

**UNIVERSITY OF NAIROBI**  
**DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK**

**TOPIC**

**EFFECTIVENESS OF LOCAL COMMUNITY BASED ORGANIZATIONS (CBOS) IN PROVIDING  
SUPPORT SERVICES TO ORPHANS AND VULNERABLE CHILDREN (OVC) IN KISUMU EAST  
DISTRICT**

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of Nairobi, in partial fulfillment of the requirement for the award of Master of Arts degree  
in Rural Sociology and Community Development**

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## THE DECLARATION

I, Jemimah A. Owande, declare that this research report is my own work. The report has not been submitted before for any degree or examination in this or any other University.

Signed:  Date: 16/11/2011  
Jemimah Awuor Owande

This project has been carried out under my supervision and submission is hereby made to the University for Examination with my approval as the University Supervisor.

Signed:   
Dr. Gidraph G. Wairire

Date: 16/11/2011

## DEDICATION

To my children Junior, Audrey and Andrew

and

My husband George Mwanda

## ACKNOWLEDGEMENTS

Many people deserve acknowledgement for helping me through my studies. First and foremost, I would like to thank God for all the blessings.

My sincere thanks go to the academic and administrative staff of the Department of Sociology, University of Nairobi for all their help. To all my professors and lecturers, I say thank you. To all my classmates, I thank you for your friendship and the invaluable experience I have gained from you. I would also like to thank Dr. Gidraph G. Wairire for the support and academic guidance throughout my project.

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## **Abstract**

The number of OVCs in Kenya is not known partly because of lack of a common country definition of OVC, especially identifying what constitutes a “vulnerable” child. Different sources have continued to use an estimation of 2.4 million orphans exposed to risks of poverty, stigma, poor health and nutrition, limited educational and vocational opportunities, and inadequate social and emotional support.

The study was set out to establish the effectiveness of CBOs in providing care and support for Orphans and Vulnerable Children within three CBOs in Kisumu East District. This was done through reviewing of implementation of OVC programme strategies by Orongo Widows and Orphans, Manyenya Upendo and Maisha CBO. The selection of the district and CBOs was done purposively and data was gathered through focus group discussions and unstructured interviews. Data analysis was carried out through establishing the emerging themes and comparing responses by respondents in order to check the validity of the data collected.

OVC interventions at community level, whether initiated by individuals or groups, offer various types of support including material and non-material assistance to vulnerable children and their households. This support includes food and nutrition support, educational support, psychosocial support, household visits and home-based care and child fostering. A community response may not necessarily offer a tangible resource or service; the intangible support includes counseling, companionship, acceptance and solace through prayer as well as help to destigmatize community members.

Community initiatives, built on a spirit of volunteerism and a willingness to help others, are of various types and can be at different stages of development within the same community. Unlike Orongo and Manyenya, Maisha seemed to have a weak sense of common community initiatives which was characterized by low levels of togetherness, trust and reciprocity. An examination of factors facilitating or hindering responses by a community looked at both individual and social factors, because some individuals volunteer despite facing problems such as poverty and unemployment. Social factors hindering community responses may include Age, gender, HIV and AIDS-related stigma.

Linkage to education, health and welfare services available locally if strengthened will reduce the work load of the CBO and therefore more children can be reached. The relationship between government and community responses can be reciprocal, with government providing financial and technical support to CBOs and the CBOs implementing programmes and reaching out to the OVCs in return.

The general conclusion from this study was that commendable efforts had been made in OVC interventions and therefore CBOs have a great potential towards the achievement of sustainable development, however more emphasis should be laid on meeting the priority needs of the OVC and their Care givers. The CBOs also need to constantly review their service delivery strategy and approach for effective interventions.

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## *List of acronyms*

AAC	Area Advisory Council
AED	Academy for Educational Development
CBO	Community Based Organization
SSA	Sub Saharan Africa
OVC	Orphans and Vulnerable Children
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
PLWHA	People Living With HIV/AIDS
NGO	Non-Government Organisation
IGA	Income Generation Activities
USAID	United States Agency for International Development
UNAIDS	United Nation Joint Programme on AIDS
UNICEF	United Nation Children Education Fund
UNGASS	United Nation General Assembly Special Session
WFP	World Food Program
RAAAP	Rapid Assessment Analysis and Action Plan
KDHS	Kenya Demographic and Health Survey
OAU	Organization of Africa Unity
UN	United Nation
RHVP	Regional Hunger and Vulnerability Programme
DFID	Department of International Development
WHO	World Health Organization
AI	Appreciative Inquiry
SNT	Social Network Theory
CRC	Convention on the Rights of the Children
ACRWC	African Charter on Right and Welfare of Children
IGAs	Income Generating Activities
AMREF	African Medical and Research Foundation
APHIA II NYANZA	Aids Population and Health Integrated Assistance II in Nyanza
CACC	Constituency AIDS Control Council

## **INTRODUCTION**

### **CHAPTER ONE**

This chapter lays a background for the study on the effectiveness of the local Community Based Organizations (CBOs) in providing support services to Orphans and Vulnerable Children (OVC) in Kisumu East district. The section too contains the statement of the problem, in which case the researcher intends to establish why, despite the numerous resources and various structures utilized by the community in caring for orphaned and vulnerable children, the vulnerability of orphans seem to be worsening as the number of orphans increase.

#### **1.1. Background to the study**

Orphanhood is rising at a startling rate in Sub-Saharan Africa (SSA) mainly due to AIDS (UNICEF, 2003, UNAIDS et al., 2004, Bicego et al., 2003). Every eighth child is an orphan and the orphan crisis is projected to worsen in the coming years (UNICEF, 2003). Several reports document the negative impact of HIV/AIDS on children, more so in Third World countries. A report by UNICEF (2008) indicates that the experience of growing up of millions of children has been altered by HIV/AIDS.

The increase on cases of OVC has been as a result of increase in cases of HIV/AIDS. In 2004 alone for instance, 4.9 million people acquired the virus, and 3.1 million died from HIV/ AIDS. Sub-Saharan Africa remains the most affected region with 25.4 million people living with HIV/AIDS at the end of 2004, 1.9 million of whom were children under the age of 15. Reports by the United States Agency for International Development (USAID), the United Nations Children's Fund (UNICEF), and UNAIDS indicated that at the end of 2003, 15 million children under the age of 18 had lost one or both parents to HIV/AIDS, with the majority (82%) in sub-Saharan Africa. In just two years, from 2001 to 2003, the global number of children orphaned by HIV/AIDS increased from 11.5 million to 15 million (UNAIDS and WHO, 2004).

Due to the major impact of HIV/AIDS on orphans and vulnerable children, several organizations have variously mobilized resources in order to mitigate the effects of HIV/AIDS on the young population. For instance, At the global level, a Declaration of Commitment on HIV/AIDS was adopted at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS (June 2001). The Declaration of Commitment was a call for all countries to pursue a range of actions on HIV/AIDS. Three articles in the Declaration specifically relate to children orphaned and made vulnerable by HIV/AIDS. They have become known to people working in the field as the “UNGASS OVC goals”.

The adoption of the declaration, a strategic framework for the protection, care and support of orphans and children made vulnerable by HIV/AIDS has been developed. The framework outlines areas for action and provides operational guidance to governments and other key stakeholders working to achieve the Declarations goals. Quite a number of models to support and care for OVC have been developed in Kenya including; informal foster, community based, institutional and home-based models (Owiti, 2004). However, even with such models, there has been a rapid decrease in the living standards of the orphans mainly the child headed households which raises concern on the effectiveness of the support and care to OVC by CBOs.

Kenya has seen a rapid increase in numbers of CBOs dealing with OVCs. The numbers of CBOs in Kenya have grown from 18,000 in 1995, 35,000 in 2002 to more than 50,000 in 2005, since the early 1960s when the Kenyan government called upon communities to start community based self-help development initiatives. (CBO Kenya Consortium, 2005). This phenomenal growth shows that CBOs are filling a void left by the government and other development partners. The CBOs have emerged as a response to the scarcity of social, cultural and economic resources and/or services to communities who cannot obtain or satisfy them on their own and the inability of government to reach all areas.

Community Based Organizations (CBOs) have in the recent times gained popularity in development circles due to their role in enhancing and implementing locally based development initiatives. This is amid diverse and continuous debate regarding their role and rapid spread both in developed and developing countries. Yet the participation of communities and civil societies group in development is crucial in reaching the poor grassroots communities in the world, Africa and Kenya as a whole.

The history of community based organizations in Kenya is traced back after independence, in early 1960s when the Kenyan government called upon local communities to start self help projects e.g. construction of schools, health facilities, among others.

The popular slogan “Harambee” was used to motivate people to pool resources together for a common good. Community involvement through development is essential in building various infrastructure and cohesion in communities to further enhance governmental initiatives especially within individual communities (CBO Kenya Consortium, 2005). Therefore, the key purpose of any government initiative is to create effective community based mechanisms and structures that can make use of resources and skills available within communities.

Developing world however continues to face dramatic shortage in resources, trained personnel, retention mechanisms and systems necessary to address the overwhelming needs within their communities. These have rendered ineffective most of these community based organizations reducing their capacities to facilitate community based development processes.

## **1.2. Problem Statement**

The number of OVCs in Kenya is not known partly because of lack of a common country definition of OVC, especially identifying what constitutes a “vulnerable” child. Different sources have continued to use an estimation of 2.4 million orphans exposed to risks of

poverty, stigma, poor health and nutrition, limited educational and vocational opportunities, and inadequate social and emotional support.

The OVC crisis is fueled by interrelated social, cultural, political and economic forces which have in recent times over stretched the coping capacities of families, communities and governments. The care of OVC is not solely the responsibility of the immediate relatives but also the community, society and the government. The community members have an obligation to render the necessary support needed in order to help the children live a better life, failure to do so exposes the community to the negative consequences as well as spill-over effects that impact not only on the children but the society at large.

In the past, the response to the orphans' crisis was driven by communities which provide a safety net for care and support of OVC, caregivers and their families through the networks. However, recent events challenge these patterns, which led to incapacity of traditional family patterns due to the force of contemporary realities. Generally as a global phenomenon, Weisner and Braley (2007) observe that African family groups are carrying out fewer traditional functions, and becoming smaller and more unstable. They further contend that the African family is in crisis and has changed dramatically not necessarily for the better.

Despite the government's effort at various levels to mitigate the OVC crisis in the country, legislation inclusive, the problems persist partly because government responses of inadequate capacity to reach the overwhelming numbers of OVC in different parts of the country but also because there are no proper systems and structure to support the policies and legislations at the grass root level. This therefore leads to absence of social safety nets to the OVCs.

In the face of this deepening crisis, government leadership, coordination and facilitation have also been fragmented and weak. Organized programmes on HIV/AIDS have reached only a small fraction of the most vulnerable children, while the demand and need for guidance and capacity-building to expand the response is mounting. So far, orphans

and vulnerable children have failed to receive the attention they deserve in poverty reduction strategies and other national development instruments.

The emergence of community-based care initiatives has become a key reaction to the needs of the OVC. To mitigate the increasing concern of orphan-hood, international agencies have recognized the role of local CBOs in establishing OVC care and support interventions. Despite some negative perceptions of their role and impact, CBOs are among the most viable institutions at the local levels and have developed experience in addressing the multidimensional impact of HIV/AIDS and its particular impact on children.

Thousands of community-based programmes have been implemented by community based organizations to protect the rights and ensure the well-being of orphans, but opportunities for significant expansion have not yet been grasped. There is also concern that many of these responses do not reach the entire population of the OVC and are reactive in nature. These programs regard children as 'helpless victims', providing only immediate and limited support, such as handouts of food and clothing. Such responses might further reinforce dependencies and have severe negative consequences in the future. It is crucial that such responses take a long-term perspective and regard children and their families as active participants in fighting HIV/AIDS and improving their own lives.

Without adequate collective action, the burden of orphans and vulnerable children is likely to diminish development prospects, reduce school enrolment and increase social inequity and instability. It will also push rising numbers of children onto the streets or into institutions.

While community based organizations appear to be best placed to deliver care and support services to children, many lack the systems and structures to ensure coordination and quality services delivery. With increased resources being channeled through the

CBOs, there is an emerging need to evaluate their effectiveness in providing care and support to OVCs.

### **1.3. Research Questions**

Emanating from the problem statement, the study was guided by the following questions:

- 1) Do CBOs have the capacity to support OVCs?
- 2) What targeting strategies are used by community based organizations in identifying and selecting OVC project beneficiaries?
- 3) To what extent do OVC access care and support services provided by the local CBOs
- 4) What challenges hinder responses by the OVCs to the services delivered by the CBOs

### **1.4. Objectives of the study**

The broad aim of the study was to investigate the effectiveness of local community based organizations in providing care and support services to OVCs. Specific objectives of the study were;

- 1) To assess the capacity of CBOs in caring and supporting OVCs
- 2) To describe the major targeting strategies used by local CBOs in identifying and selecting OVC project beneficiaries.
- 3) To examine the extent to which the OVC access the services provided by the CBOs
- 4) To identify barriers in the provision and accessing of OVC support services.

