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I. INTRODUCTION

There is a high number of OVC in Africa due to HIV and AIDS, war, alcohol, accidents and other pathogenic causes. Battle deaths are higher in Africa as noted by Hoefler (2008) who observes that Democratic Republic of Congo had an estimated 3.9 million between 1998 – 2004 as a result of the six year war that was experienced in the country. The OVC crisis calls for programmes that can provide support and care to OVC. Biemba, Simon, Castello, Beard, Brooks and Njoka (2009) note that understanding the magnitude of the problem and socio-demographic characteristics of OVC can provide foundation for building programmes of appropriate designs, size and scope. To mitigate the impact of orphan hood, the Kenya Government responded by putting in place the National Plan of

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Action on OVC. This plan helps to strengthen the capacity of families to protect and care for OVC, provide economic, psychosocial and other forms of social support, as well as mobilise and support community based responses to increase OVC access to essential services such as food and nutrition, education, health care, housing, water and sanitation (Republic of Kenya, 2005). Oboka (2010) observes that, the Department of Children Services, within the Ministry of Gender, Children and Social Development, in collaboration with the National steering committee on OVC developed the OVC policy, a key aspect of which is the provision of a direct predictable and regular cash subsidy to households caring for OVC. As the OVC crisis continues to increase in Kenya, the government, development partners and NGOs are implementing intervention programmes. However, there is lack of evaluation on the influence of these programmes on beneficiary households.

a) Statement of the Problem

A study carried out by Biemba *et al*, (2009) noted the percentage of the organizations providing OVC services in Kenya were: non-government organizations (78%), governmental (9%), private-not for profit (4%) faith based organizations (4%) and multilateral organisations (4%). Apart from the sampled organizations, Biemba *et al*, (2009), reported that the exact number of organizations working on OVC in Kenya is unknown. While many programmes have been initiated in Kenya to provide various services to households caring for OVC, there is limited empirical studies carried out to evaluate how these programmes have impacted on social wellbeing of beneficiary households. Formson and Forsythe, (2010); Nyangara, Hutchinson, Thurman and Obiero (2009) showed that some of these intervention programmes had not offered maximum care, support and protection for OVC. Economic strengthening met a major blow since the beneficiaries sold tools because it was more profitable than running the income generating activity they were expected to start. Caregivers were reluctant to allow the OVC to go for children clubs since they spent more time in children's clubs instead of helping with household chores. Therefore income generating activities and

children clubs have proved inefficient to offer maximum care and support to OVC.

b) Objective of the study

The study was guided by the following research objective.

- i. To Analyse the services provided to households on OVC intervention programmes in Kisumu County.

II. LITERATURE REVIEW

a) Provision of Education in OVC Programmes

Education is a basic human right for all children, as recognized in the Convention on the Rights of the Child (CRC, 1989). It is also vital for children's physical, intellectual, emotional and social development (International HIV and AIDS Alliance, 2010). USAID and CRS, (2008) note that a child who has access to quality primary schooling has a better chance in life while a child who knows how to read, write and do basic arithmetic has a solid foundation for continued learning throughout life. On that part, Ishakawa, Naoko, Pridmore, Pat, Carr-Hill, Roy, Chaimuangke and Kreangkrai (2011) noted education to be critically important to children's social integration and psychosocial well-being. Ishakawa *et al.*, (2011) posited that school attendance plays an important role in helping traumatized children regain a sense of normalcy and to recover from the psychosocial impacts of their experiences and disrupted lives. USAID and CRS (2008) reported that education programming for orphans and vulnerable children in Burundi, Zambia and Lesotho, showed that education intervention benefitted individuals, whole nations and was a major instrument for social and economic development. Evidence from the same study showed that children who were not hungry were better able to concentrate in class. USAID and CRS, (2008), noted that to access education, national policies on Education for all (EFA) greatly impacted access to learning. The abolition of elementary school fees in Uganda, Tanzania, and Kenya led to dramatic increase in enrolment. In Uganda, the abolition of fees in 1996 led to a 70 percent increase in enrolment. In Tanzania, when fees was abolished in 2001, there was an increase in enrolment rate soaring from 57 percent to 85 percent within one year. While in Kenya, 1.2 million additional students entered primary school after the government eliminated school fees in 2002 (OVP and MOHA, 2006).

