# AN ASSESSEMENT OF FACTORS THAT INFLUENCE THE MANAGEMENT OF QUALITY CARE TO ORPHANS AND VULNERABLE CHILDREN: A CASE OF COMMUNITY BASED ORGANIZATIONS IN IMENTI NORTH DISTRICT-KENYA

BY:

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A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL FULFILLMENT FOR THE DEGREE OF MASTER OF ARTS IN PROJECT PLANNING AND MANAGEMENT, UNIVERSITY OF NAIROBI.
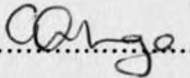
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# Declaration

This research project is my original work and has not been presented for a degree in any other university
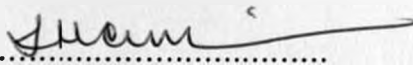
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# Dedication.

This work is dedicated to peace makers centre (PEMA) and all the community based organizations operating in Imenti North District.

# Acknowledgement

# Abstract.

The rise in the number of orphans and vulnerable children is emerging at a time when the capacity of families to respond to the crisis is increasingly compromised by the breakdown and or weakening of the social system that traditionally offered social protection to these children. Therefore, orphans and vulnerable children (OVC) become a major concern internationally, regionally and nationally.

To address this problem, community-based organizations (CBO) have been formed to deal with orphans and vulnerable children (OVC) at the grass root level. This study was to find out whether leadership of this community based organizations possessed the required management skills to offer quality care to the orphans and vulnerable children.

The objectives of this study were: to find out the extent to which planning influenced the management of quality care to orphans and vulnerable children by community based organizations in Imenti North District, to establish whether the organization within a community based organization affected the management of quality care to orphans and vulnerable children, to find out whether leadership within a community based organization contributed to the management of quality care to orphans and vulnerable children, and to identify how coordination and control of community based organizations influenced the management of quality care to orphans and vulnerable children.

This study used a descriptive research design by use of survey method. Questionnaires were used to collect data. This data was analyzed by employing descriptive statistics such as percentages, frequencies and presented in tables and descriptive analysis. The findings showed that the leadership of these community based organizations possessed the required management skills to offer quality care to

the orphans and vulnerable children. However, many of them were not offering quality care because of other challenges like lack of funding and support from the government and the scarcity of donors.

The study concluded that the community initiative was the way to go, but they required more support especially from the government in areas like capacity building, monitoring and evaluation, sustainability and management training. Therefore, these grass root organizations need to be more empowered as they are undertaking a noble initiative.

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## ABBREVIATIONS AND ACRONYMS.

| | |
|---|---|
| CBO | Community Based Organization. |
| CBS | Central Bureau of Statistics. |
| CRC | Convention on Rights of Children. |
| IDASA | Institute for Development Agency for South Africa. |
| NACC | National Aids Control Council |
| OVC | Orphans and Vulnerable Children. |
| SWDS | Social Welfare Development Services. |
| TQM | Total Quality Management. |
| USAID | United States Aid for International Development |
| UNAID | United Nations Aid for International Development |
| UNICEF | United Nations International Children Fund |
| UNCRC | United Nations Convention on Rights of Children. |
| UNGASS | United Nations General Assembly Special Session. |

# CHAPTER ONE

# INTRODUCTION

## 1.1: Background to the study.

The problem of orphans and vulnerable children, who are under the age of 18years, is becoming a global concern. These children have lost one or both parents, .According to a survey done by the United Nations Children fund and United states Agency for International Development (2007), it became clear that many more children are living with one or more chronically ill parent. The vast majority of these children live in sub-Saharan Africa. Despite the recognition of the magnitude and negative consequences of this problem, there is little evidence on "what works" to improve the well-being of children who are orphaned.

According to a national population projection from 2005-7 done in Uganda, 2.3 million children were total orphans. This translates to a total of 63% orphans who live with care givers other than a parent. More than 3milion children are living below the poverty line. As a result, a quarter of households in Uganda have at least one orphan. To address this problem, the government put in place the following measures: Conducted a Situation Analysis of Orphans in Uganda from 2001/02, Put in place National Policy and Implementation Plan –2004 , Increased resources for vulnerable children through multiple donors.

Another National population census in Tanzania conducted between the year 2002/3 showed that the country was currently experiencing an unprecedented rise in the number of orphans and vulnerable children (OVC). Despite discrepancies in statistics, the number of orphans and vulnerable children in Tanzania, is increasing exponentially and is

currently estimated to have already approached the 2.5m mark, (Charwe et al 2004, 11)..
It is estimated that orphans due to Acquired Immune Deficiency Syndrome constitute
58.8% of all orphans in Tanzania (Mascarenhas, 2003).

The rise in the number of Orphans and vulnerable children is emerging at a time when
the capacity of families to respond to the crisis is increasingly compromised by the
breakdown and or weakening of the social system that traditionally offered social
protection to these children. According to a survey conducted by United Nations Children
Fund (2006a), an estimated 12 million children aged 17 years and below have lost one or
both parents to chronic illnesses in sub-Saharan Africa. The 2003 estimates indicated that
11% of children under 15 years of age in Kenya are orphans (central bureau of statitics
2003).

Therefore, Orphans and vulnerable children (OVC) become a major concern
internationally, nationally and regionally. Half of the 31.5 million people in Kenya are
children under 18 years of age.(CBS 1999) There is an ongoing comprehensive
assessment of the Orphaned and Vulnerable Children situation in the country by the
Children's Department, and estimates indicate that close to 2 million Kenyans have died,
leaving behind a large population of orphans. Broader and generalized issues indicate that
Orphans and Vulnerable Children do not have the basic needs that their family would
normally supply namely food, shelter, clothing, schooling, access to health and medical
services, including psychological support services, and parental love and the feeling of
belonging. The Government acknowledges that since services are organized at the local
level, there is need for estimates by district and detailed analysis of the demographic and
epidemiological trends. At the district level only approximations are given but which
nonetheless provide an indication of the magnitude of need by district. (NACC report

*2005*: 14). The percentage of children orphaned or otherwise considered "vulnerable" is estimated at approximately 60% of all children within Kenya (Kenya Central Bureau of Statistics, 1999).

To address this problem, there are a number of community-based organizations (CBO) dealing with Orphans and Vulnerable Children (OVC) at the grass root level. Community based organizations (CBO) represent innovation in provision of social safety nets to the poor, in that it relies on the poor in the screening, monitoring and accountability. Better targeting is achieved through use of local knowledge. There is belief that Community Based Organizations offers more hope in targeting Orphaned and Vulnerable Children where through use of community agents, who are part of the community, it is possible to prioritize needy orphans and vulnerable children (OVC) from less needy ones. (Edwards, M. & Fowler, A.(1997)

Therefore, the management of these crucial grass root organizations becomes of great importance so that they can provide quality care to these children.
According to Camay & Gordon (1997), the most traditional interpretation of management comprises a set of duties, such as planning, organizing, leading and coordinating activities, and it also can include the group of people involved in these activities. Management therefore, focuses on leadership skills, such as establishing the vision of the organization and its goals, communicating these and guiding others to accomplish them. It asserts that leadership must be facilitative, participative and empowering to ensure visions and goals are established and communicated. For management in Community Based Organizations to be effective it is important for the manager to be well prepared and aware of his/her functions.. Precisely, this study focused on the factors that influence

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the management of the Community Based Organizations in provision of quality care to the orphaned and vulnerable children.

According to the records at the district office of gender children and social development, Imenti North district has 27 institutions that are taking care of the Orphans and Vulnerable Children. It has over 50 Community Based Organizations that are involved in the care for these children. However, how these organizations are managed in order to offer quality care to these children is not well understood. This study focused on finding out how the management factors within the organizations influence the provision of quality care to these children.

## 1.2: **Statement of the problem.**

According to the 1999 census, the Meru central District, now Imenti North District, south Imenti and central Imenti had a youthful population aged 15-25 that was estimated at 26% while 19% of the District's population comprised children of school going age (6-13 years). A total of 56% of the population comprised the District's labor force population (15-64 years) and with a growth rate of 1.48%, the dependency ratio was estimated at 100:103 (MoF&P 2002).

The District's population was projected to grow to an estimated 613,614 by the year 2008 and in the same vein, the population of children of school going age is projected to rise to 113,648 by the year 2008 with precipitant resources needed to care for the needs of this population. However, the needs of the population may not be met, bearing in mind that, over 70 % of the population in Imenti North District, depends on farming as a source of foodstuff and as an economic activity, This activity requires young and energetic people to work for high productivity to meet this high demand given the high death rate resulting

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from HIV/AIDS. The grandparents left to care for these children are too weak to effectively provide for all their needs.

To help overcome this problem, community based organizations have been established at the grass root level. However, the success of these groups leaves a lot to be desired. Their objectives may not be met and hence the impact is minimal. Great concern is on how these organizations are managed to offer quality care to the orphaned and vulnerable children. This study therefore, posed a question as to whether leadership of the community based organizations possessed the required management skills to offer quality care to the orphans and vulnerable children.

## 1.3: **Purpose of the study.**

This study sort to identify, highlight and discuss factors that influence the management of quality care to the orphaned and vulnerable children by community based organizations operating in Imenti North District. The study was also to find out gaps in the management of these organizations that can be filled in order to improve quality care to the orphans and vulnerable children.

## 1.4: **Research objectives**

The objectives of this study were:

1) To find out the extent to which planning influenced the management of quality care to orphans and vulnerable children by community based organizations in Imenti North District.

2) To establish whether the organization within a community based organization contributed to the management of quality care to orphans and vulnerable children.

3) To establish whether leadership within a community based organization influenced the management of quality care to orphans and vulnerable children.

4) To identify how coordination/control of community based organizations contributed to the management of quality care to orphans and vulnerable children.

## 1.5: Research questions.

The research questions were:

1) How does the planning function of management influence the provision of quality care to orphans and vulnerable children in a community based organization management?

2) What are the contributions of the organizing function in influencing community based organization's provision of quality care to orphans and vulnerable children?

3) To what extent does leadership influence community based organization's ability to provide quality care to orphans and vulnerable children?

4) How do coordination/controlling in a community based organization contribute to the provision of quality care to orphans and vulnerable children?

## 1.6: Significance of the study.

This study will add to the body of knowledge of scholars in the area of community based organizations management for provision of quality in their programs.

This study will also be useful to the ministry of gender, children and social development, who should use the results to assess objectively the performance of the community based organization in the management of quality care to orphans and vulnerable children.

The community based organizations can use the results of this study to improve their management in order to meet their organizational objectives, and hence offer quality care to the orphaned and vulnerable children.

## 1.7: Scope of the study.

This study focused on 105 participants from 15 community based organizations operating within Imenti North District. The assessment covered the management committee and the beneficiaries. These are the guardians living with the orphaned children and the children themselves.

## 1.8: Assumptions of the study.

This study was based on the following assumptions:

1) The sample population chosen would voluntarily participate in the study.