### **1.5. Scope of the Study**

Generally, the research aimed at investigating the effectiveness of CBOs in providing care and support to OVC. The study examined a specific case, history, activities, delivery process, experience and functions of three CBOs in Kisumu East district in delivering OVC care and support efforts.

## **1.6. Justification of the study**

The importance of considering the situation of OVC is demonstrated by both the projections of numbers of orphans and the inadequate caring mechanisms and structures that are currently in place to support (Skinner et al 2004). Despite the magnitude and negative consequences of growth in orphans and vulnerable children (OVC) in Kenya and in sub-Saharan Africa, insufficient documentation exists to describe the effectiveness of various strategies for improving the well-being of these children. Approaches span across a continuum, with statutory substitute care at the one end and non-statutory substitute care at the other.

Though previous studies have examined the existing community based organizations in some rural areas in Kenya, there are no studies focusing on CBOs in Kisumu East district on the strategies used by local community based organizations (CBOs), in providing support services to orphans and vulnerable children. Several studies done on community based organizations in Kenya and elsewhere have focused on different aspects of CBOs.

For instance, Chuma, et al (2007) has done a study on the role of community-based organizations in household ability to pay for health care in Kilifi District, Kenya. The main focus of this particular study was the potential of working through the community based organizations to reach and protect the poor. The study highlighted the challenges around several interventions: community-based health insurance schemes; micro-finance initiatives; and the removal of primary care user fees. With these and other studies on CBOs it is apparent that a lot has yet to be established about community based organizations. Despite the fact that several CBOs that have addressed the needs of OVCs have been in existence amongst Kenyan communities the needs of orphaned and vulnerable children seems not to have fully been addressed.

### **1.7. Simple definition of key terms and concepts**

The following terms are diversely defined in the literature, but for the purpose of this study, the following definitions will be used.

**Orphan:** An orphan is a child under the age of 18 years, who has lost a father, a mother, or both, whether or not the death was caused by AIDS. The age variable may be extended to 21 years if the child is still attending school on a full-time basis (UNICEF 1998: 2).

**Double orphans:** These are children under the age of 18 years, who have lost both parents (UNICEF 1998: 2).

**Single Orphans:** This is a child under the age of 18 years who has only one remaining parent (a father or a mother) (UNICEF 1998: 2).

**Vulnerable children:** All children who are at risk of neglect, abuse, extreme hunger or homelessness. This may apply to children who are already or who might soon become orphaned. It also includes children heading households because both parents have died from AIDS or other causes (UNICEF 1998: 2).

**Orphans and Vulnerable Children (OVC):** While the term orphans and vulnerable children refer equally to orphans and other vulnerable children, the literature cited focuses largely on orphans. However, the reasoning that guided the researcher in this regard is that orphans, too, are vulnerable children.

**Family:** This is a social institution in society defined as a group of individuals related to one another by blood, marriage or adoption, thus forming an economic unit in which the adult members are responsible for raising the children. In modern society, the two main family groups are a nuclear family and the extended family. The nuclear family is comprised of a wife, husband or one of these and dependent children, while the extended family entails two or more generations of relatives living either within the same household or very close to one another (Giddens 1996: 391).

**Targeting:** The identification and selection of certain groups or households or even individuals, and the distribution of the benefits to them (Sharp 1997:9).

**Support:** This pertains to the environmental conditions required for health promotion following an intervention, so that individuals, groups or communities can continue to exercise their own control over the determinants of their wellbeing (Glanz et al 1998: 159). 'Support' can also be described as a means of enabling people to cope physically, emotionally and spiritually with a situation and become independent, by providing them with material, financial and psycho-social support.

**Care:** Hornby (1998: 168) has defined 'care' as "the process of looking after somebody, providing what someone needs for their health or protection". 'Care' can also include the provision of social, physiological and psychological needs.

**Caregivers:** These are families or individuals who are taking care of OVC. This declares them eligible to receive support on behalf of OVC in order to provide for their basic needs. A caregiver can be a guardian or a parent.

**Urban area:** It is an area with an increased density of human-created structures in comparison to the areas surrounding it. Such an area is referred to as a city or town. Living conditions are better in urban areas due to the variety of resources and services such as governmental services, including home affairs, justice, hospitals, police, schools, fire stations and libraries (Mweti et al 2005: 7).

**Rural areas:** It is an area with sparsely populated places, away from the influence of large cities and towns. Living conditions in rural areas are different and difficult when compared to the urban areas, mainly because of limited available services and resources (Mweti et al 2005: 8). All areas not included in the urban definition are referred to as rural.

# LITERATURE REVIEW

## CHAPTER TWO

### Introduction

The purpose of this section is to integrate the subject under investigation into a broader framework of existing and relevant research literature. It comprises two main sections. The first section presents the review of literature, discussing effectiveness of Community Based Organizations in providing support to OVC.

In the second section, the focus moves to theoretical discussions explaining the situation of orphaned and vulnerable children in society. The section looks at the two theories of development; Maslow's hierarchy of needs and Social Network theory.

### 2.1 OVC situation in Kenya

The number of OVC in Kenya is not known, however different sources have continued to use an estimation of 2.4 million orphans in need of care and support. According to the 2003 KDHS, approximately 19 percent of children under the age of 15 years in Nyanza Province have lost one or both parents, the highest level in Kenya. Other studies conducted in the province show that up to 40 percent of children are orphaned and the proportion is growing. A recent report by UNICEF indicated that Nyanza Province is home to approximately 500,000 orphans, which is about one third of all orphans in Kenya.

The government of Kenya has taken steps to ensure the OVCs' services are provided in a coordinated manner. Through the Department of Children's Services an OVC Secretariat was established to enhance coordination of OVC initiatives in the country. A multi-sectoral National Steering Committee on OVC was established in 2004 to provide policy guidance. Through the National Plan of Action for OVC the government identified the following Priority Strategic Areas as key for OVC interventions:

- Strengthen the capacity of families to protect and care for OVC

- Mobilize and support community based responses
- Ensure access for OVC to essential services including but not limited to education, health care, birth registration, psychosocial support and legal protection.
- Ensure improved policy and legislation are put in place to protect the most vulnerable children
- Create a supportive environment for children and families affected by HIV/AIDS.
- Strengthen and support national coordination and institutional structures
- Strengthen national capacity to monitor and evaluate programme effectiveness and quality.

Despite the above efforts by the governments, the situation seems to be worsening. The failure by the government to address the problem could be attributed to many factors including alien social policies modeled after developed countries. In addition, the top down approach to the issue discourages the public from participating in the implementation of these strategies. The government's efforts alone cannot solve the problem without some positive collective responses from the general public. This can be geared through the activities of CBOs that are part of the communities in which the children live.

## **2.2 OVC services**

It has been difficult to achieve consensus among partners regarding a minimum package of services for OVC even within organizations the standards have changed over time. Some argue that a comprehensive programme to support children should include all essential elements including food, health care, education, clothes, shoes, bedding, psychosocial support, economic self-sufficiency, etc. Others hold that some of these elements are not essential or far exceed the situation of most children. Varying availability of funding, level of need and socio-economic situations also make a global standard difficult to agree on. The inclusion of psychological and economic support is two areas in which minimum packages can differ. Recent OVC services costing at UNAIDS and UNICEF has included cash transfers as a part of its "core" package.

Three major International Organizations however, agree on certain critical service areas for OVC. In the report *Children on the Brink* (UNAIDS/UNICEF/USAID 2004) they identify a these areas to include;

**Basic needs:** OVCs are likely to experience threats to food, housing, education and health care (UNAIDS/UNICEF/USAID 2004). They are less likely to be immunized and more likely to be malnourished, sick, and neglected if they are young (UNICEF 2001). These basic needs are critical for survival and therefore represent an especially vulnerable risk for children.

**Psycho-social:** Children without parental care have experienced loss in some manner, either through the death of one or both parents. One study of orphans in Zambia highlights these children's profound grief and distress, months and years after the death of their parents (Family Health International 2003).

**Protection:** OVC and mainly children without parental care are made vulnerable to the extent they do not have a caring adult to protect them from dangerous situations or from others who would exploit them. UNICEF (2001) notes conditions in poorer countries are such that the need has "outstripped society's capacity to offering any form of alternative care, leaving growing numbers of children to fend for themselves" (pp. 72-73). For example, researchers have found that approximately 1/3 of prostitutes in Zambia are orphans (UNICEF 2005) and in several African countries, orphans are more vulnerable to homelessness and exploitive labor practices (UNAIDS/UNICEF/USAID 2004).

### **2.3 Local Community Based Organizations**

Community based organizations are set up by collective efforts of local people living or working within the same environment. Their coming together creates conditions which broaden the base of self governance and diffusion of power through a wider circle of the population (Adeyemo, 2002; Adejumobi, 1991). It is seen as voluntary, non-profit, non-governmental and highly localized or neighborhood institutions whose membership is

placed on equal level and whose main goal is the improvement of the social and economic well being of every member (Abegunde, 2004).

CBOs are localized institutions in that their spheres of influence hardly extend beyond their immediate communities. They are non-profit and non-governmental because all members contribute economically towards the fulfillment of their responsibilities to the immediate environment and not depend on government before fulfilling these (Claudia, 2003). Benefits accrued from members' contributions to the associations are shared accordingly with fairness. They are concerned with the development programme in their various areas (Esman and Upholt, 1984; Bralton, 1990). They respond to community felt needs rather than market demand or pressure.

Through community development, efforts of the people are united with those of government authorities to improve the economic, social and cultural conditions of communities, so as to integrate them into the life of the nations and to enable their people to contribute fully to national progress (United Nations, 1963).

### **2.3.1 Community Based response to OVC care and support**

Community based care refers to care arrangements carried out with different degrees of participation and community ownership (Ansell and Young 2004; Sanou et al. 2009). Like care by extended families, it draws on the strengths of communities in mobilizing resources and takes on the responsibility of administering them (Kalanidhi 2004; White 2002). The approach is also driven by the principle that care should be endogenous, needs oriented and participatory (Friedmann 1996; 36).

An increasing number of studies around the impact of HIV/AIDS in African countries demonstrate that the major share of assistance to families affected by HIV/AIDS e.g. cash and material support is given by the extended family and the immediate community (Foster, 2005b; Mutangadura et al, 1999; Urassa, et al., 1997).

A World Bank study of households in Kagera, Tanzania, reports that up to 90% of assistance to families is provided through family and community groups, while only 10% comes through the government or NGOs (in Mutangadura et al., 1999). Another study in rural Zimbabwe emphasized that only 2% of needy households received the government support that they were entitled to (Drew et al., 1996 in Foster, 2005b).

Although numerous studies confirm the success of community based care (Skovdal et al. 2009), they tend not to benefit many OVCs. Majority of OVCs migrate in response to maltreatment in their host families or to seek better opportunities elsewhere (Ansell and Young 2004; Ansell and van Blerk 2004). By treating communities as stable and homogeneous, community based care fails to reflect the fact that many OVCs and mainly the orphans are visitors in the places in which they reside (Ansell and Young 2004). In addition, since they lack funds, community based care tends to be donor driven, rarely taking into account the perspectives of beneficiary children and families (Bourdillion 2004), who, from programming points of view, may have quite different expectations.

### **2.3.2 Characteristics of community responses to OVC care and support**

For Foster (2002:11), community initiated responses to the needs of vulnerable children can be described by a number of principles, which are often in stark contrast to externally introduced projects. Foster (2002) identifies five principles that cut-across the community responses, in a context of HIV/AIDS, he has studied:

**Voluntarism:** Foster (2002:12) emphasizes that voluntarism “is the cornerstone for community support initiatives.” Because of the limited resources that are available to communities, most people are volunteers. Volunteers are driven by a variety of reasons, ranging from empathy towards those less fortunate than themselves, through to a sense of community and a realization that one’s own survival is dependent on the goodwill of others. Community ties tend to be a strong predictor of volunteering.

**Consensus based decision making:** community initiated responses often take years to become established, as the norms and politics of the community are negotiated. Foster argues that they are likely to be sustainable because of their slow emergence from within a community. This is in contrast to externally introduced projects, with their short term frames and targets that need to be achieved.

**Self reliance:** resources are mobilized from within the community, rather than being provided from outside organisations. Individuals provide labor, time and financial inputs. This is as much a product of the limited support governments and NGOs are providing to the majority of the population, as it is a decision by community initiated responses to be self reliant.

**Local leadership:** while community initiated responses might occur without direct support of local leadership, where local leaders do give their support, both verbal and material, this can profoundly strengthen and shape the nature and extent of community responses. Furthermore, local leadership can mobilize broader support for a response within a community, rather than being limited to one group of people.