Even with free primary education, orphans are still more likely to lose out on education than other children. In Kenya, 92% of non-orphans and 88% of orphans are in school (OVP and MOHA, 2006), and the percentage of double orphans aged 10-14 attending school is 70% lower than that of children living with at least one parent (OVP and MOHA, 2004). The reasons for orphans losing out on education include additional costs of education (such as uniforms, books, and

games), inability to go to school full time, lack of educational capacity and quality to cater for the large numbers of children. Therefore, not all OVC can access the free primary education since most of the caregivers cannot afford to pay for the extra levies charged. Formson and Forsythe (2010) note that OVC are at higher risk of dropping out of school due to a number of barriers such as stigmatization, lack of school uniforms, shoes and other miscellaneous school costs.

b) Psychosocial Support in OVC Programmes

Formson and Forsythe (2010) noted that orphans and vulnerable children can suffer considerable emotional trauma as a result of their respective family situations ranging from loss of one or both parents and the trauma that comes from living in various abusive circumstances. This, coupled with stigmatization and marginalization, leaves the orphans and vulnerable children highly vulnerable, in need of counselling and various other coping mechanisms as noted by Hutchinson and Thurman, (2009) and USAID and CRS, (2008). Evidence from the same study showed that psychosocial support gives OVC the skills, with which to cope with stress, trauma and other difficult situations that the OVC experience in life. Psychosocial support also ensures that parents and caregivers are equipped with skills to provide better care and support for OVC.

Formson and Forsythe (2010) observed that HIV and AIDS was creating and exacerbating, physical poverty, emotional, psychological and social poverty in the lives of affected children and households. Such poverty could have profound personal, familial and societal implications. Therefore, it was imperative that psychosocial support be strategically integrated into programmes for children affected by HIV and AIDS and other disasters. If well targeted, psychosocial support was envisaged to give orphans and vulnerable children the skills with which to cope with stress, trauma and other difficult situations that they experience in life (Hutchinson and Thurman, 2010). Evidence from the study by Formson and Forsythe showed that, psychosocial interventions included: kids clubs, regular home visits, peer support groups, recreational activities, writing of memory books, keeping memory boxes, guardian support groups, counselling from trained professional and lay counsellors, teen clubs, art, expressive art, drama therapy and home visits by volunteers. Formson and Forsythe (2010) noted that the main areas of support provided to both OVC and their caregivers were counselling, support groups, community sensitization activities and spiritual support.

Although recognized to be critical in meeting children's intrapersonal and interpersonal development, psychosocial support is one of the most neglected areas of support for orphans and vulnerable children. Hutchinson and Forsythe (2010) noted that neglect of psychosocial support has long term consequences for

children which include hopelessness, shock, fear, anxiety, anger and depression which could cause dysfunctional behaviours and strain on social wellbeing of households benefitting from various programmes for OVC. While psychosocial support was ensuring the emotional support to OVC beneficiary households, Nyang'ara *et al.*, (2009) noted that there were few home visits and psycho social effects for guardians or children from visiting. The study therefore sought to examine psychosocial support provided to OVC.

c) Child Protection in OVC programmes

All children require protection as stipulated in the Convention on the Right of the Child (CRS and USAID, 2008). Many countries have child focused legislation such as the Children's Act of 2001 in Kenya that provides extensive protection for children that include the government and family being responsible for the survival and development of the child. The Children's Statute of Uganda of 1995, Article 34 (7) of the constitution specifically provides for the protection of orphans and vulnerable children (Republic of Uganda, 2011). Orphans and vulnerable children are particularly vulnerable to abuse, exploitation and neglect. When children's right to protection are violated they are at increased risk of HIV infection, physical, social and emotional problems (IHIVAA, 2010). The study by Richter *et al.*, (2004) noted that orphan hood deprives children many of their rights by removing them from family and possessions, and exposing them to abuse and exploitation. It is therefore important that Convention on the Rights of the Child (CRC) which places a duty on governments to protect children's rights be put in place.