2) Other factors behold the scope of this study may influence the performance of these groups.

3) The findings of this study may be generalized in the whole country. However, the cultural diversity in Kenya may vary from one to the other, and this study can be used as appropriate.

## 1.9: Limitations of the study.

**Limitation-** Due to the short time allocated for this study, It was not possible to carry out a census on all the community based organizations (CBO) operating in Imenti North District. A sample was drawn from the total number of groups and the findings were generalized to the entire population. However, these limitations did not affect the outcome of this research because the sample selected was a true representative of the entire population.

## 1.10: **Definition of  key kerms.**

For the purpose of this study, below is the definition of the key concepts.

**Orphans-** These are children who have lost both parents either through any cause. Once the parents are dead, the children become Orphans.

**Vulnerable children.** These are generally children who are more exposed to risks than their peers. For example, Children who live with parents who are terminally ill, children who have been abandoned by one parent or both, or children who live in abject poverty although both parents are alive but these children have no provision of basic needs.

**Community based organization** (CBO) is an organization that provides social services at the local level. It is a non-profit organization whose activities are based primarily on volunteer efforts. They work in a variety of different fields, such as education, health, the rights of the disabled, gender issues, orphans and vulnerable children care and support to mention but a few. In this study, the word groups will be used interchangeably with the community based organizations.

**Quality care.**

Quality care in this study  referred to an appropriate mix of services and support to orphaned and vulnerable children, to ensure that orphaned and vulnerable children grow and develop as valued members of their families and community, including food and nutrition support, shelter and care, protection, health care, psychosocial support, education and vocational training, protection, and economic opportunity. The variation in and lack of equity among orphaned and vulnerable children service providers on what constitutes "an OVC served" indicates a need to define and achieve quality. How can we ensure these services are effective, efficient, and equitable among the community based organizations that are dealing with orphans and vulnerable children.

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# CHAPTER TWO
# LITERATURE REVIEW.

## 2.0. INTRODUCTION.

This chapter reviewed literature related to the management of community based Organization in offering quality care to orphans and vulnerable children. The study highlighted on the concepts of orphans and vulnerable children and the guiding principles, theories s of management and functions, the management of community based organizations, quality care to orphans and vulnerable children and the dimensions and outcomes. The conceptual framework is discussed and finally a summary of the whole section on the literature review is given.

## 2.1. The concepts of orphans and vulnerable children (OVC).

The problem of orphans as introduced in the previous chapter is a global, regional and national problem here in Kenya. It is therefore important to explain the concepts of orphans and vulnerable children from a global perspective as I undertake the review of this literature.

According to Mascarenhas.(2003), The concepts of 'orphans' and 'vulnerable children' generally refer to orphans and other groups of children who are more exposed to risks than their peers. In terms of definition, the United Nations definition states that a child refers to 'every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier' (UN Convention on the Rights of the Child). The UNAIDS/UNICEF/USAID(, on the other hand, define an orphan and vulnerable child as "a child below the age of 18years who have lost one (maternal orphans or paternal orphan) or both parents (double orphans) or lives in a household with an adult death (age 18-59 years) in the past 12 months or is living outside of family care"(UNICEF 2003).

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The concept of 'social orphans' is sometimes used to describe children whose parents might be alive but are no longer fulfilling any of their parental duties, for instance drug addicts who are separated from their children with little chance of reunion, parents who are sick or abusive or who, for some reason, have abandoned or largely neglected their children. In the Kenyan context, the Government legally defines an orphaned child as an individual under the age of 18 years who has lost at least one parent while a vulnerable child is defined as a child living in a high risk setting (National Guidelines on orphans and Vulnerable Children 2003). For the purpose of this study, this was the working definition.

**International and national legal and policy instruments.**

There have been many international and regional events that have shaped global thinking and planning around the orphan and vulnerable children. The more significant international conventions, goals, and other instruments that define the framework for action for orphans and vulnerable children are,

In September 1990, the World Declaration on the Survival, Protection, and Development of Children was agreed at the World Summit for Children held in Washington D.C, by the more than 21 participating countries. Signatories committed to a 10-point program to protect the rights of children and to improve their lives (Smart .R.2003)

The Convention on the Rights of the Child (CRC) held by UNICEF (2002) came up with a framework that guides programs for all children, including Orphans and Vulnerable Children. The four pillars of the Convention on the Rights of Children are:

- The right to survival, development, and protection from abuse and neglect;
- The right to freedom from discrimination;
- The right to have a voice and be listened to;

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- That the best interests of the child should be of primary consideration.

   (UNICEF 2002)

The United Nations General Assembly Special Session (UNGASS 2001) Declaration of Commitment on HIV/AIDS, set specific targets for all signatory nations. Recognizing that orphaned children need special assistance, it was passed that all nations must:

By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS. Including: Providing appropriate counseling and psycho-social support, Ensuring their enrolment in school and access to shelter, Good nutrition, Health and social services on an equal basis with other children; and Protection of orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance( Report on the Africa Leadership Consultation, Urgent Action for Children on the Brink, Johannesburg, South Africa, September 9–10, 2002)

**Guiding principles for orphans and vulnerable children responses**

- To strengthen the protection and care of OVC within their extended families and communities.
- To strengthen the economic coping capacities of families and communities.
- To enhance the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children, and their caregivers.
- To focus on the most vulnerable children and communities, not only those orphaned.
- To give particular attention to the roles of boys and girls and men and women, and address Gender discrimination.
- To ensure the full involvement of young people as part of the solution.

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- To strengthen schools and ensure access to education.
- To reduce stigma and discrimination.
- To accelerate learning and information exchange.
- To strengthen partners and partnerships at all levels and build coalitions among the Key stakeholders.
- To ensure that external support strengthens and does not undermine community initiative and motivation. (UNAIDS, UNICEF, and USAID. 2002).

According to IDASA (2004), the nature and scope of the orphans and vulnerable children's' problem are such that governments on their own cannot deal with them. It can be meaningfully dealt with only by families and communities, above all, those which are experiencing aspects of this problem. Hence the guiding principle for orphans and vulnerable children care is that families (usually extended families) and communities are the first line of response to the needs of orphans and vulnerable children. It is from this need that community based organizations have come up to mitigate on the orphans problem (Edwards, & Fowler, 2002)

From this, it follows that there is need to: strengthen the caring and coping capacities of families and communities, increase and strengthen family and community care rather than institutional care, enhance the capacity of families, communities and local organizations to respond to the emotional and psychological needs of vulnerable children and adolescents, as well as to their social and economic needs, strengthen the capacities of children to respond to their own needs, and hence ensure the involvement of children and adolescents as part of the solution, listening to them, hearing their side, allowing their participation in decisions that affect them, Take specific steps to reduce stigma and discrimination, Improve coordination and information-sharing on good practices, what

works and what does not work, strengthen partnerships at all levels and among key stakeholders, and finally, ensure that outside assistance is supportive of family/community efforts, and does not become destructive of these efforts by undermining local initiatives(Edwards, & Fowler, 2002)

Therefore, the management of community based organizations becomes very crucial in order to provide quality care to the orphans as stated in the principles above. This study looked at the situation in Imenti North District to find out whether it conforms to the requirements as above.

## 2.2. Theories of management.

According to Camay & Gordon (1997), the term management has different interpretations. The most traditional interpretation of management comprises a set of duties, such as planning, organizing, leading and coordinating activities, and it also can include the group of people involved in these activities. Management therefore, focuses on leadership skills, such as establishing the vision of the organization and its goals, communicating these and guiding others to accomplish them. It asserts that leadership must be facilitative, participative and empowering to ensure visions and goals are established and communicated.

Although management can be interpreted differently, most people acknowledge that it is a process of different activities: planning; organizing; leading and coordinating. For any management to be effective it is important for the manager to be well prepared and aware of his/her functions. The main task of a manager is to coordinate all the different activities of the management process successfully.

The principles of management have been learnt and established over time and can be applied to all organizations, though there might be some circumstances that are specific to certain organizations. For example, the circumstances relating to management of a community based organization might be quite different to those relating to management of a profit driven company. A key aspect that should be considered is the goal of the organization. The goal can be explicit (recognized) or implicit (unrecognized). If you are clear about your organization's goal, all management strategies, techniques and processes can work together to achieve that goal (zaltma et al 1973) This study therefore, sort to undertake an assessment of the functions of planning, organization, leadership, coordinating and controlling in the management of a Community based organization in the provision of quality care to the orphans and vulnerable children.

**Functions of management.**

**1) Planning.**

According to a study done by Erven in Ohio state university(2006) on management, he says that Planning is concerned with the future impact of today's decisions. It is the fundamental function of management from which the other four stem. Planning is important at all levels of management. However, its characteristics vary by level of management. The study continues to say that, Planning is a process that involves decision-making on the organization (ends), the objectives (means), on how they are conducted (policies) and on the results (outcomes).This is a major management process and involves defining the ends, means, conduct and results of every step of the plan (Easterby-Smith et al 2002)

During the planning process the aims and objectives of an organization might have to be redefined to ensure they are successful. The manner in which the plans are conducted also is important. The standard planning process includes: The

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establishment of overall goals; the establishment of smaller goals or objectives associated with the main goals; the design of strategies or methods to meet the goals and objectives; and Identification of what resources will be needed, including how and when the methods will be implemented (Easterby-Smith et al 2002)

According to Wit and Meyer (1998), strategy is any course of action for achieving an organizations purpose(s). According to Chandler (1962) the first modern strategy theorist, strategy in the area of business is defined as the determination of the basic, long term goals and objectives of an enterprise and the adoption of courses of action and the location of the resources necessary for those goals. (Chandler, 1962:13)

Aspects of planning



Vision → Mission

Strategies    Objectives

Goals
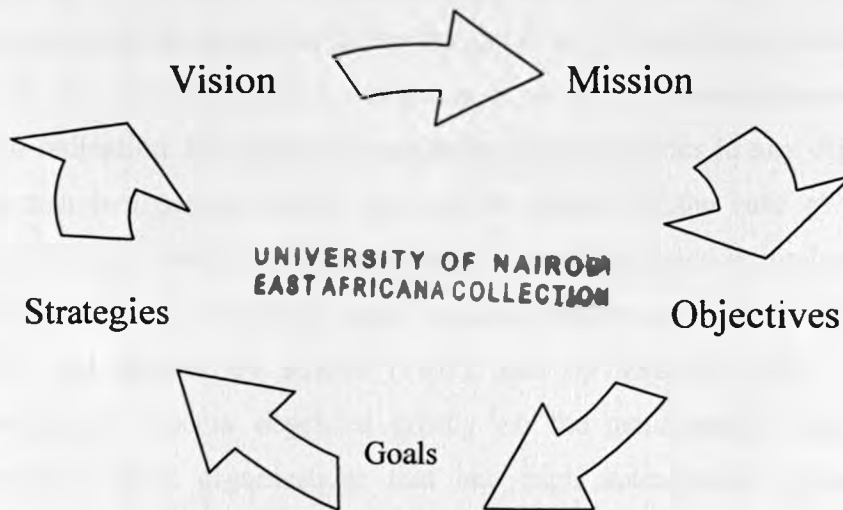
## 2) Organizing.