### 2.3.3 Types of community responses

There are a number of responses that are initiated in seeking to alleviate the plight of OVC in communities. Below is an outline of some of the approaches used;

**Food support:** In Zimbabwe and Swaziland, similar practices have been documented of a chief providing land for the community to farm and the food generated being used to feed orphaned and vulnerable children (UNAIDS, 2006; Foster, 2005b). This draws on 'traditional' notions that have been reshaped and re-appropriated to meet modern social issues. As UNAIDS reports, "traditionally, any stranger to the community or person in need would go to the chief to be fed and accommodated, but in modern times this tradition had largely died away. The growing numbers of orphans and destitute children, combined with the desire to keep these children in the community, has led to the revival of the traditional practices (UNIADS, 2006:24).

**Financial support:** The provision of financial support is also noted in many community responses. Christian Aid (undated) has documented instances of this and more specifically the introduction of loans, either to child headed households or to families with vulnerable children. One example highlighted by Christian Aid (undated) is from Rwanda, which has a high proportion of orphaned children, because of the genocide and the impact of the HIV and AIDS pandemic. Giving Hope, a small community based organisation, has helped form support groups for child headed households. Out of these has emerged a savings scheme, whereby each household puts a small amount of cash into a central pool. Households can apply for emergency loans, such as to pay for school fees. This allows the households to have some form of insurance and a safety net in times of need.

### 2.3.4 Challenges faced by CBOs in providing care and support

Community initiated responses are there to meet the needs of vulnerable children; these organizations also face a number of challenges. A range of these will be highlighted, particularly the financial challenges, the fact that they predominantly draw on unpaid female labour and the broader context in which they are located (Mutangadura et al., 1999; Lundberg, Over, & Mujinja, 2000; Foster, 2005b).

While the critiques of local CBOs are valid, it is not always sufficiently recognized that the most effective way to increase capacity is through practice. Donors need to plan programming that leverages local organizations' strengths, while allowing them to gain experience. In planning for this type of assistance, it is helpful to recognize the limitations and weaknesses that CBOs often struggle with. Some of the more commonly identified limitations include:

**Financial:** While community initiated responses provide a huge level of care and support across a range of different issues, there is an emerging recognition that they cannot provide for all the needs of the children they support. This is because, being community initiated responses, and they are not linked, in general, into any sources of formal

financial support. For example, they draw on their own financial resources and cannot therefore generate the necessary levels required to buy drugs and other treatments necessary to provide comprehensive care to children affected by HIV and AIDS (Mutangadura et al., 1999).

Broad structural issues have been identified as one of the main reasons that community initiatives struggle to systematically receive the funding from national and international sources that they require to provide comprehensive care. Foster (2005a) identified these as 'bottlenecks' within the funding system.

**Volunteerism:** A central challenge faced by many of these community responses to the needs of children is that they are voluntary. Volunteering with little reward in situations of poverty and hardship is demanding (UNAIDS, 2000). Not only is it true that voluntary work is psychologically and physically draining they are stressful and may cause burnout to the volunteer who in most cases are women.

**Technical issues:** Although many community organisations may be responsive to local needs and understand the context better than external organisations, some of internal technical procedures may be factors hindering their work often because of low levels of literacy. Linked to internal technical issues is the low level of training that many of the people in community organizations have had. Not only does inadequate training frustrate volunteers, (UNAIDS, 2000), it can also make it difficult to monitor and understand the care activities. As these responses are often very localized and below the radar (Foster, 2005b), lack of adequate and appropriate training can hamper the support and care provided to children.

**Competing priorities:** International NGOs have greater access to resources than most national and local organizations and this access can give them the luxury of becoming strategically focused and donor specific. Local and national NGOs on the other hand must often hop from project to project, frequently with different objectives and approaches, to keep the revenue flowing. This can limit their ability to focus and

concentrate on becoming institutions of excellence in a particular service delivery area. The potential is for an organization to spread itself too thin by attempting to work in too many different areas which it often does not have technical experience or expertise.

#### **2.4 CBO targeting strategies for care and support**

In reflecting on the various definitions of targeting, Sharp (1997:9) identified the common theme of 'who gets what', that is, the means of identifying which members of the community should receive a particular benefit or service. While the definitions of targeting appear relatively simple, the practice of targeting is multifaceted and requires many challenging decisions and choices to be made (Sharp, 1997:9). Targeting can be based on different units, such as households or individual children and the target beneficiary is not necessarily the same as the recipient e.g. a cash transfer targeted at orphans would not be given directly to the child but to the head of the child's household.

The concept of targeting as a process has led to the label targeting system, which refers to the range of methods used to define, identify and reach intended recipients of aid. In practical terms a targeting system can be summarized as follows:

**Defining the target group:** Target groups are defined by characteristics relating to their needs. Targeting begins with an assessment of who needs assistance and in what form. Through a needs assessment, an organisation can determine the magnitude of needs, for what, where and for whom.

**Identifying members of the target group:** The selection of who in a given group is eligible for assistance is determined by setting a criteria or indicators, developing institutional procedures and/or self-targeting mechanisms. Identifying target group is often described as lower level targeting or screening.

**Ensuring assistance reaches beneficiaries and meets needs:** Reaching intended beneficiaries at the right time and place and in the right kind and quantity to meet the objectives of the programme. This has two aspects: attracting intended beneficiaries while excluding others, and monitoring changes in the target beneficiary population to

ensure that the assistance continues to reach those for whom it is intended and meet their needs.

**Targeting errors:** All targeting approaches, to a greater or lesser extent, are inefficient resulting in errors of exclusion and inclusion (RHVP 2007:1). When a targeting system fails to reach some of the intended target group, errors of exclusion arise, that is, exclusion or nonparticipation of intended beneficiaries. If a project's concern is on reaching all OVC, then emphasis should be placed on eliminating exclusion errors, with the knowledge that some non-needy children may be included. When a targeting system includes some children who are not part of the intended OVC target group, errors of inclusion occur, that is, inclusion of non-target beneficiaries. If project resources are extremely limited more emphasis should be given to eliminating inclusion errors (Subbarao 2001:20).

## **2.5 Barriers to the delivery and access to OVC services**

Article 65 of the Declaration of Commitment of the UN Special Session on HIV/AIDS calls for increased access to essential services and parity for orphans and vulnerable children. Governments have an obligation to provide services to all children and communities. At the local level, non-governmental organizations, faith-based organizations, the private sector and other indigenous community groups often play a critical role in extending the reach of these services. However, there are several gaps in accessing services by OVCs. Some of these barriers include.

### **2.5.1 Economic barriers: costs and affordability**

Costs are generally perceived to be the greatest barrier to the provision and access to services. OVC or their care givers may simply not be able to afford the services. Even when ostensibly free at the point of use (like many health and education services), there is a hidden cost, for example, of transport to the service, time lost from work, etc.

### **2.5.2 Geographical barriers**

Geographical distance is readily recognized as a barrier, but its effects are neither consistent from one society to another nor uniform within the society. The concepts of distance and mobility become crucial. Consider, for example, two households living nearby in a suburban area, one with access to a private car or vehicle, the other having no car. The household with a car has much greater mobility, the ability to attend a variety of services within easy driving distance, whenever wished. The car-less, or bicycle-less, household members are effectively less mobile and dependent on public transport routes (buses, taxis), costs and timetables to govern when they can use services and where, and they may depend on those within walking distance.

The other geographical barriers include those related to terrain (mountains, rivers and lakes). In these circumstances, barriers to access can be worsened. In addition to the macro-features of the geographical environment, the local micro-scale features of the built and natural environments can also produce barriers to services. These include design features of buildings and homes (for example, steps, stairs and lack of elevators in high-rise buildings) and barriers to effective access to public transport (Foster, 2005).

### **2.5.3 Administrative barriers**

The use of social services often requires a certain amount of administrative formality. For instance, users may need some form of identification, insurance numbers, identity cards, or registration with a specific facility. This inevitably entails paperwork and can disadvantage some groups of people, especially illiterate persons, some very old people or those with mental or psychological problems who do not live with caring relatives. Lack of education or illiteracy, as well as a lack of access to technology, can be cross-cutting issues that act on their own, or compound other barriers to services. Administrative impediments have long been recognized as one set of barriers to access to services (Foster, 2005).

In many cases, such bureaucratic or administrative practices, wherever formal or informal in the service in question, act as a filtering and rationing system, to restrict access to and by “qualified” people. Their use is understandable and sometimes justified and necessary, but if taken to the extreme, they may merely become bureaucratic hurdles and impediments to the civil rights of many people who are legally entitled to a certain social service.

#### **2.5.4 Social and other barriers**

There are numerous social barriers to access and utilization of social services, which means that some potential clients do not “fit” into the service in question. These can be considered at the individual or family level and also at the societal level. At the individual or household level, age, gender, income, education and health status all come into play in influencing who will use certain services and how often. Evidence is not clear even with respect to the same types of service. For example, gender has been found in different country settings to increase or decrease the use of health services.

Guers and van Eck (2001) summarize the individual components of accessibility in which the characteristics of individuals play an important role in the level of access (and by implication the barriers to access) to social and economic opportunities. Three groupings of determinants are often identified in psychosocial studies: (a) needs; (b) abilities; and (c) opportunities.

#### **2.6 Approaches to strengthening community based responses**

To protect the well-being of OVC, CBOs require sufficient resources and internal capacity for OVC identification, needs identification, strategic planning, implementation, monitoring and evaluation. With scarce resources stretched well beyond their limits in an already difficult macroeconomic environment, direct service delivery and support to families becomes increasingly difficult.

Strengthening community-based responses has been identified as one of the key strategies for assisting OVC (Richter et al, 2004). This however requires a shift in approach from traditional development work of providing direct support to facilitating community owned responses. Engaging local leadership, providing financial and other material support, capacity building, exploring mechanisms for linking community responses with other community initiatives, and government and NGO programmes.

### **2.6.1 Involving leaders in the community**

Engagement of community leaders in a community initiative is important when seeking to strengthen and scale-up that initiative. Leaders can mobilize additional resources and provide much needed public appreciation for the work that volunteers are doing. Phiri et al. (2001) make the point that it is particularly useful to engage religious leaders if possible in community responses. As they point out, not only do they have a captive audience to mobilize, they also are often held in high respect in the wider community and so may hold authority to make change happen more easily.

Failure to involve local community leaders can lead to community-initiated responses being stopped. It is therefore a crucial component of attempts to scale-up and support existing responses that leaders are brought on board, and that they give tacit support to such responses, even if they do not become involved further.

### **2.6.2 Providing financial support**

Lack of funding for scaling-up or scaling-out community responses is often highlighted as a key constraint (Foster, 2005a). However, effective forms of funding are necessary to ensure that support for community responses is sustainable. There has been a shift from focusing on larger inputs of money to what has been termed 'drip-feeding'. The metaphor of 'drip-feeding' is based on the assumption that CBOs require long-term funding that is "continuous, steady, small amounts of resources to ensure that communities can sustain their responses and improve the quality of life for children." (Foster, 2005a:2). By

focusing on small and long-term funding, it is hoped that the problems of swamping organisations with too much money which they struggle to absorb, may be overcome.

### **2.6.3 Capacity building and skills training**

Effective strengthening by external organisations is often in the form of capacity building and skills training for small community organisations (Phiri et al., 2001). These include the 'coaching' of key members of the CBOs and building a close relationship between the funding organization and the CBO. In so doing, it has been reported that organisations have increased their ability to manage projects, evaluate their programmes and work more effectively (Save the Children, 2007).

### **2.6.4 Motivating volunteers**

A major challenge to success is the over reliance on volunteers to sustain community-initiated responses (AIDS Alliance, 2000). One possible solution is creating structured incentives to keep volunteers motivated and alleviate a number of problems that they face by undertaking this additional work.

Organizations have reduced the loss of income by using the community organisation as a basis for income generation. World Vision, in supporting a home-based care project in Uganda, developed income-generating projects alongside its other work, as a method of increasing volunteer carers' incomes (UNAIDS, 2000).

It has been suggested that paying volunteers can be one of the best ways of motivating them and this has the additional benefit of allowing more effective management of workers, though this approach may not be the most cost effective route for delivering services (Finger, 1999). In parts of Nyanza province, Academy for Educational Development (AED) recognizes the efforts of the Community Health Workers within its programme by paying monthly stipend to those who provide support for other carers and families. In so doing, it has managed to alleviate stress that volunteers are placed under (APHIA II Nyanza, 2009).

### **2.6.5 Linkages to other community responses**

A relatively simple method of strengthening community responses that a number of studies identify is facilitating networking amongst community organisations, with the hope that this will lead to collaboration. AIDS Alliance (2000) suggests that the main benefits of collaboration between community organisations is that this will increase the impact of any actions that organisations may want to take. Furthermore, it will also allow the development of a continuum of care, with different local responses referring people from one to another.

### **2.6.6 Creating links to government**

Another important aspect of strengthening community-initiated responses is linking them into and developing reciprocal relations with government systems (Phiri et al., 1999). There are a number of positive outcomes of linking communities more closely to government. At one level, it is hoped that this will allow government to provide additional resources to the community to support the response – a key constraint as noted above. It is also assumed that closer government engagement will increase the quality and responsiveness of service delivery to communities (Goetz & Gaventa, 2001). This can be a particularly productive route to improving local community responses.