Saalam (2004) in a CRS report for Congress observed that children who are solely responsible for their siblings struggle not only to support the household, but also to keep their homes. Property grabbing as a practice where relatives of the deceased come and claim the land and other property is reportedly a serious and children cannot inherit property. As noted by Traditional law in many rural areas dictates that women problem for widows and child headed households. Saalam (2004), property grabbing has a number of their new caretakers, girls and women may be forced Girls may experience sexual abuse and exploitation from negative consequences particularly for girls and women. into the sex trade in exchange for shelter and protection thus increasing the risk of contracting HIV, while there is a strain on extended families, and increase in number of the street children.

Ogonji (2014), in a study carried out in Bungoma South on impact of faith-based organizations on the plight of children noted that orphans face many challenges among them disinheritance by extended family. The consequence of disinheriting OVC makes development and implementation of the protection of children property rights vital. This is because key to child

protection is to strengthen the legal and policy framework, improve co-ordination within the child rights sector and build institutional capacities within the justice system for protecting the rights of the OVC. This implies a child-friendly legal infrastructure including child friendly courts (DOCS, 2005). Meanwhile UNAIDS (2011) noted that to help these children reach their full potential, there was an urgent need to invest in national social protection programmes that fights poverty and stigma and which address their special needs. The current study sought to determine the child protection services provided to OVC in Kisumu County.

d) Economic Strengthening of Orphans and Vulnerable Children in OVC Programmes

This area of support is focused on establishing different strategies to protect and strengthen the economic situation of households caring for orphans and vulnerable children so that they are able to provide food, clothing, shelter and education for OVC (IHIVAA, 2010). Economic security enables families to reap the full benefits of various OVC interventions received (JLICA, 2009). The absence of viable and sustainable income generating activities will often negate the benefits of interventions to improve the wellbeing of OVC (Formson and Forsythe, 2010). Income generating activities need to generate sufficient family income with which parents/caregivers can elevate themselves and OVC out of poverty (JLICA, 2009). Compassion Annual Report, (2013) noted that sustainability of income generating activities was usually an uphill task and encouraged partners to put into place measures to monitor and evaluate each business concept before implementation. Nyangara *et al.*, (2009) found that the income generating activities in a programme in Kenya gave training and support in the establishment of savings and internal lending committees (SLICs) that offered group-generated funds loaned to members through a monitored savings and credit system.

The Allamano programme in Tanzania, provided training in bio-intensive agriculture and participants received capital inputs such as wheelbarrows, spades and other equipment. This was to reduce food insecurity in the OVC beneficiary households. While there were positive outcomes in the study, Nyangara *et al.*, (2009) reported that there were some negative outcomes. Income generating activities faced challenges in that some projects were not sustainable, poorest families were unwilling to participate in income growth programmes and tools were sold due to lack of a viable market for the produce. In studying 19 organizations, Formson and Forsythe (2010) noted that income generating activities were the least common services offered with only (19%) of the OVC population in the sample benefitting directly or indirectly from Income generating activities. Of these, only (4%) benefitted directly and (5%) indirectly through support

provided to caregivers. As much as income generating activities are aimed at economically empowering the OVC, caregivers and parents, some individuals sold the tools they were given, because the business they were to engage in was not profitable. On the other hand, accesses to viable markets for the output were not put into consideration. Further, not all households benefitted from the Income generating activity since some of the sampled projects did not offer income generating activities and these gaps showed need for carrying out this study.

e) Cash Transfer in OVC Programmes

Cash transfer is noted to be one of the key interventions given to OVC. In Brazil, *Bolsa Familia* was the largest conditional cash transfer and in 2012 providing forty one-million people (22% of Brazilian population) with between 32 to 242 *reals* per month (approximately ESD 17 and USD 124, respectively) to families' earning less than 140 *reals* per capita per month (approx. USD 74) notes (Bither-terr, 2012).

Davis *et al.*, (2012) noted that the initial aim of the Mozambique's *Programma Subsidio de Alimentos* (PSA) was to provide, 'emergency' type support to destitute urban households, particularly to enable them to achieve an adequate diet. Monthly transfers were provided to indirect beneficiaries, based on the number of dependants in the household up to a maximum of 4 dependants. Taimo and Waterhouse (2008) indicated that until 2008, the amount of the transfer was 70Mtn for a direct beneficiary, up to a maximum of 140Mtn depending on the number of dependants. In 2008 a new scale of the Food Subsidy Programme came into effect, with a monthly transfer value between 100 and 300Mtn whose value was still less than ten percent of the current minimum wage. In Kalomo Pilot Social Cash Transfer programme in Zambia, Wietler (2007) found that most transfers in most cases were spend on food. Weitler further explained that half of the beneficiaries were able to invest part of the money in hiring friends or relatives to plough their field or build a barn. While half of the beneficiaries spend cash transfer on school equipment, like books or pens for their dependants, another five household heads reported to have used the transfer money to buy small livestock like goats and chicken.

