

1 Services Provided to Households Enrolled on Orphans and 2 Vulnerable Children Intervention Programmes in Kisumu 3 County, Kenya

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7

8 **Abstract**

9 Understanding the magnitude and sociodemographic characteristics of OVC crisis in
10 sub-Saharan Africa and Kenya can provide foundation for building programmes of appropriate
11 design and scope. In analysing services provided to OVC households enrolled on intervention
12 programmes, in Kisumu County, Kenya, Evaluative and Survey research designs were used to
13 collect data through questionnaires, focus group discussions, and observation checklist from
14 384 caregivers. Six Key informant interviews were administered to directors, children officers
15 and social workers. The study found that OVC households enrolled on both the government
16 and Non-government programmes considered Education to be the most needed OVC service.
17 Shelter was the least provided service with (0

18

19 **Index terms**— programmes, design, ovc services, evaluative, survey, socio-demographic, kisumu county,
20 kenya.

21 **1 Introduction**

22 here is a high number of OVC in Africa due to HIV and AIDS, war, alcohol, accidents and other pathogenic causes.
23 Battle deaths are higher in Africa as noted by Hoefler (2008) who observes that Demographic Republic of Congo
24 had an estimated 3.9 million between 1998 -2004 as a result of the six year war that was experienced in the country.
25 The OVC crisis calls for programmes that can provide support and care to OVC. Biemba, Simon, Castello,
26 Beard, Brooks and Njoka (2009) note that understanding the magnitude of the problem and socio-demographic
27 characteristics of OVC can provide foundation for building programmes of appropriate designs, size and scope.
28 To mitigate the impact of orphan hood, the Kenya Government responded by putting in place the National
29 Plan of Action on OVC. This plan helps to strengthen the capacity of families to protect and care for OVC,
30 provide economic, psychosocial and other forms of social support, as well as mobilise and support community
31 based responses to increase OVC access to essential services such as food and nutrition, education, health care,
32 housing, water and sanitation (Republic of Kenya, 2005). Oboka (2010) observes that, the Department of
33 Children Services, within the Ministry of Gender, Children and Social Development, in collaboration with the
34 National steering committee on OVC developed the OVC policy, a key aspect of which is the provision of a direct
35 predictable and regular cash subsidy to households caring for OVC. As the OVC crisis continues to increase in
36 Kenya, the government, development partners and NGOs are implementing intervention programmes. However,
37 there is lack of evaluation on the influence of these programmes on beneficiary households.

38 **2 a) Statement of the Problem**

39 A study carried out by Biemba et al, (2009) noted the percentage of the organizations providing OVC services
40 in Kenya were: non-government organizations (78%), governmental (9%), private-not for profit (4%) faith based
41 organizations (4%) and multilateral organisations (4%). Apart from the sampled organizations, Biemba et al,

4 LITERATURE REVIEW A) PROVISION OF EDUCATION IN OVC PROGRAMMES

42 (2009), reported that the exact number of organizations working on OVC in Kenya is unknown. While many
43 programmes have been initiated in Kenya to provide various services to households caring for OVC, there is
44 limited empirical studies carried out to evaluate how these programmes have impacted on social wellbeing of
45 beneficiary households. Formson and Forsythe, (2010); Nyangara, Hutchinson, Thurman and Obiero (2009)
46 showed that some of these intervention programmes had not offered maximum care, support and protection for
47 OVC. Economic strengthening met a major blow since the beneficiaries sold tools because it was more profitable
48 than running the income generating activity they were expected to start. Caregivers were reluctant to allow the
49 OVC to go for children clubs since they spent more time in children's clubs instead of helping with household
50 chores. Therefore income generating activities and b) Objective of the study

51 The study was guided by the following research objective. i.

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

53 3 II.