## **2.7 Theoretical framework**

In this part, the researcher presents a discussion on the theories that explain the situation of orphaned and vulnerable children in society. In order to assess the extent to which the various approaches to OVCs care meet the needs and rights of OVCs, there was need to first understand children needs and rights and the perception of children towards the care and support they receive from the initiatives, Maslow's Hierarchy of Needs (1981) and Social network theory were used as a framework towards understanding children's fundamental needs and perceptions, which in this study are seen as basis for understanding children's rights.

### **2.7.1 Hierarchy of Needs Theory**

Abraham Maslow's hierarchy of needs is based on two groupings: deficiency needs and growth needs. Within the deficiency needs, there are: (1) Physical: hunger, thirst, bodily comforts; 2) Safety / Security: out of danger; 3) Belongingness and Love: need to affiliate with others, be accepted; and 4) Esteem: to achieve, be competent, gain approval and recognition. Each lower need must be met before moving to the next higher level (satisfaction progression principle). The growth needs and self-actualization needs on the other hand are: 5) Cognitive: to know, to understand, and explore; 6) Aesthetic: symmetry, order, and beauty; 7) Self-actualization: to find self-fulfillment and realize one's potential; 8) Self-transcendence: to connect to something beyond the ego or help others find self-fulfillment and realize their needs are already met.

The study mainly focused on the deficiency need since the area of study was on children who are 18 years and below. Areas of vulnerability of the OVCs in the study mainly revolved around lack of basic needs such as food, shelter, clothing; insecurity brought about by the risky environment the children are living in as well as loss of family heads/parents hence leaving the children with no one to protect them; lack of emotional support due to death of their loved ones; as well as low self esteem as result of all the above deprivations. Some of the need seeking behaviors of the children observed included clothing style and standard, general physical appearance of the children, school going aged children loitering around the villages on school days etc. The study further examined the order of meeting the needs based on the levels at which the OVCs were and what seemed to be of priority and whether or not the community initiatives are able to meet those needs.

## 2.7.2 Social Network Theory

Castells, a major figure in urban sociology is a proponent of the Social Network Theory (2001). The power of social network theory (SNT) stems from its difference from traditional sociological studies, which assume that it is the attributes of individual actors - whether they are friendly or unfriendly, smart or dumb, etc. that matter. Social network theory produces an alternate view, where the attributes of individuals are less important than their relationships and ties with other actors within the network.

According to Castells (2001), a social network is a social structure made of individuals or organizations called nodes, which are tied (connected) by one or more specific types of interdependence, such as common interest (as in CBOs), friendship, kinship, financial exchange, dislike, or relationships of beliefs, knowledge or even prestige. He further postulates that social meaning arises primarily from challenges posed by certain kinds of social structures, notably those that generate social conflict, social inequality and the destruction of social solidarity. And if there is one unitary kind of social structure then there is a unitary basis for resolving the challenges and problems associated with it.

Applying this theory to the research therefore, we consider the various factors that drift the OVC into their conditions as the challenges that are posed by the social structure especially the erosion in family values of social cohesion and failure of the extended family to provide protection to children. It is the same set of identified problems (being historical, economic, political, or social) that destroy the family values, and instigate social inequality making the OVC at a greater disadvantage. But all hope is not lost because it is the associational tie that binds members of the community together and serves as a unitary basis for resolving the crises through home-care. This also indicates that the home-care is an alternate to the official orphanages.

There can be many kinds of ties between the nodes described above. Research in a number of academic fields has shown that social networks operate on many levels, from families up to the level of nations, and play a critical role in determining the way problems are solved, organizations are run, and the degree to which individuals succeed

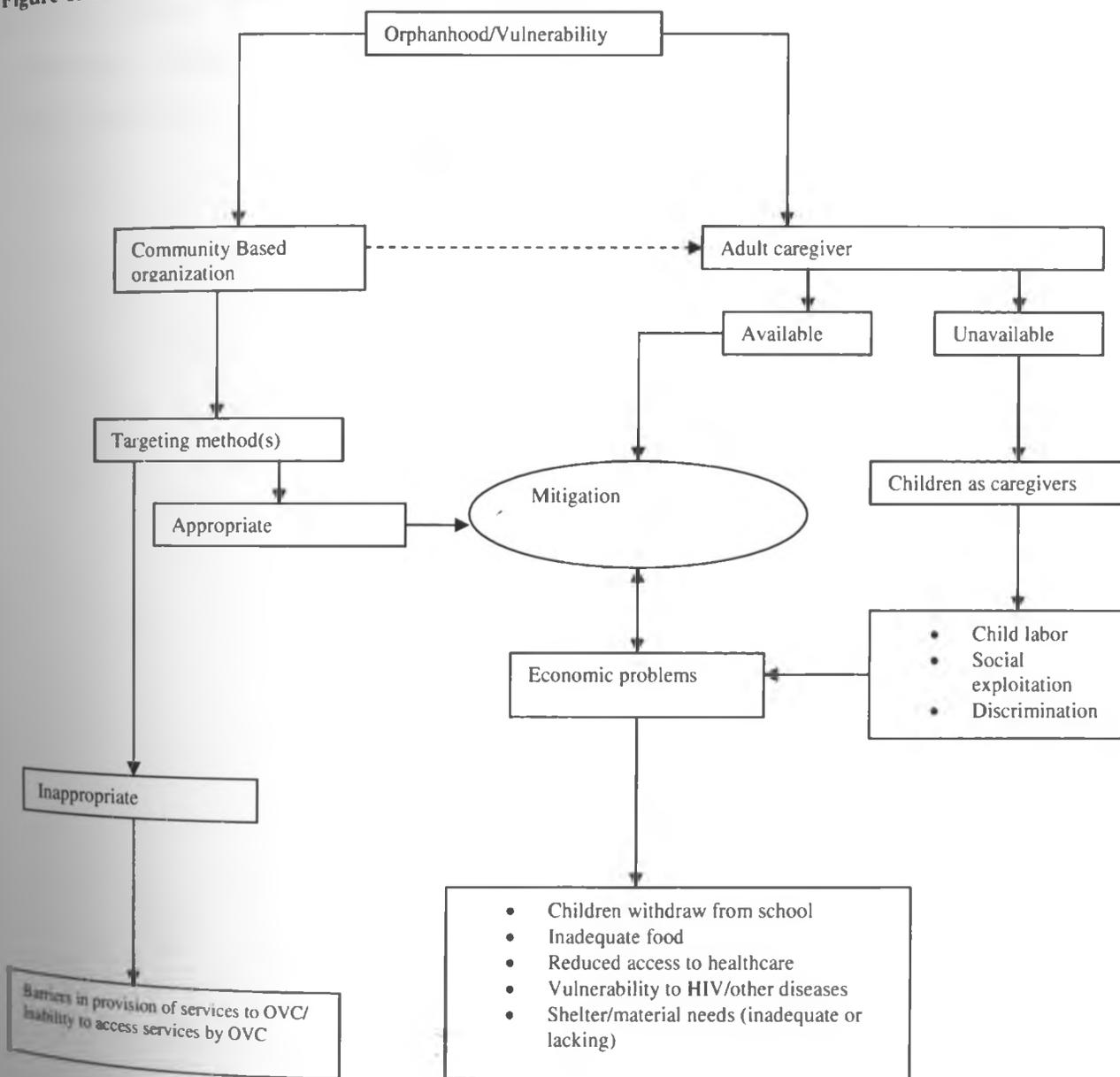
in achieving their goals. For the purpose of this study, Associational tie will be utilized to describe how the community through CBOs identify and solve the problems of OVCs.

From the above, we can employ appreciative inquiry to see the value of CBOs' activities in responding to the needs of OVC. Appreciative Inquiry (AI) involves making a very conscious and deliberate choice to ask positive questions when seeking to understand what is needed to make life better in organizations. A basic assumption of the AI is that people have more confidence and comfort to journey to the future when they carry forward parts of the past. Again, when we carry parts of the past forward, they should be what are best about the past. By maintaining social network, the CBOs find some innovative ways to create the future. At that moment, we can recognize with gratitude, value, and admire highly the roles of the associations in impacting the lives of orphans and vulnerable children in the study area. With that we can increase in the value by not only knowing the positive sides of the associations, but also knowing the negative to increase in value of what they do.

## 2.8 Conceptual Framework

This section presents the conceptual framework that explains the role of community based organization and care-givers in provision of support services to orphans and vulnerable children (OVC)

Figure 1: Provision of support services to OVC



Source: Author 2010

Figure 2 indicates the interconnected problems created by orphan hood and vulnerability among affected children and families. Community based organizations (CBOs), in collaborate with guardians of the OVC or independently, take up the responsibility of supporting the OVC through various targeting methods. When the targeting methods are inappropriate or ineffective, access of the services by the OVC is hindered thus leading to economic problems. In the same manner, if the guardians of OVC lack the capacity to care for OVC, children take up the responsibilities of care-givers which can result to the OVC being subjected to economic problems.

# RESEARCH METHODOLOGY

## CHAPTER THREE

### Introduction

This chapter deals with techniques and methods that were used to collect process and analyze the empirical data. This encompasses aspects such as the research approach and design, data collection methods, study populations, sampling and data analysis.

### 3.1 Study area

Kisumu East District is one of the 35 districts in Nyanza province. The district covers a total area of 557.7KM<sup>2</sup>. It borders Nyando District to the East, Emuhaya District to the North, Kisumu West to the West and Rachuonyo to the South. It lies within longitude 34° 10E and 35° 20E and latitude 0° 20S and 0° 50S. The district has two administrative divisions namely Winam and Kadibo Divisions.

Kisumu East District is part of Kisumu County which has a total population of 968,909 as per the 2009 census. The total population of Kisumu East district as per the 2009 census stands at 473,649. (Census, 2009) Between 2000 and 2007 the number of registered women groups 2,721 and 1377 youth groups.

Kisumu East district faces several challenges as it endeavors to care and support children. The HIV/AIDS prevalence rates are high at 11.2 %, with prevalence rate in women at 13.8% against 8.4% for men (District Development Plan 2008-2012). In addition to HIV/AIDS, malaria, cholera, typhoid and diarrhea are also major health threats. Other challenges the district faces include housing shortages, lack of adequate water and sanitation facilities and high levels of unemployment. Many residents derive their livelihoods from subsistence fishing, agriculture or the informal sector, known as *Jua Kali*, and earn between KShs. 3,000 and 4,000 per month (UN HABITAT, 2006).

### **3.1.1 Orongo Widows and Orphans CBO**

15KM East of Kisumu city, is a small village called Orongo. The village is situated in East Kolwa Location of Winam Division, Kisumu East district. The small village, which is along the shore of lake Victoria, is one of the worst hit areas that have experienced a devastative trail of HIV/AIDS in the last 20years. As a result, Children have been orphaned and left homeless and widows left with no income or property to support families. In June 1999 a group of widows in this village, who had lost children and husbands due to HIV/AIDS came together to form a widows prayer support group. The widows found solace in sharing with one another many of the intricate challenges that they faced, some cultural, which blocked their access to much needed resources for effective care and support. This led to the formation of Orongo Widows and Orphans support group. In 2005 the group was registered as a CBO.

Goal: The Orongo Widows and Orphans Community Based Organization has a goal: To ensure quality health, food security and poverty alleviation in our society

Objectives of Orongo Widows and Orphans Community Based Organization

1. To care for orphans and vulnerable children through provision of key basic needs.
2. To provide care and support to the HIV/AIDS infected and affected persons through counseling, and medical support.
3. To initiate sustainable Income Generating Activities (IGAs).
4. To create awareness and sensitize the community on development issues.

#### **Management structure:**

The Orongo Widows and Orphans Community Based Organization is managed by a management committee headed by the committee chairlady. There are 10 committee members, four social workers managing 40 community care mentors in forty villages.

## **Linkages**

Since its inception Orongo Widows and Orphans Community Based Organization has managed to attract linkages and support from a number of development partners that has steered the organization to its successes. Some of the partners include the CBO has worked with include: Dfid/ HAPACK-II, AMREF, MILD MAY INTERNATIONAL, APHIA II NYANZA, University of Nairobi, Theatre without borders implement the following activities;

- Care, protection and support to 2,081 orphans vulnerable children from 547 households
- Home based care support for 333 PLWHIV and 56 child headed households
- Behavior change communication targeting youths, commercial sex workers and fishmongers through the Orongo Widows and Orphans Community Based Organization youths in theatre group
- Capacity building for care givers, counselors and spiritual leaders in counseling the OVCs in the programme.
- Provision of safe water services to households.
- Income generating activities (IGAs) including crafts and other product development activities.