In a survey carried out in Mexico, 70 percent of the households reported that they used the PROCAMPO money to purchase inputs (de Janvry, Alain and Elisabeth 2006). Slater and Mphale (2008) reported that in Mohale's Hoek and Maseru districts, of Lesotho, cash transfers were primarily used by beneficiaries to buy food and to meet other basic household needs, such as candles and paraffin (Daniel, 2011). Schubert and Huijbregts (2006) noted that beneficiaries in Mchinji Social Cash transfer pilot scheme used the monies received for basic needs: food, clothing, education

material and access to health services. However, Huijbregts (2006) noted that some beneficiaries of Mchinji Social Cash transfer pilot scheme had invested money from the scheme in improving shelter and in acquiring small livestock. The SUUBI pilot project in Uganda was a type of cash transfer, linked to child savings accounts. This project paid into the savings fund for the child's secondary education an amount double that of the monthly savings deposit, up to a certain limit (Adato and Bassett 2008). Adato and Basset, (2008) noted that OVC-CT programme was an initiative by the Kenyan government to support very poor households that cared for orphans and vulnerable children to enable them take care of those children and help them grow in a family setting. The main goal of the OVC-CT programme was to strengthen the capacity of poor households, to protect and care for orphans and vulnerable children. After the initial roll out, the programme was progressively scaled up over the years, with caregivers collecting 2,000 shillings per month as from 2012, paid bi-monthly through the post office (Kirera, 2012). It was envisaged that by 2013 the coverage would have grown to 160,145 households (Samuels and Ouma, 2012). According to the Kenya's Social Protection sector review by 2010, the programme was supporting 412,470 OVC beneficiaries (GOK, 2012). The cash is used to purchase basic household necessities (food, bedding, clothing) and housing materials, meet school requirements (levies, uniform, extra tuition) and health bills. The study found that OVC-CT had become a major source of household income and the quality of life of OVC had improved.

Zeza, de la Briere and Davis., (2010) note that cash transfers may influence participation in social networks (investments in social capital, mutual insurance) since the incomplete markets both generate and reflect social relationships, which frame household decisions. As a result of the OVC-CT in Kenya, households were able to access health, education services and they seemed able to buy some durable goods (Zeza *et al.*, 2010). The amount given for OVC-CT which, had last been reviewed in 2008 with the current inflation was insufficient to meet the basic needs of OVC and at the same time address their education and health needs (Samuels and Ouma 2012). Secondly, the programme has not covered all districts that have a heavy burden of orphanage and vulnerability in the country. The study sought to determine the amount given to beneficiary households, determine if the government and other development partners had plans to scale up the programme and increase amount provided to beneficiary households.

f) Shelter and Care in OVC Programmes

The purpose of shelter and care is to ensure that orphans and vulnerable children have adequate shelter at all times. Formson and Forsythe (2010)

observed that Botswana had adopted a family centered approach to orphans and vulnerable children support focused on ensuring that where possible, OVC remain within a family unit. As such, support to caregivers to enable them to have OVC remain with the family/community system was an important aspect of ensuring that OVC have adequate shelter. Placement of a child in an orphanage is taken as a last resort. In such instances, placement of OVC is guided by the Regulations Governing Alternative Arrangement for Children in Need of Care of 1999. Formson and Forsythe (2010) in a study of nineteen projects in Botswana noted that only four of the participating organizations provided shelter and care since three of these organizations were orphanages and the other a boarding school. A total of 399 OVC were supported with this service. Biemba, *et al.*, (2009) in a situation analysis of Zambia Country brief noted that of the 21 organizations surveyed in Zambia identified as working with OVC, the least offered forms of support was shelter and care. Nyamakuru, (2011) in a study in two districts of Kampala and Wakiso in Uganda where she analyzed NGO strategies to enhance child well-being noted that provision of shelter in form of roofing sheets for OVC households that had collapsed or were in despair was one of the interventions provided to households by service providers. The study sought to determine provision of shelter as a service by the government and non-government programmes. Reviewed literature suggests that OVC should be taken care of in families with adequate shelter and the few OVC organizations that provided shelter to OVC were orphanages and a boarding school. Only roofing sheets for collapsed roofs or were in despair were considered by one service provider. Shelter is a crucial service for holistic interventions for OVC. Lack or minimal provision of shelter to OVC leaves a gap in the holistic provision of interventions. The study therefore sort to determine provision of shelter and influence it has on beneficiary households in Kisumu County, Kenya.

