enrolled on the Non-government programme, 158(82.3%) indicated that they were not aware of any beneficiary households that had been withdrawn from the programme for failing to fulfil any of the conditions expected of households enrolled on the programme. Another 14(7.3%) reported that they were aware of beneficiary households that had been withdrawn from the NGO programme while 20(10.4%) reported that they did not know if there were any beneficiary household that were withdrawn from the programme for failing to fulfil any of the conditions expected of households enrolled on the programme. Having a small percentage of respondents reporting that there were some beneficiary households that were withdrawn from the programme was interpreted to mean that being withdrawn from the programme by the NGO programme was minimal. The large percentage of respondents reporting that there were no beneficiary households that were withdrawn from the programme was interpreted to mean that withdrawing beneficiary households from the programme was implemented when all other avenues for counsel were exhausted. From the findings, it was interpreted that the NGO programme was higher in withdrawal of beneficiaries from the programme with 14(7.3%) than the government programme that had (0%).

#### **5. Findings, Conclusions and Recommendations**

The study found that both the government and non-government OVC intervention programmes had conditions that beneficiaries enrolled on the programmes had to fulfil in order for them to continue benefitting from the OVC programmes. The study found that 189(98.4%) respondents enrolled on the government programme and 159(82.8%) enrolled on the NGO programme reported that the children had to attend regular medical check-ups in order for the households to continue benefitting from the OVC programmes. This is consistent with findings by Bither-Terry (2012) who observed that children regularly participated in preventive healthcare programmes. Another 190(99%) respondents enrolled on the government programme and 184(95.9%) respondents enrolled on the NGO programme reported that acquisition of civil registration was a condition for enrolment on the OVC programme. However, the study found that pre-natal care for pregnant mothers was not a condition for respondents to continue benefitting from the OVC programme. This finding is not consistent with findings by Fiszbern and Schady (2008) who observed that CCT in Brazil conditioned their transfer on regular health centre visits for pregnant women. This finding is also not consistent with findings by Lee (2011) who noted that pregnant women were to attend prenatal and breastfeeding mothers to attend post natal care.

The study found that 165(85.7%) respondents enrolled on the government programme and 167(87%) respondents enrolled on the NGO programme indicated that there were penalties for failure to adhere to conditions. This finding agrees with findings by Moore(2009) who noted that in *Red de proteccion Social* (RPS) in Nicaragua, the transfers were given at household level so if one child did not attend school while the others did, the household forfeited their transfer for that cycle. The study found that even though there were penalties, they were not being enforced hundred percent. An overwhelming 173(90.1%) respondents enrolled on the government programme and 158(82.3%) respondents enrolled on the NGO OVC programme reported that they were not aware of any households that had been withdrawn from the OVC programme for failing to fulfil any of the conditions.

The study found that even though there were conditions to be fulfilled by beneficiaries enrolled on the government and non-government OVC programmes, they were not hundred percent being adhered to. The government programme had 28(14.7%) respondents reporting that there were beneficiaries enrolled on the programme who did not fulfil the conditions. The NGO programme had the highest respondents of 49(25.5%) reporting that there were beneficiary households enrolled on the programme that did not fulfil the conditions.

**5.1 Conclusions**

The study concluded that:

- Pre-natal care of pregnant mothers was not a condition for beneficiary households to continue benefitting from the government and non-government OVC intervention programmes.
- Although there were penalties for conditions defaulters, they were not fully implemented.
- Even though there were conditions to be fulfilled for enrolment on the OVC programmes, there were non-deserving households included and deserving households excluded from the OVC intervention programmes.

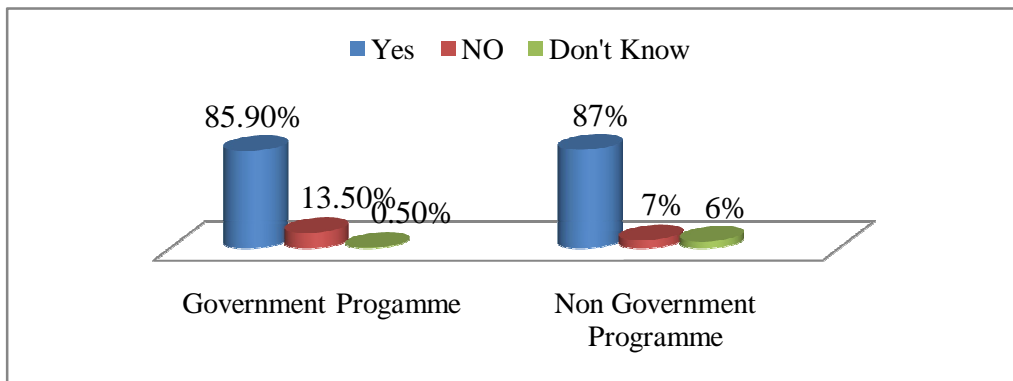
**5.2 Recommendation**

The study recommends that there should be strong enforcement of conditions.

**5.3 Suggestions for further Research**

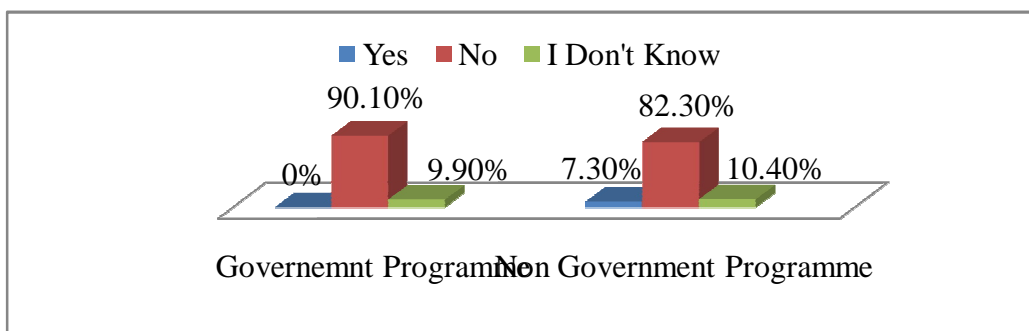
The study suggests that there should be a study to review benefits provided to households by OVC intervention programmes.

**Figure 4.1: Penalties for Failure to observe Conditions**



Source: Researcher generated from field data of 2014

**Figure 4.2: Withdrawal of Beneficiaries from OVC Intervention Programmes**



Source: Researcher generated from field data of 2014



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