Organizing is establishing the internal organizational structure of the organization (FAYOL, 1916).

The focus is on division, coordination, and control of tasks and the flow of information within the organization. Managers distribute responsibility and authority to job holders in

this function of management. This ensures that minimum resources are spent to achieve the maximum effect of the goals. This is a critical function, because all the other functions cannot take place without at least some resources being in place. Resources are not only financial, but also include people and materials (Hersey, P. and Blanchard, K. H. (1977)

## Organizational structure.

Reddin, W. J. (1987) says that organization should have an organizational structure. By action and/or inaction, managers structure businesses. Ideally, in developing an organizational structure and distributing authority, managers' decisions reflect the mission, objectives, goals and tactics that grew out of the planning function. Specifically, they decide: division of labor, delegation of authority, departmentation, Span of control and co-ordination. Management must make these decisions in any organization that has more than two people. Small may not be simple. In the case of community based organizations, it becomes very necessary to have this function implemented. According to a study done on community based organizations management in Texas by young et al (1999), and another by schmid (1992), and by Vinzant (1996). It was clear that organizational success depended greatly on the management. From this study, the community based organizations that had high management capacity initiated and sustained innovations than those that had low management capacity.

## 3) Leadership

Leadership is an important aspect of management. The ability to lead is one of the keys to being an effective or a successful manager. Researchers have studied leadership for decades, but experts still do not agree on exactly what it is. Many persons use the term

leadership as if it were a magic quality, something one is born with or simply has a talent for. However like talent for music and art, talent for leadership involves much knowledge and disciplined practice. It is a human characteristic which lifts a person's vision to highest heights; it raises performance and builds personality beyond its normal situations (Bass, B. M. (1985)

According to Bennis, W. (1998) the ability of the leader to influence others to achieve or accomplish the organizational goals or objectives requires the leaders to apply leadership attributes such as beliefs, values, character, knowledge and skills. Leadership is an aspect of management. However, you might find some good managers who might not be able to inspire others, but who are good at helping the members of their team to meet deadlines and achieve results. Some leaders also might not be good managers. It is important to find a balance between these two aspects when managing an organization.

An evaluation conducted by the Pathfinder international (2007) in Thika district in kenya , revealed that good leadership played key role in the management of quality care and the services that are given to the orphaned and vulnerable(USAID 2007)

## 4) Controlling and co-ordinating.

Fiedler, F. et al (1987) says that Controlling involves a four-step process of establishing performance standards based on the firm's objectives, measuring and reporting actual performance, comparing the two, and taking corrective or preventive action as necessary. Performance standards come from the planning function. No matter how difficult, standards should be established for every important task. Although the temptation may be great, lowering standards to what has been attained is not a solution to performance problems. On the other hand, a manager does need to lower standards when they are found to be unattainable due to resource limitations and factors external to the business.

Corrective action is necessary when performance is below standards. If performance is anticipated to be below standards, preventive action must be taken to ensure that the problem does not recur. If performance is greater than or equal to standards, it is useful to reinforce behaviors that led to the acceptable performance. The manager needs to ensure that all the organizational systems, processes and structures are controlled so that goals and objectives can be met (Blanchard, et al (1977). A successful program in Rwanda on orphans and vulnerable children care and support (Nkundabana) reveals that the management of this program had control measures and involvement of all the stakeholders. This contributed greatly to the success of the program.(Care international –Rwanda 2007 report)

Functions of Management.

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                        Planning
       Organizing                      Leading


                Controlling/co-ordinating
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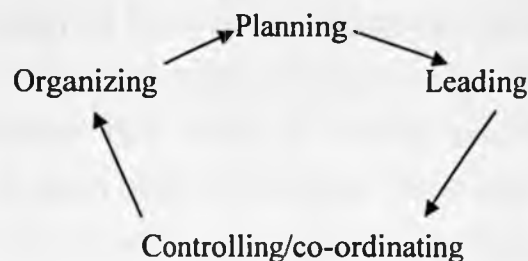
## 2.3. Management of community based organizations.

### What is a community based organization (CBO)?

According to Institute for Development Agency for South Africa (IDASA) (2005), a community based organization (CBO) is an organization that provides social services at the local level. It is a non-profit organization whose activities are based primarily on volunteer efforts. This means that Community Based Organizations depend heavily on voluntary contributions for labor, material and financial support.

The characteristics of a community based organization are that, It is non-profit, It relies on voluntary contributions, It acts at the local level, and it is service-oriented. It

represents innovation in provision of social safety nets to the poor. There is belief that community based organizations offers more hope in targeting orphans where through use of community agents, who are part of the community, it is possible to prioritize needy orphaned children from less needy ones. (Edwards & Fowler(1997)

**Management skills**

Camay & Gordon (1997) management is a conscious process and Managers must always keep in mind 'the big picture' of the organization: the needs of their departments, projects or programmes, as well as the practical day-to-day business of making sure goals are met. To achieve this balance it is important for all managers to improve their skills constantly. Everyone, including managers, benefit from further training because it enables better performance throughout the organization. Managers should consider the skills they have, if they need more skills, whether they are implementing the skills they have learnt and how they can improve their ability to manage even further. If management of organization is to be taken seriously, managers should read newspapers and magazines, surf websites and look at books for new information on management. Each year hundreds of new publications are brought out to guide the manager to improve his/her skills and abilities. (Training Manuals 2005. IDASA.)

## 2.4. Total quality management

Total quality management is a collection of principles, techniques, processes, and best practices that over time have been proven effective. Most all world-class organizations exhibit the majority of behaviors that are typically identified with total quality management. (ISO 9000)

No two organizations have the same total quality management implementation. There is no recipe for organization success; however, there are a number of great total quality

management models that organizations can use. These include the deming application prize, the Malcolm Baldrige Criteria for Performance Excellence, the European Foundation for Quality Management, and the ISO quality management standards. Any organization that wants to improve its performance would be well served by selecting one of these models and conducting a self-assessment.( Hoshin (2007)

The simplest model of total quality management is shown in this diagram. The model begins with understanding customer needs. TQM organizations have processes that continuously collect, analyze, and act on customer information. Activities are often extended to understanding competitor's customers. Developing an intimate understanding of customer needs allows TQM organizations to predict future customer behavior. (Source-TQM models handbook by Hoshin (2007)
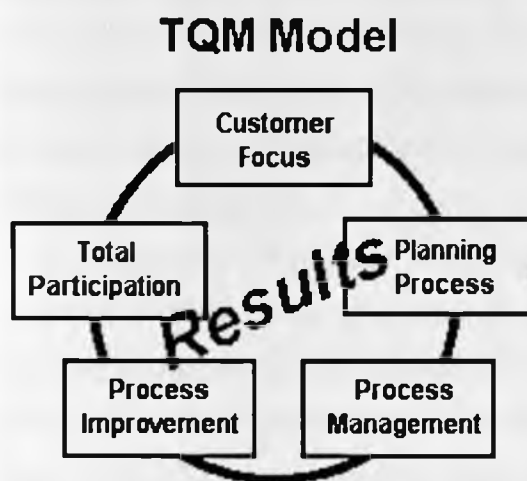


Total quality management organizations integrate customer knowledge with other information and use the planning process to orchestrate action throughout the organization to manage day to day activities and achieve future goals. Plans are reviewed at periodic intervals and adjusted as necessary. The planning process is the glue that holds together all total quality management activity. Total Quality Management organizations understand that customers will only be satisfied if they consistently receive products and services that meet their needs, are delivered when expected, and are priced for value.

## 2.5. What is quality of care for orphans and vulnerable children programs?

According to a study conducted by Franco et al (2007), quality care implies an appropriate mix of services and support to children, families and communities to ensure that orphans and vulnerable children grow and develop as valued members of their families and community, including food and nutrition support, shelter and care, protection, health care, psychosocial support, education and vocational training, protection, and economic opportunity. The variation in and lack of equity among orphans and vulnerable children service providers on what constitutes "an OVC served" indicates a need to define and achieve quality. How can we ensure these services are effective, efficient, and equitable?

It is evident that community based organizations are a community initiative to help address a problem that is affecting their people. Some of the organizations have opened children homes where the orphans are kept and taken care of. Others have support programs for the orphaned and vulnerable children that target them without detaching them from the extended family or from the other sibling. However, the management of these organizations in provision of quality care is what this study sort to establish.

### Challenges to implementation.

Another study carried out by Harrison et al (2007) in Namibia under the Family Health International program, revealed that, in response to the growing number of orphaned children, efforts to provide services for orphans and vulnerable children (OVC) have expanded rapidly. However, implementers and donors are asking themselves about the impact and quality of the care they are providing. Quick response to the havoc of the large numbers of orphaned children has led donors and implementers to focus most of their efforts on providing very rapid and high coverage responses, without really knowing

if such efforts were truly making a difference in the child's life. (Government of Swaziland and UNICEF. 2002 report).

Another survey carried out in Uganda by the government through the ministry of gender labor and social development (June 2008) revealed that Orphans Programs often focused on activities or outputs rather than desired outcomes. A good example is in the education sector.

Example: Education Services.

Input------------Activities-----------output/services delivered---------Desired outcome.
(Money          &       (Bought &                 (1,500 OVC              (children regularly
Staff)          Distributed             received backpacks)       attends school).
                Backpacks)

This scenario in Uganda may be the same in Kenya and in most other African countries undergoing the same crisis. Imenti north district, where this study was conducted may not be exceptional.

The Quality Improvement Initiative for Orphans and Vulnerable Children Programs is a new partnership that brings together United States Government, national governments and civil society. The implementing partners in many countries have to use quality improvement approaches for establishing and applying Orphans and Vulnerable Children service standards. Activities under the quality improvement Initiative include capacity building events, communication mechanisms and technical assistance to countries and implementing partners in developing service standards, monitoring and improving the quality of care provided to the Orphans and Vulnerable Children (Williamson, J. 2000.)

Over time, the Quality Improvement Initiative seeks to develop a cadre of regional champions and an African-based Partnership for Quality of Orphans care and providing guidelines on how to achieve service standards and help those on the front line to provide care that can foster movement towards the desired outcomes. Service standards alone will accomplish little if they are not used as a guide for both measuring quality and improving quality, where service providers use data to identify changes in how they provide Orphans and Vulnerable Children services that would improve their ability to reach the desired outcomes. This is summarized as quoted in this statement,

"... we must do anything and everything to protect children, to give them priority and a better future. This is a call to action and a call to embrace a new morality that puts children where they belong—at the heart of all agendas." (Graça Machel,-Expert of the Secretary-General of the United Nations, Impact of Armed Conflict on Children-UNICEF, 1996)

According to Social Welfare and Development Services (SWDS). (2002.) Dimensions of Quality for Orphans and Vulnerable Children Services include, Safety, Access to-Education, Health and Nutrition, Effectiveness, Technical performance, Efficiency, Continuity, Compassionate relations, Appropriateness, Participation and Sustainability.