III. RESEARCH METHODOLOGY

a) Study Site

The study was carried out in Kisumu County which is located in Nyanza. Nyanza covers 16,162 kms² 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. The study was carried out in Kisumu East, West and Seme Sub Counties. According to KDHS (2010), Kisumu County has a high HIV prevalence of 15 % and is home to so many orphans due to the area's high HIV and AIDS incidence and resulting high mortality rate due to HIV and AIDS. In this region, a lack of or minimal education, continuing tradition and socio-cultural practices contribute to the spread of this disease. Over (45 %) of the region's population is living under poverty

line of less than one dollar per day – the highest in Kenya (UNDP, 2009). The Kisumu County Fact Sheet gives very high poverty indicators as follows: absolute poverty (60%), urban poor (70.05%) and rural poor (63%).

b) Research Instruments

Primary data was obtained using questionnaires, structured interviews, focus group discussions and observation check list that were administered by the researcher to 384 OVC households. Fishers' formula was used to calculate the sample size. Two sets of questionnaires were developed for each category of respondents who included: caregivers of households that were benefitting from government and non-government households. The first questionnaire was used to collect data from caregivers enrolled on the government OVC programme and the second questionnaire was used to collect data from caregivers enrolled on the non-government OVC intervention programme. The researcher personally administered the questionnaires to the respondents and structured interviews to key informants who included: 2 project directors, 2 children officers and 2 social workers. There were four focus group discussions consisting of 8 participants each. Two for women and another two for men caregivers enrolled on the government and NGO OVC intervention programmes. An observation checklist was used for different households and the aim was to enhance the accuracy of the study.

c) Data Processing

Data was coded and entered on a display sheet. Descriptive statistics 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 descriptive statistics including 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.



IV. RESULTS AND DISCUSSION

Table 1: Summary of services provided to beneficiary households

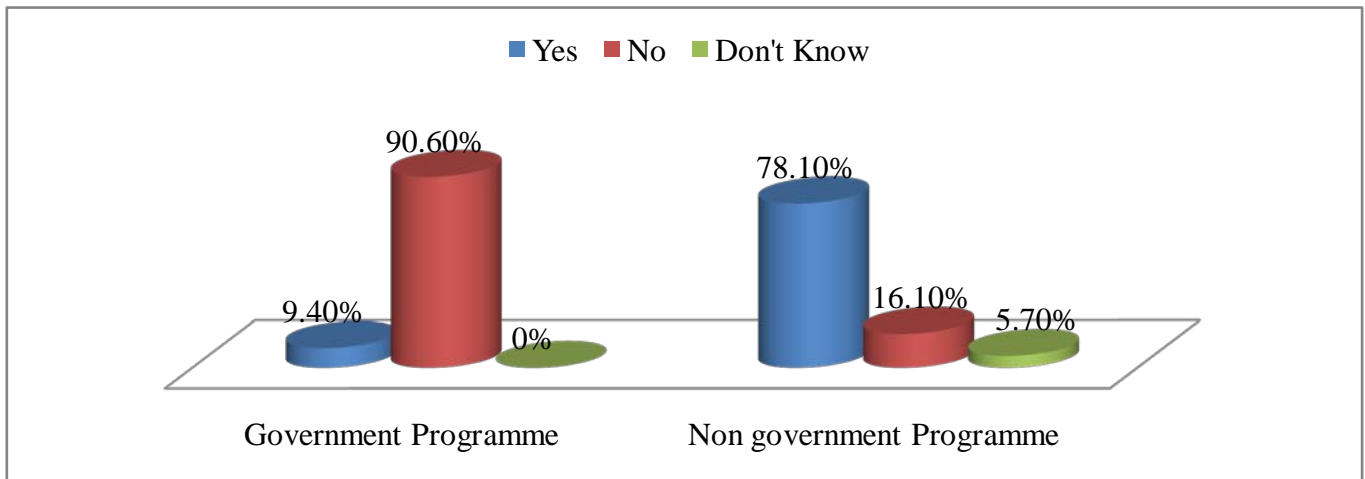
Service provided	Government Programme		Non-government Programme	
	Frequency	Percent	Frequency	Percent
Education	179	92.2	192	100
Psychosocial Support	110	57.3	114	59.4
Child Protection	38	19.8	169	88
Income Generating Activity	18	9.4	150	78.1
Cash Transfer	192	100	0	0
Shelter	0	0	41	21.6