54 4 Literature Review a) Provision of Education in OVC Pro- 55 grammes

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

74 Even with free primary education, orphans are still more likely to lose out on education than other children.
75 In Kenya, 92% of non-orphans and 88% of orphans are in school ??OVP and MOHA, 2006), and the percentage
76 of double orphans aged 10-14 attending school is 70% lower than that of children living with at least one parent
77 ??OVP and MOHA, 2004). The reasons for orphans losing out on education include additional costs of education
78 (such as uniforms, books, and games), inability to go to school full time, lack of educational capacity and quality
79 to cater for the large numbers of children. Therefore, not all OVC can access the free primary education since
80 most of the caregivers cannot afford to pay for the extra levies charged. Formson and Forsythe (2010) note that
81 OVC are at higher risk of dropping out of school due to a number of barriers such as stigmatization, lack of school
82 uniforms, shoes and other miscellaneous school costs. b) Psychosocial Support in OVC Programmes Formson
83 and Forsythe (2010) noted that orphans and vulnerable children can suffer considerable emotional trauma as a
84 result of their respective family situations ranging from loss of one or both parents and the trauma that comes
85 from living in various abusive circumstances. This, coupled with stigmatization and marginalization, leaves the
86 orphans and vulnerable children highly vulnerable, in need of counselling and various other coping mechanisms
87 as noted by Hutchinson and Thurman, (2009) and USAID and CRS, ??2008). Evidence from the same study
88 showed that psychosocial support gives OVC the skills, with which to cope with stress, trauma and other difficult
89 situations that the OVC experience in life. Psychosocial support also ensures that parents and caregivers are
90 equipped with skills to provide better care and support for OVC.

91 Formson and Forsythe (2010) observed that HIV and AIDS was creating and exacerbating, physical poverty,
92 emotional, psychological and social poverty in the lives of affected children and households. Such poverty could
93 have profound personal, familial and societal implications. Therefore, it was imperative that psychosocial support
94 be strategically integrated into programmes for children affected by HIV and AIDS and other disasters. If well
95 targeted, psychosocial support was envisaged to give orphans and vulnerable children the skills with which to
96 cope with stress, trauma and other difficult situations that they experience in life (Hutchinson and Thurman,
97 2010). Evidence from the study by Formson and Forsythe showed that, psychosocial interventions included:
98 kids clubs, regular home visits, peer support groups, recreational activities, writing of memory books, keeping
99 memory boxes, guardian support groups, counselling from trained professional and lay counsellors, teen clubs,
100 art, expressive art, drama therapy and home visits by volunteers. Formson and Forsythe (2010) noted that the

101 main areas of support provided to both OVC and their caregivers were counselling, support groups, community
102 sensitization activities and spiritual support.

103 Although recognized to be critical in meeting children's intrapersonal and interpersonal development,
104 psychosocial support is one of the most neglected areas of support for orphans and vulnerable children. The
105 study by Richter et al., (2004) noted that orphan hood deprives children many of their rights by removing
106 them from family and possessions, and exposing them to abuse and exploitation. It is therefore important that
107 Convention on the Rights of the Child (CRC) which places a duty on governments to protect children's rights
108 be put in place. ??aalam (2004) in a CRS report for Congress observed that children who are solely responsible
109 for their siblings struggle not only to support the household, but also to keep their homes. Property grabbing
110 as a practice where relatives of the deceased come and claim the land and other property is reportedly a serious
111 problem for widows and child headed households.

112 Traditional law in many rural areas dictates that women and children cannot inherit property. As noted by
113 ??aalam (2004), property grabbing has a number of negative consequences particularly for girls and women.
114 Girls may experience sexual abuse and exploitation from their new caretakers, girls and women may be forced
115 into the sex trade in exchange for shelter and protection thus increasing the risk of contracting HIV, while there
116 is a strain on extended families, and increase in number of the street children.

117 Ogonji (2014), in a study carried out in Bungoma South on impact of faith-based organizations on the
118 plight of children noted that orphans face many challenges among them disinheritance by extended family.
119 The consequence of disinheriting OVC makes development and implementation of the protection of children
120 property rights vital. This is because key to child protection is to strengthen the legal and policy framework,
121 improve co-ordination within the child rights sector and build institutional capacities within the justice system
122 for protecting the rights of the OVC. This implies a child-friendly legal infrastructure including child friendly
123 courts ??DOCS, 2005). Meanwhile UNAIDS (2011) noted that to help these children reach their full potential,
124 there was an urgent need to invest in national social protection programmes that fights poverty and stigma and
125 which address their special needs. The current study sought to determine the child protection services provided
126 to OVC in Kisumu County.

127 **5 d) Economic Strengthening of Orphans and Vulnerable Chil- 128 dren in OVC Programmes**

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

141 The Allamano programme in Tanzania, provided training in bio-intensive agriculture and participants received
142 capital inputs such as wheelbarrows, spades and other equipment.