### **3.1.2 Maisha Orphans and Widows CBO**

Started and registered in 2005 with 12 members and 10 children. Currently it has 37 members and 212 children. It covers 2 sub locations i.e. Manyenya and Chiga. It is a community based organization whose purpose is to “Encourage the Community by Empowering, Providing and protecting the needy people”. Maisha was formed in response to the HIV/AIDS epidemic and other diseases raving Kenya. The group members are committed to meeting the basic human needs and necessities of children left orphaned or destitute by these diseases. Today Maisha is making an impact in the lives of more than 200 children in Nyalenda slums and Kano in Kisumu.

## **Vision**

To create a brighter future for orphans and destitute children in Africa and see they succeed in life.

## **Mission**

Maisha mission is twofold and is derived from Mathew 25-31.46:

- To inspire people to make a difference in the lives of orphaned and destitute children through financial generosity and volunteer commitment.
- To transform the lives of orphans and destitute children while changing the communities we operate in by providing them the tools and opportunities they need to succeed.

## **Activities**

- Provide clean water, sanitation, and a safe home environment for children.
- Care and support for OVC
- Support local youths by providing tutoring and extracurricular activities.
- Offering scholarships for every standard eight student in Ayaro, Omungi, and Kadiju Primary Schools.
- Capacity building for caregivers, OVC and Youth
- IGA

### **3.1.3 Mayenya Upendo HIV/AIDS Support Group.**

Started in 2006 and registered the same year with 9 members and 6 children. Currently the group is supporting 107 households with 406 OVCs.

**Mission:** To strive for individual and societal transformation to enable them live better lives.

**Vision:** Immaterially and spiritually empower society without infections and poverty.

Through the partnerships with; World vision, Win Rock, SCCVI, Ministry of livestock, agriculture and Public health, St Elizabeth Hospital, CABDIF, CACC, Provincial administration, Movement of men implement the following activities;

- Care and support for OVC
- Home based care to PLWHA
- IGA

### 3.2 Research Design

This study adopted qualitative research approach. According to Hancock (1998:2), “qualitative research is concerned with developing explanations of social phenomena” from the perspectives of the local population it involves. It is an approach to scientific research which consists of detailed descriptions of situations, types of interaction, people’s values, opinions and behaviors, and produces subjective data. In the qualitative paradigm, research aimed to provide a thorough understanding of phenomena and pays due regard to context, in particular socio-cultural dynamics. Hancock (1998:2) further points out that the qualitative approach seeks to answer questions about how and why certain practices have developed in the way they have.

In qualitative research, no attempt is made to manipulate the situation under study as is the case with experimental research. Social phenomenon is described as it occurs. The findings produced in qualitative research are not arrived at by means of statistical procedure or any means of quantification (Hancock, 1998:2). Akpaka (2006:7), on the other hand states that in qualitative research: “[t]he aim of understanding lies at the heart of the qualitative approach to research with a far greater emphasis on processes and the significance of attitudes, points of view and actions than on their frequency”. The present study shares these opinion since it seeks an indepth understanding of the effectiveness of local community based organizations in providing support services to orphans and vulnerable children.

The advantages of using the qualitative approach in the present study are that: more indepth and comprehensive information about local CBOs care and support services to OVC will be produced; investigations are conducted in the natural settings of service

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beneficiaries (i.e. in the communities); and that the study is expected to yield a holistic picture of the care and support processes as used by the three CBOs.

### **3.3 Units of analysis**

According to Singleton et al (1988:69), "units of analysis are the activities (objects or events) under study." Beker (1994:102) defines unit of analysis as the social entities whose social characteristics are the focus of the study. Schutt (1996:88; Lee, 2002.) indicate that units of analysis "represent the level of social life on which the research question is focused, such as individuals, groups, towns, or nations." In this study, the units of analysis were the local Community Based Organizations (CBOs) providing care and support services to orphans and vulnerable children.

### **3.4 Study populations**

Rubin and Babbie (1993:224) define a study population as "the theoretically specified aggregation of study elements from which the sample is actually selected". It is the observation unit, which is also known as the unit of data collection, which is the element or aggregation of elements from which one collects information. The observation units shall be orphans, care givers, CBO officials.

The researcher considered orphans and care givers as important in this study since they were the recipients of the support provided by the community based organization and therefore it was possible to establish how effective the support is. CBO officials were considered key respondents as they were directly involved in designing, managing, implementation, monitoring and evaluation of OVC projects, as well as the development and administration of targeting approaches. Their views were important in understanding the targeting approaches used by the local community organizations under study.

### **3.5 Sampling techniques**

Sampling involves the selection of a number of study units from a defined study population (Dane 1990:37). The study adopted multi stage sampling procedure with both probability random sampling and non-probability purposive sampling techniques. A

defining characteristic of non-probability approaches to sampling is that there is no specification as to equal chance.

The primary sampling method that was used in this study is purposive selection due to the descriptive nature of the study. According to Rubin and Babbie (1993:225), purposive sampling is “the selection of the sample on the basis of the researcher’s own knowledge of the population, its elements and the nature of the research aims”. In purposive sampling, one usually approaches the sampling with a specific plan in mind, in which case we usually would have one or more specific predefined groups. This sampling technique was useful in this study since it is more economical. According to Huysamen (1994:44), a primary advantage of non-probability sampling is that they are less complicated and more economical in terms of time and financial expenses than probability sampling methods.

The first stage in sampling was selection of three local community-based organizations purposively. The justification for selecting these three organizations was that they are already providing OVC services in communities hardest hit by poverty and with large numbers of OVCs.

In the second stage of sampling, the sample comprised 10 Community Health Workers, 5 CBO management committee members, 10 OVCs and 10 care givers. Probability sampling was used in selecting the orphans and care givers who participated in the study. According to Varkevisser et al (s.a.:200), “probability sampling involves random selection procedures to ensure that each unit of the sample is chosen on the basis of chance. All units of the study population should have an equal or at least a known chance of being included in the sample”. Probability sampling was used in this case because similar characteristics exist in the localities served by the community based organizations.

The characteristics included limited basic social services, high HIV prevalence rates, the presence of OVC, high poverty levels, similar project interventions like education

assistance and income generation activities. In total fifty orphans and twenty five care givers under the care and support of the two organizations were selected .

### **3.6 Data collection techniques and instruments.**

This particular section gives a description of the data collection techniques and instruments used in this study.

#### **3.6.1 Key informant interviews**

Key informant interviews were one of the primary data collection techniques in this research study. This is because qualitative approaches to data collection usually involve direct interaction with individuals on a one to one basis or group setting. According to Hancock (2002:9), an interview is “a data collection technique that involves oral questioning of respondents either individually or as a group”. In the context of the present study, key informant interviews was an in-depth conversations aimed at gathering information from CBOs committee members since they are considered to have first-hand knowledge about targeting approaches at the organisation and community levels, and have an in-depth understanding of vulnerability issues in the communities they serve.

The researcher used a semi-structured interview schedule which involved a series of open-ended questions. According to Hancock (1998:13), the open-ended nature of the question defines the matter under investigation but simultaneously provides opportunities for both interviewer and interviewee to discuss some matters in more detail. Semi-structured face-to-face interviews with individuals and small group discussions shall be conducted with the identified committee members.

### 3.6.2 Focus Group Discussion.

The researcher also used focus group discussion involving members of the three CBOs. A focus group discussion guide was used to gather data from these three groups.

Table 1: Sample description, size and technique

Sample description	Size 40	%	Technique
CBO management Committee	5	12.5	Focused group discussions
CBO management Committee	5	12.5	Key informant Interviews
Community Health Workers	10	25	Interviews
Care givers	10	25	Interviews
OVCs (6-17 years)	10	25	Interviews and observation
<b>TOTAL</b>	<b>40</b>	<b>100</b>	

### 3.6.3 Observation

Data was obtained through observation. According to Koul (1992:168), observation is "the process in which one or more persons observe what is occurring in some real life situations, and they classify and record pertinent happenings according to some planned scheme." Koul (1992) further point out that observation is an essential element in evaluation in order to secure benchmark and descriptive data to document programme activities, processes, and outcomes. Field observation is a planned and methodically carried out activity that is intended to attract meaningful interpretation of the social world. The researcher shall make use of an observation guide. Field observation involves direct observation with the naked eye unaided by instruments such as questionnaires or mediated by respondent's reports. In this study, the researcher engaged in an intensive observation of the support services to orphans and Vulnerable Children.

### **3.7 Data Analysis**

Data analysis involved summarizing the mass of data collected and presenting the results in a way that communicates the most important features (Hancock 1998:16). Data was organized in terms of the identified research themes and evidence to form a coherent and consistent picture. This approach is in accordance with the thematic content approach to qualitative data analysis (Green and Thorogood, 2004:177), a useful approach for answering questions about the salient issues for particular groups of respondents and aims to report the key elements of respondents' accounts. The researcher examined the raw data in order to find linkages between the research objectives and the outcomes. The next step included noting of patterns and themes, and then links the identified themes to the targeting literature in order to identify relations between literature and new information generated.

## DATA ANALYSIS AND PRESENTATION

### CHAPTER FOUR

#### Introduction

This section presents findings from interviews with care-givers, community health workers, OVC, and management committee members of the CBOs that were under study. The data was qualitative in nature and was discussed under the four questions of the study.

#### 4.1. Profile data for care givers

The researcher interviewed thirty caregivers providing care and support to OVC from the three CBOs. Data from the caregivers indicated the age range from twenty six to fifty years with 70.4% of respondents being 36 years and above. The study found that 27 out of thirty care givers (90%) were female. The results are confirmed by Richardson (1989:130) when he defines caring as an activity always carried out by women, because as a wife and mother a woman is expected to take care of her children and family.

In terms of their marital status, 14 (46.67%) were single parents either widowed or not having been married. It was also established that caregivers were taking care of between three to six OVCs. The study established that majority of care givers had some level of education as indicated in the table below. This enables them to read and fill required information during the OVC identification process as well as some levels of ability to assimilate information and guide the children under their care.

Table 2: Academic qualification of care givers

Qualification	Orongo n= 10		Manyenye n=10		Maisha n=10	
Primary	5	50%	6	60%	6	60%
Secondary	4	40%	2	20%	4	40%
Tertiary	1	10%	2	20%	0	
<b>TOTAL</b>	<b>10</b>	<b>100</b>	<b>10</b>	<b>100</b>	<b>10</b>	<b>100</b>

#### 4.1.1. Relevance of the care and support services

The relevance of the care and support services provided by the CBOs was assessed with the aim of understanding the type, availability and consistency of support provided to the children. It specifically focused on exploring the attempts the CBOs have made with regards to the involvement of the caregivers and other community members in programme planning, management and implementation of activities in relation to the perceived needs of OVC.

The caregivers listed different areas in which the CBO provided support and the type of support received. Under education majority mentioned that the children under their care had received school uniforms, books and payment of primary school levies. Under health majority of respondents from Orongo had their medical bills paid with some under ARVs receiving transport allowances to collect the drugs. Respondents across the three CBOs had received treated mosquito nets. Under protection, one respondent said that members of the CBO had helped repair her house

*“Some years ago the CHWs came and help me thatch the roof of my house that had been licking.....”*

The respondents mainly from Orongo also mentioned that quite often the CHWs visited their homes to educate them on how to take care of these children and cope with stigma and discrimination from the community members and this has helped them in accepting the situation faster than most people.

Though the caregivers were appreciative of the support they have received, they were however quick to point out that this support is inconsistent and not all the children under their care benefit on all the highlighted services. One care giver emphasized this by giving a scenario of children under her care.

*“Even though all my children benefited on blankets from Orongo not all received school fees payment or even uniforms..... The older children in secondary school got nothing....” Caregiver*

The care givers indicated that they could not fully meet the needs of the OVC on their own but stated that they got assistance and support from various organizations. Though not constant, some organization gave assistance when approached. From across the board, care givers mentioned organizations like APHIA II NYANZA World Vision, and government agencies like the CDF. Care givers at times were forced to turn to relatives for assistance. One responded claimed;

*I am charged with the responsibility of taking care of 6 OVC as a result of being orphaned by HIV/AIDS. Even though I don't have any means of livelihood, I have to provide for the OVC as well as my children. I am forced by circumstance to seek for assistance from whatever source. At times we are assisted by relatives and church organizations.*

In general, the study established that most of the challenges the care givers faced were related to the financial constraint. They (care givers), were low income earners and this means that they could not provide the basic necessities of the OVC as well as those of their families. In other instances, some care givers were single parents and thus faced more financial constraints since they were the sole providers. OVC were exposed to many diseases and the care giver found it difficult to provide for their medical care partly due to lack of money and in accessibility of health care facilities because of long distances.

Asked whether the support they received met the immediate needs of their children, the care givers were in agreement that the support given by the CBOs does not meet the priority needs of the OVC.

One respondent said that they were never asked what their needs were instead they were informed that there were items to be picked on behalf of the children.