**How to improve the quality of care to orphans and vulnerable children**
**Improving quality.**
Improving quality includes all efforts to do a better job of achieving the desired outcome for children, and at the same time enhancing the efficiency and reach of services and programs (SWDS2002). In the past, efforts to improve quality often focused almost exclusively on developing standards and doing training. However, experience in recent

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years has shown the power of strategies such as supportive supervision, team-based process improvement, improvement collaborative, and communities of practice. Quality improvement relies on teamwork to examine systems and processes. Teams within and across the range of service providers use standards to reflect on their current activities and process. Teams then test options for implementing changes. Innovation is highly encouraged. Team exchanges can strengthen the learning process and often generate consensus on best practices (Phiri, S. and D. Webb. 2002)

A study done in Rwanda by CARE International (2005) on orphans and vulnerable Children program (Nkundabana) came up with best practices that can be used by all the volunteer organizations that are providing care and support to orphans. These practices emphasized that all volunteer organizations should be run as professionally as possible. However, the study does not cover the management aspects that are crucial in the professional aspect of management, in order to offer quality service. This study therefore becomes crucial as it will look at those factors that will determine management of quality care by organizations dealing with this category of children wherever they are operating.

An aspect of reflection becomes inevitable for all the organizations in order to provide quality. This is what will be the measure for quality. The organization should be able to ask the following questions:

- Is the organization following the standards set in order to offer quality?
- If the standards are followed, do they ensure quality of care to the Orphaned and Vulnerable Children?

If standards are followed, do the children being served fare better? To answer the above questions, there are the desired outcomes that every community based organization can assess itself against echoed by the children in a youth workshop in Namibia. 2007)

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**Example of a desired outcome.**

- "Children will have the human attachments necessary for normal development and participate cooperatively in school, recreation, family settings and work with other children and adults"

- Children will make more friends and build up self-confidence.

- "With psychosocial support, we might become responsible leaders."

- "We will have a positive image of ourselves and our future."

(Children participating in youth workshop in Namibia 2007)

## 2.6 CONCEPTUAL FRAMEWORK.

This section gives the conceptual framework as used in this study.

| INDEPENDENT VARIABLE<br>Management Factors In a Community based organization | Dimensions of quality care to Orphans and Vulnerable Children. | DEPENDENT VARIABLE<br>Quality Care to orphans and Vulnerable children. |
|---|---|---|
| • Planning<br><br>• Organizing<br><br>• Leadership<br><br>• Coordinating/ controlling. | • Effectiveness.<br>• Efficiency<br>• Technical performance<br>• Access to Education, health& Nutrition.<br>• Safety<br>• Participation.<br>• Sustainability<br>• Compassionate relations | • Access to:<br>  -Education<br>  -Health<br>  -Nutrition &<br>  - food Security.<br>• Child participation<br>• Psychosocial support<br>• Child growth & development.<br>• Social economic security.<br>• Child protection. |

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The management functions of planning, organizing, leadership and coordinating/controlling will affect the outcome of the services. This will either be quality care or poor care. When an organizational is able to undertake the factors which in this study are functions of management, it is bound to achieve it goals and hence realize their vision. Quality Management organizations understand that customers will only be satisfied if they consistently receive products and services that meet their needs and are delivered when expected.

## 2.7. Summary of the literature reviewed.

This chapter has summarized literature that is related to the management of quality care to the orphans and vulnerable children. The concept of the orphans and vulnerable children is explained and the international guiding principles on orphans care is discussed. Management Theories are crucial in this study and they are discussed in details and especially the functions of planning, organizing, leading and coordinating and controlling. The management of community based organizations is discussed and the evolution of quality management by organizations in provision of quality services to the beneficiaries. A conceptual framework is discussed and it brings out the relationship between the independent and the dependent variables. The operational definitions of variables in the study are given.

# CHAPTER THREE
# RESEARCH METHODOLOGY

## 3.0. INTRODUCTION

This chapter describes the procedure through which data was collected for the study. Specifically, the chapter focused on the research design, the target population, sampling design (procedures). It discussed the methods and instruments of data collection and procedures for administering them in the field. The paper discussed how validity and reliability have been established. It showed the stability and consistency with which the data collection instruments measures the concept. It also showed the validity test of a data collection instrument that enabled the researcher to ascertain that she was measuring the correct concept and not something else. The paper also gave the operational definition of variables as they are used in this paper. Finally, the paper discussed the methods used in analyzing the data as it relates to the research questions.

## 3.1. Research design

This study was a descriptive research by use of survey method. This method was very versatile particularly in collecting primary data. This method is more efficient and economical. Information can be gathered by a few well-chosen questions that would take much more time and effort by other methods.

However, the main difficulties involved in this method were mainly, ensuring that the questions to be answered were clear and not misleading. Secondly, getting the respondents to answer the questions thoughtfully and honestly. Thirdly, getting a sufficient number of questionnaires completed and returned so that meaningful analysis could be made. The advantage of using the survey method was that it had the potential to provide us with a lot of information obtained from quite a large sample of individuals.

## 3.2. Target population

This study targeted a total population of 50 community based organizations that were dealing With orphans in Imenti North District. From this number, a sample size of 105 respondents was selected for this study. This target population was the representative of the management committees, the guardians living with the orphans, and finally the orphans who are the direct beneficiaries. The management committee is directly responsible for the general leadership of every community based organization. This population was chosen in this study because these are the key people that have the responsibility of managing all the activities of the organization. Therefore they had the necessary information needed for this study. The next category of population for this study was the Guardians. These are the people that are charged with the responsibility of taking care of the orphans. This group was important in this study because they were of help in collecting data that was used for the purpose of triangulation for validity and reliability of this study.

The beneficiaries were the next population in this study. These were the recipients of the quality care. These were the orphans and the vulnerable children that are supported by the sampled community based organizations. The data collected through the unstructured interview was valuable in triangulating the data collected by use of the questionnaires. This category was selected to help measure the variable on quality care to the orphans and vulnerable children.

### 3.3 Sampling procedure

The study used the probability sampling technique to get the sample size for the respondents. This provided a scientific technique of drawing samples from the target population according to the laws of chance in which each unit in the universe had some definite pre-assigned probability of being selected in the sample. Simple random

sampling was used to get the sample for the community based organizations. Stratified sampling was used to get the sample size of the respondents. The management committee, the Orphans (beneficiaries) and the Guardians in those particular selected population were used to collect the required data.

According to Mugenda and Mugenda (1999), a descriptive study should take ten percent or above of the accessible population and this should be enough for a specific study. Fisher (1992) recommends fifty percent of target population in a social research. Based on the above information, this study used a target population of 30% of the 50 community based groups that are offering care and support to the orphaned children in Imenti North District. Therefore the total number of community based organizations that were used in this study was 15. From each organization, the respondents were 3 executives- chairman, secretary and Treasurer. 2 Guardians and 2 orphans. The total number of respondents in each group was 7. This gave a total number of 105 respondents that were used in this study.

## 3.4 Methods of data collection

Data was collected using the survey Method. This method involved the respondents in filling the questionnaires. The method is very versatile particularly in collecting primary data. This is because it is possible to gather abstract information of all types. This method was more efficient and quite economical when compared to all other methods. Mooch (2004) suggests that in a qualitative research, it is important for a researcher to obtain a holistic study which will give a view of the total research situation. Therefore there was need to use more than one instrument for data collection. The tools that were used to collect the data were the questionnaire and the personal interviews.

The management committees of the groups were to fill the questionnaires. These were the chairperson, the secretary and the treasurer. These were selected because they had vital information on the management of the community organizations.

The other category of the respondents was the Guardians who in this case are the stakeholders. Personal interviews were the instrument of data collection. This is because some of the respondents were not literate and could not read or write.

The beneficiaries were the other category of the respondents. The beneficiaries in this study were the orphans and the vulnerable children. Majority of the children in upper primary school could read and write. These filled the questionnaire. The researcher conducted unstructured interviews with the different groups to help triangulate the data collected.

A register maintained by the ministry of Gender, Children and social development, that records all the Community Based Organization's that are legally operating, was used as the sampling frame to draw the samples. A pilot study was done using one organization. This helped to test the questionnaire clarity and whether it was testing for the required information for this study.

## 3.5. Validity and reliability

The quality of any research depends on the way it is conducted and the reliability of the process. According to Mugenda and Mugenda (1999), reliability is a measure of the degree to which a research instrument yields consistent results on data after repeated trials. A reliable instrument is one that produces consistent results when used more than once to collect data from the sample randomly drawn from the sample population (Mulusa 1990). The tools that were used to collect the data were the questionnaire and the personal interviews..

Validity is the degree to which a test measures what it purports to measure (Borg and Gall 1989) It is concerned with whether the findings are really about what they appear to be about. Is the relationship between two variables a causal relationship?

In this case, a pilot study was carried out by administering the questionnaire to the respondents in one organization in order to validate the tool. An analysis of the findings was done. This showed where amendments needed to be made. Any ambiguities were amended and improvement was done as required for the success of this study. The time frame for the study was one month in which it was hoped that no much change had taken place to affect the outcome. There is stability in our country and it was expected that no major event would affect data collection.

## 3.6 Operational definition of variables.

**Planning.**

Planning is one of the factors influencing the performance of the community based organizations. This study looked at Planning as a process that involved decision-making on the organization (ends), the objectives (means), on how they are conducted (policies) and on the results (outcomes).

**Organizing.**

This study looked at Organizing as the establishing of the internal organizational structure of the organization. The focus in this study was on division of labor, coordination, and control of tasks and the flow of information within the organization..

**Leadership**

This study looked at leadership as the ability of the leader to influence others to achieve or accomplish the organizational goals or objectives. It looked at the leaders ability to apply leadership attributes such as beliefs , values, character, knowledge and skills.

**Controlling and co-ordinating.**

Controlling/coordinating in this study was a process of assessing performance standards of the community based organizations, based on the organizations objectives, and actual performance, Performance standards come from the planning function.

**Access to education, health, nutrition and food security.**

Access to Education in this study meant that the child is able to have neat and clean uniform, shoes, bags and all the items needed for them to attend school, that the attendance in school is regular with minimal absenteeism. School work is done without fail and checked by the teachers. Report cards/forms are available to show the progress of the child in school.

Access to health in this study meant that the children are able to get treatment when they are sick. This was either from the local government dispensaries or from the private hospitals. That medicine was available when the children were in need.