Source: Researcher generated from field data of 2014

Table 3.1 shows that shelter is the least provided for service in both the Government and NGO OVC intervention programmes. The essence of OVC intervention programmes is to provide a holistic programme to strengthen the capacity of families and communities to care and protect OVC. For OVC to be able to socialize, learn and address challenges within their own environment, shelter is a crucial service that makes OVC feel safe and secure. Shelter is inextricably linked to the improvement of health, education, Psycho social support and the overall wellbeing of OVC in any community. It is a core intervention in tackling complex needs of OVC and their carers. Houses that are in poor condition offer families with little protection. Improved shelter conditions can facilitate livelihood development through improved living conditions. When shelter is not

given a priority then the other interventions provided may not meet the holistic objective of OVC intervention programmes. Having a small number of respondents enrolled on the government programme reporting to have received child protection services was interpreted to mean that child protection was minimally provided on the government programme. Out of the 192 respondents enrolled on the NGO programme, 169(88%) reported that they had received child protection services and 23(12%) reported that they had not received any child protection services. Having a large number of respondents enrolled on the NGO programme reporting to have received child protection services was interpreted to mean that the NGO programme considered child protection as a priority.

Training on Income generating activities



Source: Researcher generated from field data of 2014

Figure 1: Provision of Training on Income generating activities

Having a very large percentage (78.1%) of respondents enrolled on the NGO programme reporting to have received training on IGA was interpreted to mean that the NGO programme was keen on helping

develop economically independent individuals. The study by Nyangara *et al.*, (2009) agrees with the findings in the current study of economically strengthening beneficiaries through trainings on IGA since it found out

that income generating activities in Kenya gave trainings to members through a monitored savings and credit system. Findings by Formson and Forysthe (2010) and Hutchinson and Thurman (2009) in a study in Botswana also agreed with the findings of the current study that income generating activities and skills training were provided to promote poverty alleviation. An FGD consisting of two groups, one for men and another for women revealed that the NGO programme provided trainings to all beneficiary households and startup capital for IGA was given to highly vulnerable households. An interview with the directors and social worker on the NGO programme was in agreement with the FGD that trainings on IGA was provided to all beneficiary households and startup capital was provided to highly vulnerable households that had chronically ill caregivers and children.

The study showed that all the respondents enrolled on the government programme indicated that they received financial support. All the 192 respondents agreed that they received a direct cash transfer of Ksh. 2000 per month, which, was disbursed every two months through the post office. An interview with the children's officer revealed that the respondents' enrolled on the programme received direct cash transfer of Ksh.2000 per month that was disbursed after two months through the post office. The children's officer explained that plans were at an advanced stage to have the caregivers receive their cash transfer through Equity Bank and that equal amount of money was paid to beneficiary households irrespective of the number of people who lived in the household, or the number of children who were cared for in the households. The children's officer explained that after analyzing the households there was a gap in provision of basic needs at the county level that needed cash that was regular and tangible.