*“Our needs are never considered by these CBOs we are often told to pick soap, nets, blankets.... If I was asked I would talk of school fees and food as our immediate needs”*

Top among the needs of the OVC that CBOs could not meet were food and nutrition and both primary and secondary school levies. Some respondents indicated that though they received food rations for the children, the quantities and quality were not sufficient to cater for the nutritional needs of the OVC under their care. In addition they claimed that school attendance for the OVC was irregular at times because the money offered by the CBOs to cater for school levies was not enough to keep them in school. As a consequence, the care giver had to get other means to supplement the support of the CBO. A participant in the study from Maisha Orphans and Widows CBO claimed:

*I do involve myself in other activities in order to meet the other needs not catered for by the CBO... In addition, the support we receive is meant for the OVC. As care givers, we are not well taken care of and this normally demoralizes us.*

Despite these shortfalls, the care givers were in agreement that the support the OVC received from the CBOs was useful. For instance, they indicated that the assistance had improved the living standard of the OVC and that such support had positive impacts on the care givers as well. In addition the care givers pointed out that support given by the CBOs had helped reduce drop out rates in the local schools. A respondent from Orongo Widows and Orphans Community Based Organization Widows and orphans rated the support given by the CBOs as good and stated thus:

*...The support I receive from the CBO has helped me stop brewing the local brew to help meet the needs of the children under my care....*

Another care giver from Manyenya Upendo offered the following.

*The CBOs came in to assist when need arises...they have no discrimination. They have also been helping in marketing of my products.*

These sentiments were supported by another care giver from Manyenya Upendo.

*Being a widow, it (CBO) has helped in educating; feeding and clothing children....without this help, many of the OVC would not lead a healthy life. The support has reduced the rate of school drop out in our community.*

#### 4.2. Profile data for OVC

Data from the supported OVC indicated that most respondents were aged between seven and eighteen years. Out of the thirty respondents 17 (56.7%) were male and 13(43.3) female. The respondent we in primary school with 70% between class six and eight.

**Table 3: Respondent distribution by gender**

	<b>Orongo</b>	<b>Manyenya</b>	<b>Maisha</b>
Male	6	4	7
Female	4	6	3
<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>10</b>

Most (90%) of the OVC who indicated to be either partial or total orphans did not know the cause of the death of either or both parents and 17% of the total orphans indicated that they were not living together with their siblings. 70% of the respondents indicated they were living with one of the parents while 20% living with their grand mother and the remaining 10% were either living relatives/ other community members. Out of those interviewed 97% reported having received commodity/services from the CBO even though some could not remember when they lastly received support from the CBO.

Data was collected from 30 orphaned and vulnerable supported by the three CBOs. Out of the total, 17 were male and 13 female. Of these, 9 were total orphans, 15 partial orphans and 6 were vulnerable. 16 OVC respondents were aged between 11-14 years

while 10 were in the 15-18 age brackets. Only 4 OVC respondents were aged between 7-10 years.

#### 4.2.1. Relevance of the care and support services

The respondents listed the following as support they have received from the CBO, school fees payment, school uniforms, blankets, bed nets, maize seeds. They were appreciative to the CBO however like the caregivers they said the support was not consistent and not all children received whatever the CBO provided.

The study established the OVC needs that were not addressed by the CHO and below is a table highlighting the OVC priority needs that are un- met.

**Table 4: OVC unmet needs**

Needs	Orongo	Manyenya	Maisha
Education (school shoes, story books, uniforms)	5	8	7
Home clothes	8	10	10
School fees	7	9	9
Food	9	10	10
<b>TOTAL</b>	<b>29</b>	<b>37</b>	<b>37</b>

Reviewing the services provided by the CBO, it is clear that the needs of OVCs are not considered before services are delivered as they deviate from what all the three CBOs have been providing. Though the CBOs have indicated that they provide health, education (uniforms, fees) etc, not all the interviewed OVCs have received these services.

One respondent said;

*The blankets my sister and I received from the CBO have really helped us and I am very happy.....I wish it was home clothes that we received.*

Asked whether they are involved in the needs identification, the overwhelming response 100% said no. This clearly indicated that their views are not considered. In occasions

when an OVC has approached a CHW or any other CBO official with specific needs the response is often to the negative.

*If the CBO officials were to ask what we needed I would ask for food..... Most days we survive on one meal which is not enough for us...*

#### **4.2.2. OVC Access to Care and Support Services**

The study established that the support was given to the parents and not the children. The respondents mainly from Orongo mentioned that these services are provided during the week days when they are in school and therefore not available to personally go and pick the items. They gave an example of when they had to miss school to pick school uniforms from Orongo and later were punished by their teachers for missing school.

*One day I was beaten by my school teaching because I missed school yet the CBO officials warned that if one was not available they would miss the uniforms and I really needed.....*

The study also established that the distance from some homes to the CBO is very far and therefore not all children can walk to the CBO office. This means that an adult has to pick the items and in most cases the supported children are not informed about the service they received by their parents.

Some children are embarrassed to pick some of the items e.g. sanitary towels and would prefer the parents picked on their behalf, yet such items the CBO require the child to pick in person. One girl said she once missed the pads because she was embarrassed yet she really needed it.

Even though CBOs provided support to OVC, the children claimed that there were areas that needed to be improved. They suggested that the lunch programme could be improved by having more portions as well as including a variety of foodstuffs to improve on the nutrition value of the meals. There was also concern that school fees payment in some

cases was not proportionately shared to all the deserving cases. One OVC supported by Maisha stated thus:

*They should ensure that school fees were paid in equal amounts for all of us. In addition, they (CBOs) should pay all my school fees so that I can concentrate in school...The food and nutrition should be improved by providing well balanced diet.*

### **4.3. Profile Data for Community health workers**

Data from the interview with CHW indicate that the age range of CHWs in the three CBOs is from thirty to 46 years with majority 68% of respondents being between 30-38 years. The study found that 26 out of thirty CHW (86.7%) were female. In terms of their marital status, 21 (70%) were married. In Orongo CBO the researcher established that each community health worker is responsible for between fifty five to seventy OVCs of the 3,020 registered OVC for care and support.

#### **4.3.1. Remuneration**

These reward for the work done by CHW inform of Money. Most of them (CHW) put more effort and skills in their voluntary work with either minimal or no compensation at all. Only 33.3% of care givers receive stipend in a month. This has a negative implication in the project implementation since the CHW also need to fend for their families hence compromising quality of care. Though this is not the focus of the study the researcher is trying to find out whether voluntarism has an effect in service delivery to OVC.

The following table indicates the trainings received by the CHWs. The information is based on the 30 CHWs interviewed. From the information below, we can therefore deduce that majority of CHWs who are directly involved with provision of care to OVC have been trained on different topic to equip them with skill to intervene in OVC needs.

Table 5: Type training received by CHWs

Type of training	N	%
OVC care and support	10	33.3
Home based care	16	53.3
Counseling	14	46.7
Nutrition	9	30
Family planning	10	33.3

#### 4.3.2. Targeting Strategies used by CBOs

The researcher collected data from community health workers in order to establish the targeting methods used by the CBOs being studied. This was intended to establish how appropriate the methods were in addressing the needs of the OVC in the region and whether or not the community was involved in the identification process.

The researcher established that the identification of OVC for support by the CBOs was done through support groups as well as health care workers who check the conditions of the homesteads of the identified children. In Orongo Widows and Orphans Community Based Organization, they also identify through OVC who are already beneficiaries. Such children go for lunch at the CBO centre and at times are accompanied by other children. If the accompanying children are orphans, the CBO officials use this opportunity to check on the family background and the ability of the care givers to support orphans.

The study established that for the process of identifying and selecting OVC project beneficiaries to be successful, CBOs rely on several groups of individuals. In most cases, committee members, community health workers, the provincial administration, and school administration are resourceful in identifying OVC programme beneficiaries. The three CBOs indicated that community members were also useful in the identification process. In this category, care givers, church leaders and clan elders report needy cases to the CBOs after which community health workers assess the level of needs of OVC cases reported.

Through targeting, the CBOs ensure that certain factors are considered in enrolling children to their support program. The community health workers from the three CBOs indicated that the general consideration for OVC identification was family background. This includes assessing the health status of the child, access to food while at home, and whether the child was a partial or total orphan. Besides orphan hood status of the child, the CBOs also consider whether the parent(s) is able to support the child.

The community health workers pointed out in the region, there were cases of parents who were very old and therefore unable to support children under their care thus making such children vulnerable. The researcher established that aged parent were in most cases taking care of orphaned grandchildren. Vulnerability of children in Kisumu East District was also caused by the status of the parent. In cases where parents were HIV positive, they were unable to care for their children. These were among the cases the CBOs considered for support. Child-headed households were also given priority for support and care.

The community health care workers also revealed that household income was also considered in selecting children for support and care. The CBOs sought to establish whether the income of a household could sufficiently support the family members. Households considered being low income earners had their children incorporated in the support and care programme.

The targeting procedure involves the distribution of benefits to the OVC through the care givers. CBOs give support and care to the OVC in various forms. Community health workers from Maisha Orphans and Widows CBO, Manyenya Upendo, and Orongo Widows and Orphans Community Based Organization Windows and orphans pointed out that the CBOs had implemented support programmes in education for the OVC and initiated income generating projects. OVC support in education was through payment of school fees and provision of uniform. A number of incomes generating projects initiated so far included poultry and dairy farming, and kitchen gardening. The care givers are also

involved making of detergents for commercial purposes, whose returns were used to support the OVC.

Community health workers were also mandated with the responsibility of making visits to OVC homes to evaluate the support programmes initiated by the CBOs. In addition, the community health workers assessed the general welfare of the children supported by the CBOs. During the home visits, community health workers offered counseling to the children, especially those orphaned through HIV/AIDS.

The study established that needs identification for OVC was not entirely done by the CBOs alone but care givers of OVC were also involved in the process. In some cases, community health workers discussed with care givers together with the children in order to determine what their particular needs were. A community health worker from Maisha Orphans and Widows stated thus:

*As community health workers, we hold discussions with the care givers and the children. In this way, all their views are taken into consideration. The care givers identify the priority needs of the orphans and we assess how needy the cases were. In this way we avoid conflict and ensure the support given meets the needs of the OVC.*

The respondents further stated that they held weekly meetings at times with the care givers and at other times with the OVC so that they can determine the problems they were experiencing. In some other cases, community health workers held separate discussions with care givers to discuss the needs of the OVC. The community health workers then held other meetings with the OVC to corroborate the information provided by the care givers. Meetings involving community health workers and OVC were also used counseling sessions.

Information regarding availability of support and care services from the CBOs was communicated to the OVC and their care givers through several means. For school going

children, the CBO communicated to the school authorities who in turn informed them. The community health workers and the provincial administration communicated to particular OVC about availability of support and care services. We also established that the CBOs communicated the information through the local churches.

Community health workers stated that the CBO programme on OVC had positive impacts. For instance, a community health worker from Maisha Orphans and Widows pointed out that before the programme was started; school drop-out rates were due to poverty. The trend had however been reversed and there had increased enrollment in schools since the CBOs catered for fees and uniform for the needy children. In addition, the programme had assisted OVC in accessing healthcare in cases of children who had already been infected.

The CBOs made use of community health workers to evaluate the success of the programme in offering support and care to OVC. Evaluation was done through group discussions with the OVC and through evaluation by teachers in the schools where the children were enrolled. The community health workers pointed out that they also relied on visits to homesteads with income generating initiated by CBOs to assess how successful they were. Another source of feedback was through support group members who evaluated the CBO projects.

We established that CBOs were faced by challenges in providing care and support to OVC. Key among the challenges was lack of enough resources to meet the high demand of services since the area was experiencing an upsurge of OVC. Discussions from interviews indicated that vulnerable children were a growing problem in the community.

One of the community health workers from Manyenya pointed out that:

*Due to lack of insufficient resources, CBOs cannot meet the ever increasing demand to cater for OVC in the area. As a result, there are some unfunded priorities for OVC like medical support and the feeding programme.*

Another challenge that the CBOs faced was related to the cultural practices of the community. Wife inheritance was one of the major hindrances to the progress made in addressing OVC problems. The respondents argued that wife inheritance increased the number of orphans in the area as it enhanced chances of contracting HIV/AIDS.

From the foregoing discussion, it emerges that CBOs in Kisumu East District used a combination of targeting methods. The most popular targeting method that was used was individual targeting which involved testing the Ova's and household's means for survival. The community health workers from the three CBOs assessed the OVC to determine household income levels, assets and family relationships. Whenever community health workers received information regarding OVC, they would directly assess household by household or individual by individual, whether the child was eligible for the program. Community-based targeting was used, with neediest children chosen by community members and local officials. The study has documented that community members identified recipients for support and care services, monitored the delivery of those benefits, and at times engaged in the delivery process.