Access to Nutrition and food security in this study meant that the children are able to have food all the time in their homes and that there is no time when the children were without food.

**Child participation.**

Child participation referred to the involvement of the children in the decision making process of the matters that concern them.

**Psychosocial support.**

In this study, psychosocial support referred to the psychological support that the orphans are given. It is clear that this category of children has many psychological issues that need attention. The study looked at the counseling services that are organized for the children, the mentorship programs and the peer support that they have,

**Child growth and development.**

This encompassed all the development stages that the children go through up to the adolescent stage. What care is given to the children in all the stages?

**Child protection**

This referred to the safety of the children. It concerned the legal measures put in place to protect the children from any form of abuse. It also referred to the children rights.

**Social economic security.**

In this study social economic security referred to the economic empowerment of the children and the families living with them.

## 3.7. Methods of data analysis.

In all the research questions, the data from the questionnaire was examined, coded and organized. Descriptive statistics which include frequencies, percentages and cross tabulation was used for data analysis. For easy analysis of the data electronically, statistical package for social sciences (SPSS) was used. The analyzed data was then presented using Frequency distribution tables, Bar charts and Percentages. This was used to determine the degree of relationship among the variables under study.

# Data analysis-matrix

## Table 3.1 Below shows how the data will be analyzed.

| VARIABLE | BROAD QUESTION | EXPECTED DATA | TOOLS OF ANALYSIS | EXPECTED MEASURES |
|---|---|---|---|---|
| PLANNING | Does the organization have a clear vision & mechanism for achieving their objectives/vision? | Nominal, ordinal, data interval, ratio<br><br>Descriptive and analytical approach | Graphs<br>Bar graphs<br>Cross tabulation. | Frequency<br>Measure of central tendency |
| ORGANISING | What are the contributions of the organizing function in the provision of quality care to orphans? | Descriptive data and analytical approach. | Graphs<br>Cross tabulation | Frequency |
| LEADERSHIP | To what extent does leadership/capacity building influence the organizations ability to achieve their objectives & hence provision of quality care? | Nominal data<br>Analytical/descriptive<br>Dummy (binary outcome) | Bar charts<br>Pie charts<br>Deductive | Measures of central tendency |
| CO-ORDINATING & CONTROLLING | Do coordination /controlling in the organization contribute in provision of quality care? | Descriptive data<br>Interval<br>Analytical | Graphs<br>Deductive<br>Histogram | Frequency |

# CHAPTER FOUR

## DATA ANALYSIS, PRESENTATION, AND INTERPRETATION

### 4.0 INTRODUCTION

This chapter presents the findings of the study. Different methods of presentation of the data collected have been used; these include frequency tables, pie-charts and bar graphs. Interpretation of the findings has also been made. The chapter is divided into subsections where general characteristics of the respondents such as age, gender, marital status, educational background, religion occupation of members of the management committee. The data is also analyzed regarding factors that influence the management of quality care to the orphaned and vulnerable children by community based organizations operating in Imenti North District.

The purpose of this chapter is to present the results of the procedures described in the methods and present evidence in form of tables, text and figures.

Out of 105 questionnaires distributed for the study; 100 respondents filled and returned them representing a response rate of 95.24% which is statistically representative of the target population.

On reliability and validity of the research instruments, a pilot study was carried out before the main study as indicated in the research proposal. The pilot study led to the restructuring of a few questions for clarity purposes. Some questions were also eliminated from the research instrument as they were not contributing much to the achievement of the research objectives.

## 4.1 General information of respondents

**Gender of respondents.**

In terms of gender, the management committee was composed of 65% females and 35% males as indicated in table 4.1.1 below. This shows that the number of women managers is rising. However, there is no gender-based difference in leadership effectiveness.

**Table 4.1.1: Gender of respondents**

| Gender | Frequency | Percentage |
|--------|-----------|------------|
| Male   | 14        | 35.0       |
| Female | 26        | 65.0       |
| Total  | 40        | 100.0      |

**Age**

In the management committees, young people aged between 31-40 years of age were the minority (27.5%) with older people aged between 41-60 years of age being the majority (73%) as illustrated in table 4.1.2 below. This is a clear indication that most of the Community Based Organizations are founded by old people leaving no room for energetic young people to actively participate in management of these groups.

**Table 4.1.2: Age of respondents**

| Age         | Frequency | Percentage |
|-------------|-----------|------------|
| 31-40 years | 11        | 27.50      |
| 41-50 years | 14        | 35.00      |
| 51-60 years | 15        | 37.50      |
| Total       | 40        | 100        |

## Highest level of education

Table 4.1.3 below illustrates that 50% of the members in the management committee had primary level education with 20% with professional qualification from college/university training, and 30% had attained secondary education. With limited professional training it might be difficult to execute managerial functions and this can affect the management of quality care to the Orphaned and Vulnerable Children by Community based organizations.

**Table 4.1.3: Highest level of education**

| Highest educational level | Frequency | Percentage |
| --- | --- | --- |
| Primary | 20 | 50 |
| Secondary | 12 | 30 |
| College/University | 8 | 20 |
| Total | 40 | 100 |

## Age of organization

Table 4.1.4 below shows that majority (55.0%) of the Community Based Organizations have been in existence for more than 6 years though there were also some (45.0%) who had been in existence for less than 5 years. This is a clear sign that new Community Based Organizations are still being formed to suggest that there is still a high number of Orphans and Vulnerable Children in the region who need the services of these Community Organizations.

**Table 4.1.4. Age of organization**

| Age | Frequency | Percentage |
|---|---|---|
| 5 years and below | 18 | 45.0 |
| 6-9 years | 19 | 47.5 |
| 10 years and above | 3 | 7.5 |
| Total | 40 | 100.0 |

## 4.2 The influence of planning function in the management of quality care to orphans.

Planning is the future impact of today's decisions. It is the process used by managers to identify and select appropriate goals and courses. Planning attempts to control the factors that affect the outcome of decisions. Actions are guided so that success is more likely to be achieved. Results from the study indicate that 100% of the management committees of Community Based Organizations drew plans for the activities to be undertaken by their members. Such planning process would bring people together and potentially at least, leads to a shared sense of opportunity, direction, significance and achievement.

### 4.2.1 Vision and mission of the organizations

100% of the Community Based Organizations had visions, clearly showing where they wanted to get. Despite the fact that they had visions, 40% of the organizations had no missions. This was an indication that they did not have an outline of things to be done to get them where they wanted. Therefore this would compromise the management of

quality care to the Orphaned and Vulnerable Children under these Community Based Organizations. The tables below, 4.2.1 and 4.2.2 presents this data in percentages.

### 4.2.1 Vision and mission.

**Table 4.2.1: Groups with vision**

| Vision | Frequency | Percentage |
|--------|-----------|------------|
| Yes | 40 | 100.0 |
| No | 0 | 0.0 |
| Total | 40 | 100.0 |

**Table 4.2.2: Groups with mission**

| Mission | Frequency | Percentage |
|---------|-----------|------------|
| Yes | 24 | 60.0 |
| No | 16 | 40.0 |
| Total | 40 | 100.0 |

### 4.3. The contribution of the organizing function in management of quality care to orphans.

In organizing function the committee members create the structure of working relationships between organizational members that best allows them to work together and achieve goals. The structure for all the groups in this study was similar .The study revealed that much of the responsibility for activities was on the top officials. There were no departments assigned to different members. The beneficiaries played no part in the decision making process.

### 4.3.1 The organizational structure for CBO's

## 4.3.2 Selection of the beneficiaries.

How children are selected to be supported plays also an important role not only in management of the quality care but also the acceptance of the Community based organization in the community. Figure 4.3.2 below shows that majority (97.5%) of the Orphans were selected through the group initiative indicating that the organizations performed their roles by identifying and recruiting Orphans to their programs. Other Orphans were selected following recommendation (47.5%) (from various stakeholders in the community) and guardian request (40%). This was a good sign that the communities in which these Organizations run were actively involved and were aware of the activities of Community Based Organizations. Such involvement by the whole community contributes to improved management of quality to the Orphans.

**Table 4.3.2: Selection criteria**

| Selection | Frequency | Percentage |
| --- | --- | --- |
| Child's request | 7 | 17.5 |
| Guardian's request | 16 | 40 |
| Church request | 9 | 22.5 |
| Recommendation | 14 | 35 |
| Group initiative | 39 | 97.5 |

N = 40

## 4.3.3 Decision making

For effective management that would lead to quality care of orphaned and vulnerable children, all stake holders are supposed to be involved in decision making. This makes all parties to feel involved and leads to better results. It was however found that most of decisions were made by the management committee (85%) and group members (82.5%)

without fully involving the guardians (47.5%) as shown in tables 4.3.3 This will also influence the management quality care to the Orphaned and Vulnerable Children by Community based organizations operating in Imenti North District

**Table 4.3.3. Involvement in decision making**

| Involvement in decision making | Frequency | Percentage |
| --- | --- | --- |
| Management committee | 34 | 85.0 |
| Group members | 33 | 82.5 |
| OVC guardians | 19 | 47.5 |

**N = 40**

## 4.4. Leadership influence in management of quality care to orphans.

Leadership skills are a very important component of management. Effective leadership increases the organization's ability to meet new challenges. In leading, managers determine direction; state a clear vision for group members to follow, and help members understand the role they play in attaining goals. Results from this study indicate that at least in 95% of the organizations, members had attended leadership training with only a small percentage of 5% that had not.

### 4.4.1 Qualities considered when selecting management committee

64% of the Community Based Organizations considered status first in selection of management committee members. Education and professional qualification was only considered in 47.5% of the respondents. Other qualities considered were age (15%) and popularity (45%) as shown in table 4.4.1 below. Therefore the more one is popular

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coupled with his/her status the more likely he/she is to become a committee member without necessarily looking at educational background and capabilities.

**Table 4.4.1: Selection of committee members**

| Selection of committee members | Frequency | Percentage |
|---|---|---|
| Education | 19 | 47.5 |
| Status | 24 | 64 |
| Age | 6 | 15 |
| Popularity | 18 | 45 |

N = 40

**Capacity building**

Training on leadership on all the group members helps to build capacity. The table below shows that only 1-10 members from the groups in the study had attended a one day leadership training

**Table 4.4.2: Number of group members attended training**

| No. of group members | Frequency | Percentage |
|---|---|---|
| 1-10 | 23 | 57.5 |
| 11-20 | 12 | 30.0 |
| All | 3 | 7.5 |
| None | 2 | 5.0 |
| Total | 40 | 100.0 |

### 4.4.3 Attendance of management training.

From the cross tabulation table 4.4.3 below, it was revealed that 80% of the committee members had attended management training. Mostly these trainings were through workshops and seminars (68.8%), organized from within the Organization (12.5%) and trainings by outsiders (18.8%). Such trainings improve the management of quality care by Community Based Organizations.