143 This was to reduce food insecurity in the OVC beneficiary households. While there were positive outcomes
144 in the study, Nyangara et al., ??2009) reported that there were some negative outcomes. Income generating
145 activities faced challenges in that some projects were not sustainable, poorest families were unwilling to participate
146 in income growth programmes and tools were sold due to lack of a viable market for the produce. In studying
147 19 organizations, Formson and Forsythe (2010) noted that income generating activities were the least common
148 services offered with only (19%) of the OVC population in the sample benefitting directly or indirectly from Income
149 generating activities. Of these, only (4%) benefitted directly and (5%) indirectly through support provided to
150 caregivers. As much as income generating activities are aimed at economically empowering the OVC, caregivers
151 and parents, some individuals sold the tools they were given, because the business they were to engage in was
152 not profitable. On the other hand, accesses to viable markets for the output were not put into consideration.
153 Further, not all households benefitted from the Income generating activity since some of the sampled projects
154 did not offer income generating activities and these gaps showed need for carrying out this study. Davis et al.,
155 (2012) noted that the initial aim of the Mozambique's Programma Subsídio de Alimentos (PSA) was to provide,
156 'emergency' type support to destitute urban households, particularly to enable them to achieve an adequate diet.
157 Monthly transfers were provided to indirect beneficiaries, based on the number of dependants in the household
158 up to a maximum of 4 dependants. Taimo and Waterhouse (2008) indicated that until 2008, the amount of the
159 transfer was 70Mtn for a direct beneficiary, up to a maximum of 140Mtn depending on the number of dependants.
160 In 2008 a new scale of the Food Subsidy Programme came into effect, with a monthly transfer value between
161 100 and 300Mtn whose value was still less than ten percent of the current minimum wage. In Kalomo Pilot

162 Social Cash Transfer programme in Zambia, Wietler (2007) found that most transfers in most cases were spent
163 on food. Weitler further explained that half of the beneficiaries were able to invest part of the money in hiring
164 friends or relatives to plough their field or build a barn. While half of the beneficiaries spend cash transfer on
165 school equipment, like books or pens for their dependants, another five household heads reported to have used
166 the transfer money to buy small livestock like goats and chicken.

167 In a survey carried out in Mexico, 70 percent of the households reported that they used the PROCAMPO money
168 to purchase inputs (de Janvry, Alain and Elisabeth 2006). Slater and Mphale (2008) reported that in Mohale's
169 Hoek and Maseru districts, of Lesotho, cash transfers were primarily used by beneficiaries to buy food and to
170 meet other basic household needs, such as candles and paraffin (Daniel, 2011). Schubert and Huijbregts (2006)
171 noted that beneficiaries in Mchinji Social Cash transfer pilot scheme used the monies received for basic needs:
172 food, clothing, education material and access to health services. However, Huijbregts (2006) noted that some
173 beneficiaries of Mchinji Social Cash transfer pilot scheme had invested money from the scheme in improving shelter
174 and in acquiring small livestock. The SUUBI pilot project in Uganda was a type of cash transfer, linked to child
175 savings accounts. This project paid into the savings fund for the child's secondary education an amount double
176 that of the monthly savings deposit, up to a certain limit (Adato and Bassett 2008). Adato and Bassett, (2008)
177 noted that OVC-CT programme was an initiative by the Kenyan government to support very poor households
178 that cared for orphans and vulnerable children to enable them take care of those children and help them grow in
179 a family setting. The main goal of the OVC-CT programme was to strengthen the capacity of poor households,
180 to protect and care for orphans and vulnerable children.

181 After the initial roll out, the programme was progressively scaled up over the years, with caregivers collecting
182 2,000 shillings per month as from 2012, paid bi-monthly through the post office (Kirera, 2012). It was envisaged
183 that by 2013 the coverage would have grown to 160,145 households (Samuels and Ouma, 2012). According to
184 the Kenya's Social Protection sector review by 2010, the programme was supporting 412,470 OVC beneficiaries
185 (GOK, 2012). The cash is used to purchase basic household necessities (food, bedding, clothing) and housing
186 materials, meet school requirements (levies, uniform, extra tuition) and health bills. The study found that
187 OVC-CT had become a major source of household income and the quality of life of OVC had improved.