#### **4.4. CBO specific analysis**

##### **4.4.1. Orongo Widows and Orphans CBO**

Section A presents findings from Orongo Widows and Orphans Community Based Organization and is structured as per the outline described above. To collect data, FGD and Key Informant Interviews were conducted with members of the CBO management Committee

##### **Conceptions of child vulnerability**

The key informants were asked to give the operational definition that their current CBOs have used for OVC. The key informants pointed out that their organizations did not intend to differentiate between orphans due to AIDS and other causes in order to avoid any form of stigma and discrimination against orphan children who lost their parents due to the AIDS epidemic.

Factors contributing to a healthy child development and those rendering children vulnerable were explored with focus group discussion. Children primarily need love in order to develop well. Providing their basic needs such as clothing, shelter, food, and education is also important. Below are statements made by participants in relation to what they consider as important for healthy child development.

*“A child needs love. You may think a child is hungry and make him/her food and buy things but see that the child is just not happy. A child needs love; to be cared for and for his/her needs to be met.”*

The study established that Orongo defined OVC with consideration of different socioeconomic contexts. In terms of age, this CBO has identified orphaned children according to the agreed upon international definition set by CRC. In relation to the status of orphans, these organizations have considered single and/or double orphans who lost their parent(s) in all causes including the AIDS epidemic. It was also clear that the definition of vulnerable children has been overwhelmingly related to the demand of the socioeconomic security of children.

### **Types of services provided by the CBO**

A range of responses providing a variety of services to Orphans and vulnerable children. These are psycho-social responses in the form of counseling, education support such as payment of primary school levies and provision of school uniform, food support including food supplements and kitchen gardens, home visits and home-based care, treatment support including payment of hospital bill for common ailments, playing an intermediary role with government departments mainly children department, and income generating activities like pottery, weaving, soap making and needle work. Some of these initiatives have spill-over effects, that is, they benefit vulnerable caregivers and households rather than being directed to individual children per se. For example, proceeds from food gardens feed households thus improving wellbeing and reducing vulnerability at household level, including the wellbeing of children. The liaison officer from Orongo had this to say

*“We cannot consistently provide these services since the donor supporting the major OVC activities APHIA II NYANZA operate with numbers..... we were asked to identify OVCs in class eight only for this support..... Leave a lone that sometimes the commodities we issue to OVC delay in being delivered up to even more than three months....”*

### **Participation of the beneficiaries in CBO targeting activities**

The participation and involvement of the local community, including the beneficiary (OVC), in targeting endeavors of the CBO are believed to be central to provide effective home and community based care and support services to the disadvantaged and hard to reach population segment of the society, such as OVC.

To this end, the CBO officials were asked to reflect the degree to which their CBO have been committed to consider the local community participation in its beneficiary targeting activities. The reflections indicated that the CBO have hardly offered opportunities for the participation of the local community. As reported by one of the key informants, this was because of the fact that

*‘These organizations are highly bound by the accountability demands and/or procedures of the donors’.*

While the mission statements of these organizations identified the beneficiary as their primary stakeholder, the reality for them was that organizational survival was dependent on satisfying donor(s) expectations their funding agencies.

### **Factors hindering response to OVC needs by the CBO**

Factors hindering the CBO in responding to the needs of OVCs were explored. Access to information, stigma and discrimination, and limited resources are some of the factors highlighted during the FGD as hindering response to vulnerable children. See a statement made by a participant below in this regard.

*"I think stigma mainly those infected and affected by HIV is a major factor, when community members start whispering about a condition of a child who is positive one may fear to even move close to that child....."* Committee member

Furthermore, organizations in resource-constrained areas may find it difficult to consider recruiting many OVC for care and support. Therefore due to fear of not meeting the needs of such children, the groups only identify few that they may be able to support.

Although a range of services are currently being provided by this CBO, some of the needs of children were unmet (see Table 6 below) and not all supported children benefit from the listed services. Access to basics such as food, education and clothing is a priority that requires more attention, according to participants. Struggling for basics is a situation that is not unique to vulnerable children but is an everyday reality for children in poverty-stricken settings. Other unmet needs include availability of information to address HIV-related stigma, home-based care, and a shelter mainly to child headed households.

The researched interviewed Community Health Workers, Caregivers and the OVC to determine whether the services provided by Orongo Widows and Orphans Community Based Organization are meeting their immediate needs 100% of their caregivers and the supported children were in agreement that some of the needs were not the child's priority needs

*"I would really be happy if the CBO can give me a dress, what I wear at home is torn and I get very embarrassed walking in a torn dress while my peers have new clothes....."*  
an OVC sentiment

*"If the CBO can discuss with us (caregivers) and the children what area we will require support we will help them meet our priority needs... I have six new blankets for all the children under my care, we don't really need all these, we can share and instead have food...."* a caregiver.

Table 6: Vulnerable children's unmet needs in Orongo CBO

Unmet need	Number of responses	%
Basics (food, education, clothing)	28	93.3
Home-based care	24	80
A shelter for vulnerable children	16	53.3
treatment access	22	73.3
HIV information	4	13.3

Basic needs (Food, Education and Clothing) are considered by all the respondents are key priority needs that the CBO is not providing sufficient interventions. These service gaps suggest that the demand for services is growing as the community sees the difference the initiatives are making in the community. However, there is a danger of over-stretching the CBO's capacity while seeking to meet this increase in demand for services.

### Challenges faced by Orongo Widows and Orphans CBO

The respondents argued that there have been no organized and concrete actions to address OVC in the district. As a result of this, most of OVC programmes were fragmented and lacked a holistic approach beyond meeting survival needs, which in turn fosters the dependency of children. At the same time, the key informants stated that there was little or no support from the concerned government bodies at various levels. Many of the government offices, for example the Kisumu East children's' office had no adequate involvement in OVC programmes implemented by civil society organizations. This has created problems to have adequate information on '*who is doing what*' to address the strategic and practical needs of OVC.

Lack of financial resources is one of the key challenges facing this organization. Though the CBO is supported by a number of urgencies, the number of orphans and their varied needs is still very high that the CBO can not meet all the needs as it would have wished. It also has implications for the proper functioning of the group. Without sufficient and consistent financial backing, the CBO finds it difficult to provide quality services to all

the supported OVCs, no wonder the CBO is providing sporadic and adhoc support to children based on what is available at the CBO's disposal. This is also reflected in the CBO's inability to provide sufficient funds for IGAs e.g. buying seedlings for food gardens, sewing materials for an income generating project. It also makes it difficult to access telecommunication technologies like telephones, computers and the internet. Such technologies can facilitate networking and the sharing of ideas between initiatives as well as access to more resources.

Even though all CHW in Orongo Widows and Orphans CBO have been trained on OVC care and support, there has been a low level of technical training in areas such as planning and project management present another challenge Orongo Widows and Orphans CBO. As such, some activities are planned but do not get off the ground. Lack of networking opportunities, partly resulting from poor access to financial resources and telecommunications, leaves some initiatives without the expertise and support of those doing similar work within the community. It should be noted that as much as initiatives see the value of networking and partnerships, they also find themselves competing for resources which may put a strain on partnerships. In addition, members of one initiative felt an initiative they considered 'successful' was not willing to share information and other success tips with them.

Volunteering within a context of poverty and unemployment, occasionally on an empty stomach, can be very challenging for volunteers and even difficult to understand for non-volunteers. Women volunteers, some of whom are directly affected by HIV and AIDS and who are in themselves in need of care and support offer services they only wish they too could benefit from. A volunteer can find it emotionally draining to give hope to others when his/her immediate environment does not offer hope.

*"It is very difficult for us CHW who provided direct services to supported children like blankets, bed nets and uniform while our own children walking around with torn uniform, where some tattered blankets... No wonder some of us still these..."*

#### **4.4.2. Manyenya Upendo HIV/AIDS Support Group**

Section presents findings from Manyenya Upendo HIV/AIDS Support Group. To collect data, a total 10 CHW, 10 Caregivers and 10 OVC were interviewed using semi structured questionnaires. 1 FGD and KII were conducted with members of the CBO management Committee. It outlines conceptions of child vulnerability, family and community responses to Orphans and Vulnerable Children, challenges face by the CBO in addressing OVC needs

##### **Conceptions of child vulnerability in Manyenya Upendo**

Views on what a child needs for healthy development, and what compromises child development and puts children at risk were explored with participants. Their views are similar to those expressed by participants in Orongo Widows and Orphans Community Based Organization Widow and Orphans Community Based Organization. Love and being cared for are the most important requirements for a child to grow up and develop well. This love and care can be provided by biological parents and/or other adults within the community. Basic provisions such as access to shelter, food, clothing and education are also important.

*"A child mostly needs love, nothing is more important than love, nothing is more important than love."*

Although participants' conceptions of child vulnerability are broad, orphaning is considered as rendering children particularly vulnerable because the death of a parent compromises household wellbeing through the loss of livelihood and possibly a home. Parental loss may also cause distress resulting from seeing and/or nursing a parent during illness and death, and may limit a child's access to food, education and health care. However, one participant considered children to be vulnerable by virtue of being children. Her statement suggests that perceived child vulnerability rests upon a child's level of development and maturity.

### **Types of service provided by the CBO**

Where and when family responses to vulnerable children are deficient, the community members are expected to step in and provide the needed support. Most participants 90% described their community as being held together by a strong sense of community. Features of this sense of community are community members who feel a sense of togetherness, who trust one another, and help one another in times of crises. This finding is similar to that of participants' perceptions of a sense of community in Orongo Widows and Orphans CBO.

Statements below indicate the views of some participants who felt a strong sense of togetherness within their immediate community, and reasons why they and other community members are willing to help others. Compassion, love, volunteerism, religion and reciprocity are some of the reasons behind the willingness of community members to help children and others affected by HIV and AIDS.

*"Being a volunteer is giving oneself ... and trusting in God that if I help someone I will be helped in return some day. Yes, it is giving of oneself... It is religion, we are guided by religion. You cannot do what we do without compassion, it is compassion mostly..."*

Chair lady.

One participant described the community of Manyenya Upendo HIV/AIDS Support Group as being 'generally protective' of children. There was however one participant who felt strongly that her community is unresponsive and individualized – each person is concerned about his/her own immediate situation. This participant saw her community as unconcerned about the general situation of vulnerable children. Therefore, community members have not taken an active interest in the welfare of others less fortunate than themselves as no community member had come forward to help her with the children she was fostering. According to this participant, community members get interested in the welfare of others once they have been directly affected by HIV and AIDS.

For community responses to thrive, the environmental context within which responses find themselves deserves attention. Widespread poverty makes it difficult for community responses to get off the ground and for responses to keep volunteers motivated. Notwithstanding the socio-economic challenges posed by poverty and stigma, it is interesting that some community members are individually or collectively responding to the needs of children affected by HIV and AIDS.

### **Types of services provided by the CBO**

A range of services were provided to vulnerable children by this group. Services offered include provision of purifiers for clean drinking water, de-worming, home visits and support, food and nutrition support, and home-based care. It is note worthy that like Orongo Widows and Orphans CBO, Manyenya Upendo has received support from external agencies to support the needs of OVC.

One management committee member said that they cannot fully rely on external support since every donor comes with different requirements, in most cases these are not our pressing needs and if we had a say we would do things differently..... Most of these donors require numbers and therefore.....”

Respondents were aware of and mentioned specific community organization working with children in their area. Despite a range of services being offered, there are still some unmet needs. These unmet needs, listed in Table 2 below, point to children’s poor access to education and health services, and are indicative of the vulnerabilities being faced by some children.

Table 7: OVC unmet needs from Manyenya Upendo

<b>Unmet need</b>	<b>Number of responses</b>	<b>%</b>
Basics (food, health care, education)	29	96.7
Love and warmth	9	30
Housing	7	23.3
Access to health services	29	96.7

### **Participation of project beneficiary**

The study established that the CBO has made deliberate efforts not to involve the community or the beneficiary in the planning of CBO activities as was expressed by one participant

*The respondent mentioned that due to scarce resources it is very difficult to involve the beneficiary since this will raise their expectation and they will list some needs that we cannot support.*

The respondents appreciated the value that such participation would add to their impact but expressed fear that it may be difficult to implement.

*"This is young group and involving many people may lead to infighting if their views were not considered and eventually the group may split up which will not be good"*

The key informants expressed their views on the significance of the local community participation in the OVC targeting processes. A summary of their reflections are as follows:

- It helps the community to identify the right beneficiaries and to access them with their felt needs;
- It ensures avoidance of duplication of assistance and to distribute support to those who are not reached by any other programmes;
- It helps the community and the target groups to really know what services are available from the organization; and
- It helps to ensure local ownership, thereby contributing for the sustainability of the project.

### **Barriers to responses to OVC needs**

Although some families are helping children affected by HIV and AIDS, poverty may be a barrier to the willingness and capacity of other families to respond to the needs of children. For example, a poor household would find it strenuous to take in a child affected by HIV and AIDS or to provide material assistance towards meeting this child's basic needs. Lack of or insufficient information also leaves families unsure about what to

do in response to the needs of children affected by HIV and AIDS. Families are left uncertain about the implications of taking in children whose parents have died or those in need. That is, they do not know whether such children have special needs, do they have to give special consideration to fostered children at the expense of their own children, and where they go for assistance or information? Therefore, families choose not to show interest due to a lack of resources and uncertainty. The box below contains statements made by participants in relation to this.