**Table 4.4.3: Attendance of management training and source of training**

| | | | Source of training | | | | |
|---|---|---|---|---|---|---|---|
| | | | Workshop/ Seminar | Group organised | Outsider | N/A | Total |
| Attendance of training | Yes | Count | 22 | 4 | 6 | | 32 |
| | | % within Attendance of training | 68.8% | 12.5% | 18.8% | | 100.0% |
| | | % within Source of training | 100.0% | 100.0% | 100.0% | | 80.0% |
| | | % of Total | 55.0% | 10.0% | 15.0% | | 80.0% |
| | No | Count | | | | 8 | 8 |
| | | % within Attendance of training | | | | 100.0% | 100.0% |
| | | % within Source of training | | | | 100.0% | 20.0% |
| | | % of Total | | | | 20.0% | 20.0% |
| Total | | Count | 22 | 4 | 6 | 8 | 40 |
| | | % within Attendance of training | 55.0% | 10.0% | 15.0% | 20.0% | 100.0% |
| | | % within Source of training | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| | | % of Total | 55.0% | 10.0% | 15.0% | 20.0% | 100.0% |

### 4.4.4 Leadership training for newly elected committee members

Newly elected committee members underwent through leadership training as indicated by majority (82.5%) of the respondents. This was done to enhance/improve their leadership skills as they take up their responsibilities to lead the Organizations.

**Table 4.4.4: Leadership training for newly elected committee members**

| Leadership training | Frequency | Percentage |
|---|---|---|
| Yes | 33 | 82.5 |
| No | 7 | 17.5 |
| **Total** | **40** | **100.0** |

In terms of leadership of the Community Based Organizations, 85% of the management committee agreed that it was good and this was supported by responses from the guardians of Orphans and Vulnerable Children in which 86.7% of them attested that the leadership of the Organizations was good as shown in tables 4.4.5 and 4.3.2.2 below. Therefore leadership of these Community Based Organizations was not a big challenge.

**Table 4.4.5 Rating of leadership of community based organizations by management committee**

| Rating | Frequency | Percentage |
|---|---|---|
| Very good | 20 | 50 |
| Good | 14 | 35 |
| Satisfactory | 6 | 15 |
| **Total** | **40** | **100.0** |

**Table 4.4.6 Rating of leadership of community based organizations by OVC guardians**

| Rating | Frequency | Percentage |
|---|---|---|
| Very good | 16 | 53.3 |
| Good | 10 | 33.3 |
| Satisfactory | 4 | 13.3 |
| **Total** | **30** | **100.0** |

## 4.5. Contribution of co-ordination /control in management of quality care to orphans.

Table 4.5.1 shows that 72.5% of the committees visited orphans quarterly and 27.5% irregularly which could mean even once a year. This was a clear indication that coordination and control was irregular and a challenge to many groups. Without coordination, the management might be unable to evaluate how well the organization is achieving its goals and this may lead to inability to take corrective action to improve performance. In such a scenario the management cannot monitor individuals, departments, and the organization to determine if desired performance has been reached.

Table 4.5.1: Visits to orphans & vulnerable children.

| OVC visits | Frequency | Percentage |
|---|---|---|
| Quarterly | 29 | 72.5 |
| Irregularly | 11 | 27.5 |
| Total | 40 | 100.0 |

Again lack of policy document by a majority (67.5%) of the groups as shown in table 4.5.1 mean that the groups could not accurately monitor and evaluate their performance. This was further evidence of coordination and control problems. This might negatively influence the management of quality care to the Orphaned and Vulnerable Children by Community based organizations operating in Imenti North District

### 4.5.2 Meetings of management committee

The committee members were meeting regularly at least twice in a month (67.5%). This was a sign that the committees are well organized.

Table 4.5.2: How often does the management committee meet?

| Meetings | Frequency | Percentage |
|---|---|---|
| Twice a month | 27 | 67.5 |
| Once a month | 13 | 32.5 |
| Total | 40 | 100.0 |

This was also noted in group members (table 4.5.3.) below as at least majority (92.5%) were meeting once every month as compared to a small percentage 7.5% that met once in three months. This was further evidence of organised and well co-ordinated Community Based Organizations.

Table 4.5.3 Group meetings

| Meetings | Frequency | Percentage |
|---|---|---|
| Once a month | 37 | 92.5 |
| Once in three months | 3 | 7.5 |
| Total | 40 | 100.0 |

### 4.5.4. Quality care

The management committee said that they were aware that they did not offer quality care to the Orphans and Vulnerable Children (85%) and the main reason given for this lack of quality care was limited funding (85%). With inadequate funding it might be difficult to plan and implement the plans and this negatively influenced the quality of care given to Orphans (Table 4.5.6 below)

**Table 4.5.4: Assessment of quality care**

| Do you offer quality | Frequency | Percentage |
|---|---|---|
| Yes | 6 | 15.0 |
| No | 34 | 85.0 |
| Total | 40 | 100.0 |

## 4.5.5 Sustainability.

Many of the groups had no programs that would improve the economic status of these families. They largely depended on the help given by the group. The groups major challenge was on the lack of funds. The table below shows the activities the families were involved in.

### 4.5.5 Income generating activities for the guardians/OVC

| Income generating activity | Frequency | Percentage |
|---|---|---|
| None | 26 | 86.7 |
| Revolving funds | 3 | 10.0 |
| We grow sukuma and banana for sale | 1 | 3.3 |
| Total | 30 | 100.0 |

### 4.5.6. Major challenges encountered in dealing with orphans.

There were several challenges raised which influenced the management of quality care to the Orphaned and Vulnerable Children by Community based organizations operating in Imenti North District. Among them were inadequate funding, high numbers of the needy children, inadequate capacity building and stigma against Orphans from the society as shown in table 4.5.7 below.

**Table 4.5.6: Major challenges encountered in dealing with orphans.**

| Challenge | Frequency | Percentage |
|---|---|---|
| Inadequate funds | 34 | 85 |
| High numbers of the needy | 4 | 10 |
| Inadequate capacity building | 3 | 7.5 |
| Discrimination | 2 | 5 |
| Lack of support from the government | 5 | 12.5 |

**N = 40**

These challenges can be handled through the following solutions: engaging in income generating activities, donations from well-wishers, merry go rounds, fundraising and capacity building.

This is a clear indication that the factors under study in this document influenced the management of quality care to Orphans and vulnerable children by the community based organizations in Imenti North District.

# CHAPTER FIVE

## SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

### 5.0 INTRODUCTION.

This chapter gives the summary of findings as implied from the analysis and interpretation of the . data collected throughout the entire research. The summary is given as per the research objectives and research questions. The main objective of this study was to assess the factors that influenced the management of quality care to orphans and vulnerable children by the community based organizations. The success of these groups leaves a lot to be desired. Great concern was on how these organizations were managed to offer quality care to the orphaned and vulnerable children. This study therefore, posed a question as to whether leadership of the community based organizations possessed the required management skills to offer quality care to the orphans and vulnerable children.

The research questions for this study were: to find out how planning function of management influenced the provision of quality care to orphans and vulnerable children, and Secondly, to find out whether the organizing function contributed in the organizations provision of quality care to orphans and vulnerable children, thirdly, to find out how leadership influenced community based organization's ability to provide quality care to orphans and vulnerable children, and finally, to find out how coordination/controlling in a community based organization contributed to the provision of quality care to orphans and vulnerable children.

This study was a descriptive research by use of survey method. The study used the probability sampling technique to get the sample size for the respondents. It targeted a total population of 15 community based organizations that were sampled from the 50 organizations that were dealing with orphans in Imenti North District. From this number, a sample size of 105 respondents was selected for this study. Data was collected by use of the questionnaires and personal interviews. The respondents were required to fill the questionnaires and in the cases where they could not read or write, personal interviews were done and questionnaires were filled by the researcher. Data was then, organized, coded and presented in tables and in cross tabulation.

## 5.1 Summary of the findings as per the research questions.

The study revealed that 65% of women were involved in the management of the groups compared to 35% of the men.

It was evident that the education level of the management committee had 50% having attained primary school level. 30% had attained secondary school education and 20% had professional/college education.

## 5.2.1 The influence of planning function in CBO's management.

The study revealed that the planning function was done 100% by the groups in the study. They all had their visions clearly stated and the objectives that they would be out to achieve. However, they lacked the strategies, plans for resources and how to achieve their goals. Therefore, although many said that they carried out planning, it was evident that it was not well done. This supports the fact that 85% said that they were not offering quality care to the orphans.

### 5.2.2 Contributions of the organizing function in CBO management.

The study revealed that all the groups had a clear organizational structure that was set out by the ministry of Gender, Youth and Social development. It was observed that all the groups followed this structure strictly. The study showed that the management committee played the greatest role in decision making (85%). This was a clear indication that the group members, the guardians and the orphans played a minimal role. This is an indication that the organizing function helped them to undertake the activities with the bigger responsibility put on the management committee.

### 5.2.3 The influence of leadership on CBO management of quality care.

Results from this study indicate that at least in 95% of the management committee had attended one day leadership training with only a small percentage of 5% that had not. However, capacity building was an issue to all the groups. Only 1-10 people in groups under study had attended a one day seminar on leadership. This was reflected in 80% of all the groups. One day training was not enough to acquire leadership skills bearing in mind the level of education of the majority of the leaders. It was noted that 37% of the community based organizations considered status first in selection of management committee members. Education and professional qualification was only considered in 28% of the respondents. Other qualities considered were, age (9%) and popularity (26%) Therefore the more one was popular coupled with his/her status the more likely he/she was to become a committee member without necessarily looking at someone's educational background and capabilities or the skills. Bearing in mind that majority of them had attained only primary school education; this means that quality may be affected in one way or the other.

### 5.2.4 The contribution of co-ordination/control in the management of CBO.

Co-ordination/control of all the group activities is a crucial component. This study showed that 72.5% of the groups carried out their monitoring on quarterly basis. 27.5% did theirs once a year.

However, the study revealed that 67.5% of the management committee met twice a month to review their activities. This is was an indication that these groups were on the right track.

## 5.3. Conclusions

The findings of this study showed that there was a relationship between the offering of quality care and the management factors in all the community based organizations in Imenti North District.

It was found out that many groups said that they carried out the planning function. The study revealed that the planning function was done 100% by the groups in the study. They all had their visions clearly stated and the objectives that they would be out to achieve. However, they lacked the strategies, plans for resources and how to achieve their goals.. This supports the fact that 85% said that they were not offering quality care to the Orphans. They were not clear on how to achieve their objectives and were not aware of what they would do. A clear indication that they did not offer quality as 95% admitted that they had several challenges that hindered them from achieving their objectives, and lack of proper planning contributed.