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

198 6 f) Shelter and Care in OVC Programmes

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

201 7 Volume XIV Issue IX Version I (A)

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

221 **8 III.**

222 **9 Research Methodology a) Study Site**

223 The study was carried out in Kisumu County which is located in Nyanza. Nyanza covers 16,162 kms² and lies
224 between longitude 0° and latitude 30° south and between longitude 34° and longitude 40° east. It is located
225 in the South West part of Kenya, around Lake Victoria and includes part of the Eastern edge of Lake Victoria.
226 The study was carried out in Kisumu East, West and Seme Sub Counties. According to KDHS (2010), Kisumu
227 County has a high HIV prevalence of 15 % and is home to so many orphans due to the area's high HIV and
228 AIDS incidence and resulting high mortality rate due to HIV and AIDS. In this region, a lack of or minimal
229 education, continuing tradition and socio-cultural practices contribute to the spread of this disease. Over (45
230 %) of the region's population is living under poverty line of less than one dollar per day -the highest in Kenya
231 (UNDP, 2009). The Kisumu County Fact Sheet gives very high poverty indicators as follows: absolute poverty
232 (60%), urban poor (70.05%) and rural poor (63%).

233 **10 b) Research Instruments**

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

245 **11 c) Data Processing**

246 Data was coded and entered on a display sheet. Descriptive statistics were computed using SPSS version 16. MS
247 EXCEL was used to draw and present the results in bar charts and tables. Data collected using questionnaires
248 was presented quantitatively using descriptive statistics including means, percentages and standard deviations
249 for continuous and frequency distributions of categorical data. Data collected from focus group discussions and
250 intensive interviews was analyzed qualitatively. Source: Researcher generated from field data of 2014 Table
251 ???.1 shows that shelter is the least provided for service in both the Government and NGO OVC intervention
252 programmes. The essence of OVC intervention programmes is to provide a holistic programme to strengthen
253 the capacity of families and communities to care and protect OVC. For OVC to be able to socialize, learn and
254 address challenges within their own environment, shelter is a crucial service that makes OVC feel safe and secure.
255 Shelter is inextricably linked to the improvement of health, education, Psycho social support and the overall
256 wellbeing of OVC in any community. It is a core intervention in tackling complex needs of OVC and their
257 carers. Houses that are in poor condition offer families with little protection. Improved shelter conditions can
258 facilitate livelihood development through improved living conditions. When shelter is not given a priority then
259 the other interventions provided may not meet the holistic objective of OVC intervention programmes. Having a
260 small number of respondents enrolled on the government programme reporting to have received child protection
261 services was interpreted to mean that child protection was minimally provided on the government programme.
262 Out of the 192 respondents enrolled on the NGO programme, 169(88%) reported that they had received child
263 protection services and 23(12%) reported that they had not received any child protection services. Having a large
264 number of respondents enrolled on the NGO programme reporting to have received child protection services was
265 interpreted to mean that the NGO programme considered child protection as a priority. that income generating
266 activities in Kenya gave trainings to members through a monitored savings and credit system. Findings by
267 Formson and Forysthe (2010) and Hutchinson and Thurman (2009) in a study in Botswana also agreed with
268 the findings of the current study that income generating activities and skills training were provided to promote
269 poverty alleviation. An FGD consisting of two groups, one for men and another for women revealed that the
270 NGO programme provided trainings to all beneficiary households and startup capital for IGA was given to
271 highly vulnerable households. An interview with the directors and social worker on the NGO programme was in
272 agreement with the FGD that trainings on IGA was provided to all beneficiary households and startup capital
273 was provided to highly vulnerable households that had chronically ill caregivers and children.

274 **12 Volume XIV Issue IX Version I**

276 **13 Results and Discussion**

277 **14 Training on Income generating activities**

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

288 Two FGD's one for male and another for female In Seme and Kisumu East sub counties unanimously agreed
289 that they received a cash transfer of Ksh.2000 every two months. The governments design of direct cash transfer
290 to beneficiary households enrolled on the programme in Kisumu County differed from that of Mozambique's
291 Programma Subsidio de Alimentos (PSA) that provided "emergency" type support to destitute urban households
292 to enable them achieve an adequate diet. In Programma Subsidio de Alimentos, monthly transfers were provided
293 to indirect beneficiaries, based on the number of dependants in the household up to a maximum of 4 dependants.
294 The Kenya cash transfer programme design also differed from Brazil's Bolsa Familia conditional Cash The
295 findings that the government programme providing direct cash transfer to beneficiary households enrolled on the
296 programme differs from findings by Adato and Basset (2008) in a study on the SUUBI pilot project in Uganda
297 that linked a child to savings. The project saved funds for the child's secondary education an amount double that
298 of the monthly savings deposit up to a certain limit. The Nicaragua's Red de Proteccion Social in their CCT
299 Moore, (2009) noted the disbursement of CCT was bi monthly, which is the same as Kenya's OVC-CT. However,
300 the OVC-CT in Kenya was disbursed through the post office where caregivers had to go and collect it from.
301 This was different as is noted by Moore, (2009) that Nicaragua's RPS cash transfers were taken to beneficiaries
302 in their households by hired national security companies that distributed the cash transfer's. Later on in the
303 second phase CCT were distributed in schools and other community facilities in the municipal seat where the
304 beneficiaries came in groups of 20's to collect it.