Two FGD's one for male and another for female In Seme and Kisumu East sub counties unanimously agreed that they received a cash transfer of Ksh.2000 every two months. The governments design of direct cash transfer to beneficiary households enrolled on the programme in Kisumu County differed from that of Mozambique's *Programma Subsidio de Alimentos* (PSA) that provided "emergency" type support to destitute urban households to enable them achieve an adequate diet. In *Programma Subsidio de Alimentos*, monthly transfers were provided to indirect beneficiaries, based on the number of dependants in the household up to a maximum of 4 dependants. The Kenya cash transfer programme design also differed from Brazil's *Bolsa Familia* conditional Cash Transfer that provided cash of between 32 to 242 *reis* per month (approximately 17 and 124 USD) to families earning less than 140 *reis* that was approximately, USD 74 (Bithertter, 2012). Similarly the Kenyan programme design

differs from Malawi's Mchinji Social Cash Transfer Pilot Scheme in which monthly cash transfers were weighted according to household size and took into account the level of education at which children in the beneficiary households were enrolled (Davis *et al.*, 2012).

The findings that the government programme providing direct cash transfer to beneficiary households enrolled on the programme differs from findings by Adato and Basset (2008) in a study on the SUUBI pilot project in Uganda that linked a child to savings. The project saved funds for the child's secondary education an amount double that of the monthly savings deposit up to a certain limit. The Nicaragua's *Red de Proteccion Social* in their CCT Moore, (2009) noted the disbursement of CCT was bi monthly, which is the same as Kenya's OVC-CT. However, the OVC- CT in Kenya was disbursed through the post office where caregivers had to go and collect it from. This was different as is noted by Moore, (2009) that Nicaragua's RPS cash transfers were taken to beneficiaries in their households by hired national security companies that distributed the cash transfer's. Later on in the second phase CCT were distributed in schools and other community facilities in the municipal seat where the beneficiaries came in groups of 20's to collect it.

On the other hand all the 192 respondents enrolled on the non-government programme indicated that they did not receive any cash transfer from the non-government programme. Two FGD's, one for male and another for female in Seme and Kisumu West sub counties unanimously agreed that they did not receive any financial support from the NGO programme. An interview with the project directors and social worker revealed that the NGO programme does not provide cash to caregivers enrolled on programmes. This may be interpreted to mean that the NGO programme preferred to provide services to beneficiary households instead of cash to avoid dependency and improper use of the cash. Their support was in terms of service delivery to beneficiary households. The NGO design is similar to the 19 OVC organizations that provided services to OVC beneficiary households in Botswana (Formson and Forsythe. 2010).

V. FINDINGS, CONCLUSIONS AND RECOMMENDATION

The study found that the government OVC programme provided cash transfer of Ksh. 2000 to beneficiary households every two months which, was disbursed through the post office. The beneficiaries enrolled on the NGO programme were benefitting from a Child Development Sponsorship Programme (CDSP). The CDSP provided services to households that included: Education, Psychosocial support, Child Protection, Healthcare, IGA, Clothing, Food and

Nutrition, and shelter. The study found that beneficiaries on both the government and non-government OVC programmes considered Education to be the most needed OVC service with the government programme having a very high percentage of 173(91.1%) respondents and the NGO programme reporting 122(63.6%) respondents indicating that Education was the most needed service. The study found that shelter was the least provided service. Provision of shelter was the least provided service with (0%) respondents enrolled on the government programme and 49(21.6%) respondents enrolled on the NGO programme reporting to have been provided for with shelter. This finding is in agreement with findings by Biemba *et al.*, (2009) in a study of 19 OVC organizations in Zambia that found shelter to be the least offered service. Shelter is crucial interventions that can make OVC feel safe and secure. Therefore, providing other services and ignoring shelter may not provide holistic interventions for OVC enrolled on the programmes.

VI. CONCLUSIONS

The study concluded that the government OVC programme provided a monthly cash transfer of Ksh. 2000 to the beneficiary households while the beneficiaries enrolled on the non-government OVC programme were benefitting from a child development sponsorship Programme (CDSP) that provided services such as: Education, Healthcare, Shelter and civil registration. Both the government and NGO programmes considered Education to be the most needed service. Shelter was the least provided service with the government OVC programme reporting (0%) and the NGO 41(21.6%) respondents indicating that they had been provided for with shelter. It was concluded that both the government and non-government OVC programmes did not prioritize shelter for beneficiary households and yet it is a basic need.

VII. RECOMMENDATION

It was recommended that government and NGO programmes for OVC should prioritize support of OVC for shelter if the OVC are to feel safe, protected and take advantage of other services provided to them.

VIII. SUGGESTION FOR FURTHER RESEARCH

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

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