The study revealed that all the groups had a clear organizational structure that was set out by the ministry of Gender, Youth and Social development. It was observed that all the groups followed this structure strictly. The study showed that the management committee played the greatest role in decision making (85%). This was a clear indication that the group members, the guardians and the Orphans played a minimal role. This is an indication that the organizing function helped them to undertake the activities with the bigger responsibility put on the management committee. It was clear that the group members played a minimal role and the guardians and the orphans were completely left out. This shows that the process was not inclusive of the beneficiaries. This is an indication that the lack of quality care could have been due to the organizations structure and procedure in decision making.

Results from this study indicate that at least in 95% of the management committee had attended one day leadership training with only a small percentage of 5% that had not. However, Capacity building was an issue to all the groups. Only 1-10 people in groups under study had attended a one day seminar on leadership. This was reflected in 80% of all the groups. One day training was not enough to acquire leadership skills bearing in mind the level of education of the majority of the leaders was low. This means that new leadership may not keep the standards of the previous term of trained leaders. This would definitely affect quality.

Co-ordination/control of all the group activities is a crucial component. This study showed that 72.5% of the groups carried out their monitoring on quarterly basis. 27.5% did theirs once a year.

However, the study revealed that 67.5% of the management committee met twice a month to review their activities. This is was an indication that these groups were on the right track.

As concerns the availability of the policy document for orphans, 32.5 % of the groups said that they had the document but did not know much about its content. Monitoring and evaluation is an important component for the success of any activity.

## 5.4. Recommendations.

I recommend that the government of Kenya should prioritize the empowerment of these grass root organizations particularly on management skills. Community based organization (CBO) are organizations that provide social services at the local level. They are non-profit organization whose activities are based primarily on volunteer efforts. This means that community based organizations depend heavily on voluntary contributions for labor, material and financial support and is service oriented.

Capacity building for these groups should be done by the Ministry of Gender, Youth and Social development. A training programme co-ordinated by the Ministry can be put in place and this will ease leadership problems in the groups. Networking with non-governmental organizations in the area would help in funding these trainings.

Regular funding of the organizations should be considered by the government. This will ensure that the orphans receive good care and will attend school regularly like other children. If possible, the government can come up with a policy that all working people can contribute to a trust fund that specifically would be for taking care of the orphans.

Findings of this study can be used by the Ministry of Gender, Youth and Social Development to improve on the management of the already existing groups because, they are doing a good job despite the challenges they are facing. The groups can also use these findings to improve on their management skills.

## 5.5. Suggestions for further research

It is necessary to do research in future in the following areas,

1: To carry out an assessment of the impact the community based organizations had on the general welfare of the orphans because many of them have been operating for almost ten years.

2: Another study can be done to investigate on the factors that affect the orphans in their academic performance despite the support they are getting from these groups. I recommend this study because; the challenges given included stigma and discrimination that the children suffered in the community amidst other challenges.

# REFERENCES

Adams, G. and Schvaneveldt, J. (1991) Understanding Research Methods (2ndEd), New York, Longman.

Baylies, C. (2002). "The Impact of AIDS on Rural Households in Africa: A Shock Like Any Other?" Development and Change 33(4): 611–632.

Bass, B. M. (1985) Leadership and Performance Beyond Expectation new york Free .

Bennis, W. (1998) On Becoming a Leader, London: Arrow.

Camay, P. & Gordon, A. J. (1997)Principles of NGO Management. CORE, Johannesburg, S.africa

Edwards, M. & Fowler, A. (eds.) The earthscan reader on NGO Management. Earthscan Publications Ltd, London ,2002.

Easterby-Smith, M., Thorpe, R. and Lowe, A. (2002) Management Research. Introduction (2nd Ed), London, Sage

Fiedler, F. E. and Garcia, J. E. (1987) New Approaches to Effective Leadership, New York: John Wiley.

Glaser, B. and Strauss, A. (1967) The Discovery of Grounded Theory, Chicago, IL, Aldine.

Government of Swaziland and UNICEF. (2002). Orphans and Vulnerable Children in Swaziland. Report prepared for the Eastern and Southern Africa Workshop on Orphans and Vulnerable Children, Namibia.

Hersey, P. and Blanchard, K. H. (1977) The Management of Organizational Behaviour 3rd edition, Upper Saddle River N. J.: Prentice Hall.

Hussey, J. and Hussey, R. (1997) Business Research: A Practical Guide for Undergraduate and Postgraduate Students, Basingstoke,Macmillan Business

Hodgkin, R. and P. Newell. (2002). Implementation Handbook for the Convention on the Rights of the Child. New York: UNICEF.

Kenya Central Bureau of Statistics (1999). National Population Census. Nairobi.Kenya: Kenya Central Bureau of Statistics. (2005). Poverty Data by Districts and Constituencies.Nairobi, Kenya: Kenya Central Bureau of Statistics;
Available at: www.health.go.ke

Kenya Ministry of Health. (2005) HIV/AIDS Data Book. Nairobi, Kenya:

Kothari, C.R (1984) Quantitative Techniques. (3rd Ed) New Delhi: Vikas Publishing House PVT LTD

Marta et al (2006) community based organization management,
Handbook series. Published by the Institute for Democracy in South Africa.

Majundar, P.K (2005)  Research methods in Social Science. New Delhi: Viva Books, Private Limited.

Monk, N. (2000.) "Underestimating the Magnitude of a Mature Crisis: Dynamics of Orphaning and Fostering in Rural Uganda." Pp 7–12 in Orphan Alert: International Perspectives on Children Left Behind by HIV/AIDS,edited by M. Lorey. Paris: Association Francois-Xavier Bagnould.

Ministry of Local Administration, Information and Social Affairs (MINLOC).(2002). National Policy for Orphans and Other Vulnerable Children in Rwanda.Kigali.

Mugenda Q.M and Mugenda, A.G(1999) Quantitative and Qualitative approaches , Nairobi, Kenya: Acts Press.

Peil, m. (1995), Social Science research method: A hand book for Africa.  ( 2nd Ed) Nairobi, Kenya: East African Education Publishers.

Phiri, S. and D. Webb. (2002). "The Impact of HIV/AIDS on Orphans and Program and Policy Responses." Chapter 15 in AIDS, Public Policy and Child Well-Being, edited by G.A. Cornia. Florence: UNICEF, Eastern and Southern Africa

Reddin, W. J. (1987) How to Make Management Style More Effective, Maidenhead:McGraw Hill.

Robson, C. (2002) Real World Research (2nd Ed),  Oxford Blackwell. Saunders,

M.,Lewis, P. and Thornhill, A. (2003) Research Methods for Business Students (3rd Ed) Prentice Hall (London)

SIAPAC. (2002) A Situation Analysis of Orphan Children in Namibia. Windhoek, Namibia: Ministry of Health and Social Services and UNICEF. Social Welfare and Development Services (SWDS). (2002.) Situation Analysis: Orphans and Vulnerable Children, Institutional and Community Responses to Orphans and Vulnerable Children (draft). Francistown, Botswana:

Smart, R. (2000.) Children Living with HIV/AIDS in South Africa: A Rapid Appraisal. Pretoria: Save the Children (UK).

South Africa Department of Social Development. (2002). National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS. Pretoria.

South Africa Law Commission. (1998.) Review of the Child Care Act, Issue Paper 13, Project 110. Pretoria.

UNAIDS, UNICEF, and USAID. (2002.) Children on the Brink: A Joint Report on Orphan Estimates and Programme Strategies. Washington, D.C.: USAID.

UNICEF. (1990.) World Declaration on the Survival, Protection and Development of Children. http:// www.unicef.org/wsc/declare.htm.

United Nations Children's Fund (UNICEF) (2006). Kenya orphan data by districts

Unpublished document. New York: UNICEF; 2006b.

UNICEF. (1990) World Declaration on the Survival, Protection and Development of Children http://www.unicef.org/wsc/declare.htm

Williamson, J. (2000) Finding a Way Forward. Washington,D.C.: USAID, Displaced Children and Orphans Fund and War Victims Fund.

Wakhweya, A. et al-(2002) Situation Analysis of Orphans in Uganda, Orphans and Their Households: Caring for the Future—Today (draft). Boston: Center for International Health and Development.

**Training Manuals**
IDASA. (2005)  Basics of CBO Management.

# APPENDICES

## Appendix 1
## LETTER OF INTRODUCTION

15th May 2009
**From:**
Gladys k. Gitonga
University of Nairobi
**TO:**
The District Social Development officer,
Imenti North District,

**Dear Sir/Madam**

RE: PERMISSION TO COLLECT DATA FROM COMMUNITY BASED
ORGANIZATIONS.

I am a student at the University of Nairobi, Department of Extral Mural
Studies, Meru Campus.
I am currently a master's student undertaking a research project entitled,
**An assessement of factors that influence the management of quality
care to orphans and vulnerable children.**
**A case of community based organizations in Imenti North District-
Kenya.**
This study is carried out for the award of a Master of Art in project planning
and management of the University of Nairobi.
The attached questionnaire is meant to gather information from the
community based organizations for the study and all responses will be
treated with confidentiality. Therefore, I request your kind office to allow
me to collect the required data from the community based organization in
your district.
Yours faithfully,

Gladys k. Gitonga

# APPENDIX 11

## QUESTIONNAIRE 1

I am a student at the University of Nairobi studying a master of arts in project planning and management. This research is in partial fulfillment for the award of Master of Arts in project planning and management. This is purely an academic research paper and all information will be treated with utmost confidentiality.

**Questionnaire 1**

**Management committee of community based organizations.**

**Part 1: General information**
Please indicate the current option by ticking on the option.

1. Gender.
   - a) Male                                ( )
   - b) Female                             ( )
2. Age.
   - a) 31-40                             ( )
   - b) 41-50                             ( )
   - c) 51-60                             ( )
   - a) 71 and above                ( )
3. Status
   - a) Single                             ( )
   - b) Married                           ( )

  c) Single        ( )

  d) Widowed      ( )

  e) Divorced/separated  ( )

4. Religion

  f) Catholic       ( )

  g) Protestant      ( )

  h) Muslim       ( )

  i) Other        ( )

  Specify

5. Education

  j) Primary       ( )

  k) Secondary      ( )

  l) College/university   ( )

  m) None of the above   ( )

6. Employment

  n) Government/corporation ( )

  o) Self employed    ( )

  p) Housewife      ( )

  q) Retired       ( )

**Part 2: Organization information**

1. What is the name of your group?-------------------------------------------------------

2. How old is your organization since it was founded?

  a. Below 5 years     ( )

    b. Above 5 years                    ( )

    c. Above 10 years                ( )

3. How many members do you have in the group?

    a. Between 10and 20           ( )

    b. Between 21and 30           ( )

    c. Between 31 and 40          ( )

    d. Between 41 and 50          ( )

4. What is your vision and mission?

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5. What are your objectives?

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6. How many orphans and vulnerable children does your group support? State the number.