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

314 V.

315 **15 Findings, Conclusions and Recommendation**

316 The study found that the government OVC programme provided cash transfer of Ksh. 2000 to beneficiary
317 households every two months which, was disbursed through the post office. The beneficiaries enrolled on the
318 NGO programme were benefitting from a Child Development Sponsorship Programme (CDSP). The CDSP
319 provided services to households that included: Education, Psychosocial support, Child Protection, Healthcare,
320 IGA, Clothing, Food and -Nutrition, and shelter. The study found that beneficiaries on both the government
321 and non-government OVC programmes considered Education to be the most needed OVC service with the
322 government programme having a very high percentage of 173(91.1%) respondents and the NGO programme
323 reporting 122(63.6%) respondents indicating that Education was the most needed service. The study found that
324 shelter was the least provided service. Provision of shelter was the least provided service with (0%) respondents
325 enrolled on the government programme and 49(21.6%) respondents enrolled on the NGO programme reporting
326 to have been provided for with shelter. This finding is in agreement with findings by Biemba et al., (2009) in
327 a study of 19 OVC organizations in Zambia that found shelter to be the least offered service. Shelter is crucial
328 interventions that can make OVC feel safe and secure. Therefore, providing other services and ignoring shelter
329 may not provide holistic interventions for OVC enrolled on the programmes.

330 **16 VI.**

331 **17 Conclusions**

332 The study concluded that the government OVC programme provided a monthly cash transfer of Ksh. 2000 to the
333 beneficiary households while the beneficiaries enrolled on the non-government OVC programme were benefitting

334 from a child development sponsorship Programme (CDSP) that provided services such as: Education, Healthcare,
335 Shelter and civil registration.

336 Both the government and NGO programmes considered Education to be the most needed service. Shelter
337 was the least provided service with the government OVC programme reporting (0%) and the NGO 41(21.6%)
338 respondents indicating that they had been provided for with shelter. It was concluded that both the government
339 and nongovernment OVC programmes did not prioritize shelter for beneficiary households and yet it is a basic
340 need.

341 **18 VII.**

342 **19 Recommendation**

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

345 **20 VIII. Suggestion for Further Research**

346 The study suggests that there should be a study carried out to review benefits provided to households by OVC
intervention programmes. ¹



Figure 1:

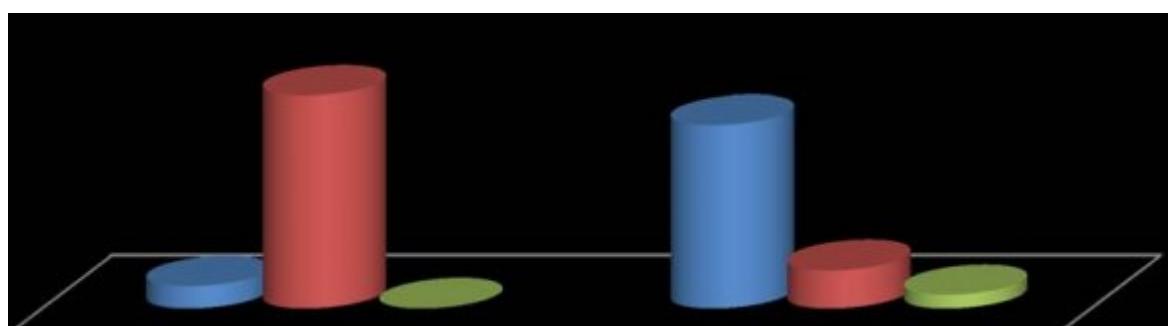


Figure 2:

1

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

Figure 3: Table 1 :

Figure 4:

¹Services Provided to Households Enrolled On Orphans and Vulnerable Children InterventionProgrammes in Kisumu County, Kenya

347 [Biemba et al. ()] , G Biemba , J Njoka , J Simon , J Castello , J Beard , B Brooks . 2009.

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