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7. How did you select the children to support?

    a. Child's request              ( )

    b. Guardian's request         ( )

    c. Church request

    d.  Group Initiative           ( )

    e.  Recommendation

    f.  Chief           ( )

    g.  Social worker          ( )

    h.  Teacher          ( )

8. Have you attended any management training since you became a committee member?

    a.  Yes          ( )

    b.  No          ( )

9. If yes indicate the source.

    a.  Workshop/seminar          ( )

    b.  Group organized          ( )

    c.  Outsider          ( )

10. How many of the members of your group have attended any leadership training?

    a.  1-10          ( )

    b.  11-20          ( )

    c.  All          ( )

    d.  None          ( )

11. What qualities do you consider when selecting your management committee

    a)    Education          ( )

    b)    Status          ( )

    c)    Age          ( )

    d)    Popularity          ( )

12. Does your new elected committee undergo any form of management training as they take over leadership?

    Yes                                      ( )

    No                                        ( )

13. Who organizes this training?

    a) The group                       ( )

    b) Non-Governmental organizations    ( )

    c) Church                          ( )

    d) Other                          ( )

14. How do you select your management committees?

    a.  Election                   ( )

    b.  Appointment by other members   ( )

    c.  Self imposed            ( )

    d.  Others (specify)

15. How long is the management term in office before another election?

    a.  1 year                ( )

    b.  2 years              ( )

    c.  3 years              ( )

    d.  4 years              ( )

    e.  5 years              ( )

    f.  Above 5 years       ( )

16. What is your position in the management committee? State.

...................................................................................................................

17. How often does the management committee meet?

     a.  Twice a month                          (  )

     b.  Once a month                            (  )

     c.  Once in three months                 (  )

     d.  Others specify                         (  )

18. How would you rate leadership in your organization?

a) Very good                            (  )

b) Good                                 (  )

c) Satisfactory                         (  )

d) Below average                     (  )

19. How often does the whole group meet?

     a.  Once a month                            (  )

     b.  Once in three months                 (  )

     c.  Once a year                           (  )

20. What activities does the group undertake?

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21. Who plans for the activities?

     a.  The chairperson                       (  )

     b.  Management committee              (  )

    c.   The group as a whole           (   )

22. Who funds the activities undertaken?

    a.   The group itself            (   )

    b.   Nongovernmental organizations    (   )

    c.   Well wishers              (   )

    d.   The government

23. Do you draw a work plan for activities undertaken by the group?

    a.   Yes                    (   )

    b.   No                     (   )

24. How often do you meet the Orphans?

    a.   Quarterly               (   )

    b.   Annually               (   )

    c.   Irregularly             (   )

25. Does your group have a person who is trained on children matters e.g. child welfare officer, kadhi, social worker etc?

    a.   Yes                    (   )

    b.   No                     (   )

26. Do you have the Orphans and vulnerable children policy document?

    a.   Yes                    (   )

    b.   No                     (   )

27. Do you conduct home/school visits the orphans?

a.  Yes                                    (   )
b.  No                                     (   )


28. List the kind of support given to the orphans.

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29. In your opinion do you think this support is adequate?
    a.  Yes                                (   )
    b.  No                                 (   )


30. Who are involved in your decision making process? List.

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31. Do you think you are offering quality care to these children? Explain.

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32. What are the major challenges you encounter? How do you deal with them?
    a.  Challenges

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b.  How to deal with them

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33. Any other comment.

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## Questionnaire 2

## Guardians.

I am a student at the University of Nairobi studying a master of arts in project planning and management. This research is in partial fulfillment for the award of Master of Arts in project planning and management. This is purely an academic research paper and all information will be treated with utmost confidentiality.

**General Information**

Please indicate the correct option by ticking on it.

1. Gender.
   a) Male                       ( )
   b) Female                ( )

34. Age.
    a. 20-30              ( )
    b. 31-40              ( )
    c. 41-50              ( )
    d. 51-60              ( )
    b) 71 and above     ( )

35. Status
    a. Single            ( )
    b. Married         ( )
    c. Single            ( )
    d. Widowed       ( )
    e. Divorced/separated   ( )

36. Religion

    a.  Catholic                       ( )

    b.  Protestant                ( )

    c.  Muslim                     ( )

    d.  Other                      ( )

    Specify

37. Education

    a.  Primary                   ( )

    b.  Secondary              ( )

    c.  College/university       ( )

    d.  None of the above      ( )

38. Employment

    a.  Government/corporation   ( )

    b.  Self employed        ( )

    c.  Housewife            ( )

    d.  Retired               ( )

## Part 2

1.  How did the child you support join this group?

    a.  Child's request        ( )

    b.  Request by self        ( )

    c.  Church request        ( )

    d.  Recommendation      ( )

2. How many years has this child been supported? State.

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3. What kind of support do you receive? List.

    a. ...............................................................................................

    b. ...............................................................................................

    c. ...............................................................................................

4. In your opinion do you think this is adequate?

    a. Too much                          (  )

    b. Much                              (  )

    c. Adequate                          (  )

    d. Too little                        (  )

5. How often is this support given?

    a. Monthly                           (  )

    b. Quarterly                         (  )

    c. Once a year                       (  )

    d. Irregularly                       (  )

6. Does the organization visit your home where you live with the child? How often?

    a. Once a month                      (  )

    b. Once per year                     (  )

    c. Never                             (  )

7. How else do you supplement the support given?

    ...........................................................................................

    ...........................................................................................

    ...........................................................................................

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8. How would you rate the leadership of this organization?
   a. Very good                                          ( )
   b. Good                                                  ( )
   c. Satisfactory                                      ( )
   d. Below average                                ( )

9. Have you attended any seminar or workshop on how to care for the orphaned child?
   a. Yes                                                ( )
   b. No

10. If yes who organized it?
   a. The organization                            ( )
   b. Another organization                     ( )
   c. Church                                          ( )
   d. Others (specify)                             ( )

11. What challenges do you face as you live with this child? How do you think the organization can help you to overcome these challenges?

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12. How do you think the group can help you to overcome these challenges?

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13. Are there any income generating activities (IGA) initiated for you by the

organization? If yes state which.

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## Questionnaire 3

## Orphans and oulnerable children.

I am a student at the University Nairobi studying a master of arts in project planning and management. This research is in partial fulfillment for the award of Master of Arts in project planning and management. This is purely an academic research paper and all information will be treated with utmost confidentiality.

**General information**

**Part 1**

Please indicate the correct option by ticking on it.

Gender.

|  |  |  |
|---|---|---|
| a. | Male | ( ) |
| b. | Female | ( ) |

2. Age.

|  |  |  |
|---|---|---|
| a. | 0-5 | ( ) |
| b. | 6-10 | ( ) |
| c. | 11-15 | ( ) |
| d. | 16-20 | ( ) |
| e. | 21 and above | ( ) |

3. Religion

|  |  |  |
|---|---|---|
| a. | Catholic | ( ) |
| b. | Protestant | ( ) |
| c. | Muslim | ( ) |

        d.  Other  (Specify)                (  )

4.  Education

        a.  Primary                    (  )

        b.  Secondary              (  )

        c.  College/university      (  )

        d.  None of the above       (  )

5.  Status

        a.  Orphan                    (  )

        b.  Vulnerable             (  )

## Part 2

1.  How many years have you been supported by this organization?

.................................................................................................................

2.  How did you become a beneficiary of this organization?

        a.  My own initiative             (  )

        b.  Through my guardian       (  )

        c.  Through my church        (  )

        d.  Recommendation by teacher/chief e.t.c    (  )

3.  What kind of support do you receive?

.................................................................................................................

.................................................................................................................

.................................................................................................................

4.  How often is this support given to you?

        a.  Monthly

b.   Quarterly

    c.   Annually

    d.   Irregular

5. In your opinion do you think this is adequate?

    a.   Too much

    b.   Much

    c.   Adequate

    d.   Too little

6. What else do you do to supplement the support given to you?

........................................................................................................................................

........................................................................................................................................


7. Does the group that supports you visit your home or your school?

    a.   Yes                                              (   )

    b.   no                                               (   )

If yes, how often?

    a. Once a month                                       (   )

    b. Quarterly                                          (   )

    c. Once a year                                        (   )

    d. None                                               (   )


8. Have you attended any counseling seminar/ workshop organized by this group?

    a.   Yes                                              (   )

    b.   No                                               (   )

9. Are you aware of the rights of children? If yes, do you think this organization follows
   them as they help you?

a. Not aware                            ( )

b. Yes                                     ( )

c. No                                      ( )

10. How would you describe the management committee?

a. Kind and loving                    ( )

b. Selfish and cruel                  ( )

c. Not caring                         ( )

d. Untrustworthy                     ( )

11. Are there recreation or outings or open days organized for you by the group?

a. None                                 ( )

b. Once a term                       ( )

c. Once a year                        ( )

12. Are there times the management committee invites you and other children to give your opinion on what you would like?

13.

a. yes                                    ( )

b. no                                      ( )

14. Do you think the support they are giving you is changing your life?

a. If yes, how?                       ( )

b. If no, why?                        ( )

15. Suggest what you would like the committee to do for the children that they are not doing now.

...............................................................................................................

# APPENDIX 111

**SAMPLING FRAME FOR COMMUNITY BASED ORGANIZATIONS**

1. Arise and save
2. **MCK Mpuri Church**
3. **Yusa**
4. **Nkatha Mwenge**
5. **Bariki plwhas**
6. Mpakone muungano
7. Subuiga Group
8. Mia Moja Gender Forum
9. **Gakuriine**
10. Igoki Mutethia
11. Ontulili Wendo
12. **Karuitha Nutrition**
13. MCK Ntumburi
14. **Kinoru/mwiteria plwas group**
15. Child and Hope
16. Runogone Ambassadors of Hope
17. **Muchui mothers for orphans**
18. Caring Community
19. Tumaini Action group
20. **Nchaure homebased care**
21. Rays of Hope
22. Ngo'nyi care home based
23. **Tender Hearts**
24. MCK Naari Circuit

25. **Peace Makers**

26. Ontulili Muchui

27. Mbuju Community Group

28. **Rwanyange ovc enforcement program**

29. Gakurine Mwangaza

30. **We Care-Deliverance**

31. Naari Kiao group

32. Ngare Ndare OVC

33. kiirua Arm of Christ Volunteers

34. Kithoka muchui

35. **Ntakira orphans**

36. **Urimi women network**

37. Messangers of Hope

38. Little Angels For God

39. **Makutano  Volunteers**

40. **Mugene/kithoka**

41. Ruthiu Children

42. Rwarera Tujitolee

43. Mukungu Kiao Women

44. **Joy group**

45. Tuliachu Mukiao

46. Farm Orphans-

47. Matuuru Mungwanthi Group

48. Tutua mwiumiria group

49. Makena kaithe Group

50. **Tegemeo network**

**Figure 4. Administrative Map of Meru Central District**