*In a caregiver's perspective, "What hinders them is poverty ... if a child is infected with HIV, money is surely needed. One needs to be financially stable ... because that child can fall ill at any time ... one needs to have money all the time. That is what is a problem sometimes because most of us are unemployed and we do not have money.'*

As the two statements below show, fear of infection may hinder a family from fostering a child made vulnerable by HIV and AIDS. Such a fear may result from a limited understanding of HIV transmission and prevention. It may also be used by a family as a shield for protecting themselves from potential stigmatization associated with taking in a child whose parents have died from AIDS-related illnesses.

*"Others do not like to help because they think if they take in a person infected with HIV; it is easier for them to also get infected."* Care giver.

As is the case at Orongo Widows and Orphans Community Based Organization, social problems at family or household level may have a role to play regarding why some families do not respond, while other families facing similar challenges do. Family livelihoods and access to information are areas requiring attention in order to improve the coping capacities of families and their ability to respond to the needs of children, particularly in a resource-constrained setting like Manyenya Upendo HIV/AIDS Support Group economic strengthening and improved access to information and services will assist families to identify children in need of care, the type of care they require, and how to actually access and/or provide care to them (see statements below).

*“Because most families are poor, they cannot meet basic needs. They can be supported primarily with food.”* Committee member

### **Challenges faced by community based organization**

Challenges faced by this CBO in responding to the needs of vulnerable children include poor access to financial and material resources, and the fact that some volunteers are themselves directly affected by HIV and AIDS.

Inadequate financial and material resources limit the depth of services offered by Manyenya Upendo HIV/AIDS Support Group. Poor access to resources is making it difficult to provide services to children on a daily basis. Although Manyenya Upendo HIV/AIDS Support Group would like to provide children with meals daily, their resources only allow them to do so on certain days of the week as is expressed by one committee member.

*“A challenge we encountered is that we have not been able to access resources so that we can find adequate shelter. It is also our wish to feed children daily but because we have not accessed resources, we skip some days. We eat everyday but there are days when we are not able to feed children because of resource constraints.”*

Furthermore, HIV-related stigma makes it difficult for responses to identify vulnerable children and provide appropriate care and support to vulnerable children. Some families affected by HIV and AIDS may not be open about the cause of death of a family member which may impede a child's access to antiretroviral treatment, for example.

#### **4.4.3. Maisha Orphans and Widows CBO**

Section presents findings from Maisha Orphans and Widows CBO. To collect data, a total 10 CHW, 10 Caregivers and 10 OVC were interviewed using semi structured questionnaires. 1 FGD was conducted with members of the CBO management Committee. It outlines conceptions of child vulnerability, family and community

responses to Orphans and Vulnerable Children, challenges face by the CBO in addressing OVC needs.

### **Conceptions of child vulnerability**

When exploring what contributes to the healthy development of children, interestingly basic provisioning came up as the most important contributor for respondents in Maisha Orphans and Widows CBO. It was followed by being loved and cared for. Guidance, i.e. being taught values such as respect, having parents and being allowed to play are other contributors to a child's healthy growth and development.

*"In my opinion, I would say a child needs love... needs to play, to be cared for, and to have food to eat. Those are all the things a child needs."* A committee member

The prioritization of basic provisioning may be indicative of broader socio-economic challenges and the difficulties families are currently facing in fulfilling children's basic entitlements. Meanwhile, circumstances putting children at risk are multiple and include orphaning, neglect and abandonment, and HIV and AIDS

Although respondents conceptions of child vulnerability are broad and suggest multiple conditions, it seems orphaning is considered an important indicator of vulnerability. The statements below from the chairlady concerning children they consider vulnerable.

*"I think vulnerable children are orphaned children, those with unemployed caregivers, children living in child-only households without adult care and supervision, where parents cannot care for their children and they drop out of school, they have no clothes to wear."*

### **Types of services provided by the CBO**

As mentioned earlier in the method section, no community level responses were identified or were operating in Maisha Orphans and Widows CBO at the time of the study. Participants unanimously agreed that the community had not yet initiated any responses. Instead responses to vulnerable children were embedded within social networks, and services provided by community health workers and home-based

caregivers who are linked to other CBOs like Orongo widows and orphans. It is noteworthy that the community of Maisha Orphans and Widows CBO does not seem to have a strong sense of responsibility to the OVCs within their locality, which may limit responses to crises at community level.

One participant struggled to find reasons for the community's unresponsiveness towards the needs of children; while another saw pre-existing community divisions as hindering community efforts (see statements below). Such division results from political feuds, from community members being resented for not regularly attending funerals and from traditionalists blaming the scourge of HIV and AIDS.

*"It is difficult to describe my community. There is no water when the community should be starting small food gardens to protect them from hunger ...."* Community health worker

Although the community appears not to be doing enough for children affected one participant was of the view the community is *"doing as much as their financial capacity can cope with."* She went on to say the community *"is so busy coping with life"* that they have little energy left for anything else. It is apparent that the care and support of OVC is shouldered by close relatives. The next section outlines factors hindering community-initiated responses in Maisha.

Table 8: OVC unmet needs from Maisha

Unmet need	Number of responses	%
Basics (food, health care, education)	23	76.7
Love and warmth	6	20
Housing	21	70
Access to health services	29	96.7

### **Barriers to responses by the community**

In looking at community-initiated responses, it is imperative to consider the broader environment within which community members find themselves. HIV and AIDS, in the case of this community, seem to be burdening a community that is already experiencing widespread poverty and unemployment. The anomaly, within an African context, of a community weakening as a safety net for children affected by HIV and AIDS indicates that this may be a vulnerable community. However, statements below suggest that it may be unrealistic to expect community members to take on an additional financial responsibility brought on by fostering vulnerable children, as this will impact on their own survival and wellbeing.

### **Challenges faced by Maisha CBO**

Funding was a great concern and a prevailing problem. The respondents cited fund shortages as their top constraint in meeting the basic needs of OVC at a minimum level. Often the CBO relied on members' contributions and as a result, many of the OVC immediate needs could not be met

Effective responses to the OVC crisis can not be managed in isolation. There should be a concerted effort from all stakeholders including genuine collaboration among organizations working towards this end. As reported by the respondents, Maisha CBO had some linkages with different organizations engaged in similar endeavors. They however felt the network should be widened to bring more people on board.

## **Conclusion and Recommendations**

### **CHAPTER FIVE**

#### **Introduction**

This is the last chapter of the study. The researcher summaries the findings on the effectiveness of local community based organizations in providing care and support to OVC. Out of the summary, the researcher then makes recommendations on how to enhance effectiveness of service delivery to OVC in Kisumu East District. The last part of the chapter makes suggestions for further research

#### **5.1 Summary of findings**

Care and support is particularly visible in most rural communities where CBOs are engaged in various poverty reduction interventions. Most of the CBO activities, though criticized from some quarters as largely premeditated by experts, are also to a large extent based on the realities of the problems and what is considered as appropriate solutions to those problems. In this particular study, while some members of the community for instance argued that they are not consulted about the type of support for their children, they still admitted that the services provided still address some of their most pressing needs. Largely this is attributed to the fact that CBOs are engaged in development at the grassroots with the people; as such in the event of undertaking activities which contradict people's wishes they would receive immediate community criticism and rejection. So their activities even when they may not have gone through an elaborate consultative process are still tailor made to suit the general community situation and hence seen as people driven and win the support of government, local community and the donors.

Notwithstanding the views above, it is worth noting, that CBOs are important players in care and support for vulnerable children in most developing countries. Like any other development player, theirs is to contribute to the improvement of lives of OVC and not claim total responsibility of causing the required change in the lives of these children.

Vulnerability is multifaceted as such require a multisectoral response from many stakeholders. There is probably no one single organization that can claim single handed ability to address the problems faced by OVC in their totality. In this particular study, the efforts of the three CBOs go a long way in contributing towards the welfare of the OVC. Other stakeholders such as government departments and other civil society organizations should complement these efforts by either filling in the gaps or stepping up particular interventions. While doing this, it is important to note that the process should be indigenous and based on what the children and their care givers think are their priority needs. It is therefore imperative even for Orongo, Manyenya and Upendo CBOs to embrace this view in their work.

The vulnerable children supported by these groups have invaluable knowledge which can contribute to changing their lives. Involving them in the entire development process should not only be for purposes of fulfilling the need for consultative development but rather more to get insights from the poor and seek to work through their perspectives than that of the development experts. It is clear that the three organizations are structured in such a way as to ensure this kind of involvement; however, adherence to the existing structures seems to be loose and require strengthening.

## 5.2 Conclusion

It is therefore with this background that I wish to conclude this thesis by maintaining that care and support for Orphans and Vulnerable Children is a global project. Implementation, however, of specific interventions should be seen as a local phenomenon, largely informed by community perceptions about their conditions and directed by their active participation at different levels. It should comprise of tailor made approaches which seek to maximize productivity towards providing for their own needs

and not only to passively receive from charity. Only then will the effectiveness of these interventions be truly understood by those it is intended for.

With children experiencing vulnerability at the individual, household and community levels in a context of HIV and AIDS, it falls to families and communities to protect children from the direct and indirect effects of HIV and AIDS. A major share of care and support for children made vulnerable by HIV and AIDS is still provided within households and families. While some families are responding to vulnerable children, other families are not. Families and communities, being essential safety nets, are motivated by traditional values. These values also define what it means to be a family and a community, in an African context, and how families and communities respond to the needs of children.

Community based organizations are offering a variety of material and non-material resources and services to the OVC. It is apparent that some community responses are better networked than others, which enhances their ability to access external support and resources, and to link with formal education, health and welfare services. Poorly networked responses, usually without external funding support, tend to be time-limited. Acknowledging that community activity varies, the nature of external support provided should also vary. Some responses will be ready to receive external financial assistance, while others will not. For responses not yet qualifying for or able to absorb external assistance, stipends for volunteers and improving their links with government and NGO services and programmes should be considered.

Volunteerism, at an individual or group level, is the backbone of community responses. Volunteerism is the biggest resource in the response to children affected by HIV and AIDS, and should be used optimally. Volunteers, largely women, sometimes carry a double burden of care. They deserve proper acknowledgement and remuneration. Support to family and community responses should seek to revitalize values binding families and communities together, while not ignoring contextual issues hindering individuals, families and communities from responding. External agencies have to take a more

transformative approach to development, which seeks to engage local leadership and is premised on listening to what communities need in order to better respond to children made vulnerable by HIV and AIDS.

### 5.3 Recommendations

Based on the findings of this study I wish to make the following recommendations.

- It should be acknowledged that children experience multiple vulnerabilities therefore there is not a uniform response across communities, as communities themselves are diverse. Community responses, where other services are limited, should be supported as they are a critical resource cushioning children. Assistance should be packaged appropriately so that community responses at different stages of child development and with different needs can access the type of assistance they require.
- Community initiatives should be mentored on various aspects of organizational development. Organizations have to be encouraged to identify diverse sources of support, rather than to rely on a single source of support. It is noted that funding sources are limited and that community initiatives compete for resources. However, initiatives can be alerted to other funding opportunities, and how they can access such resources. They should also be encouraged to explore resources available locally, such as approaching CDF.
- It will be important for the three CBO to undertake a detailed assessment of the impact its involvement has made in the lives of OVCs. This should take the form of an evaluation in order to see whether the projected targets are being met or not. For example, there was no evidence in any of the three groups on the effect of their interventions.
- While there is some overwhelming appreciation of the work done by the three CBOs in Kisumu East district, there is also a big need for the organizations to begin to prepare the community for self-sustenance. This should be done through more meaningful community participatory processes where the community will begin to

take responsibility for much of the OVC activities. Only then will the community identify with the activities and live to own.

- This study also touched on the issue of child participation. It is clear that while there is policy commitment towards this, there are no specific measures for making this a reality and as such children's participation remains a general policy pronouncement. It has then been held in this thesis that this could be impacting on the way they influence the lives of the vulnerable children.

- Links to education, health and welfare services available locally should be strengthened. The relationship between government and community responses can be reciprocal, with government providing financial and technical support while Community organizations implementing government programmes in return. Orongo Widows and Orphans Community Based Organization worked closely with their local health facility and through it they were able to identify children requiring care and support. Majority of volunteer working in Orongo Widows and Orphans Community Based Organization were trained by professional health workers in home-based care and OVC care and support.

- Acknowledgement, compensation, retention and support of volunteers are some of the key elements for the survival of endogenous community responses. The work that volunteers do needs to be recognized. Volunteers can be compensated in cash or in kind - through monthly stipends, food parcels, training and networking opportunities. Training opportunities, enabling the attainment of accredited qualifications, can assist in the retention of skilled volunteers, while psychosocial support can boost volunteer morale. Intermediaries need to explore ways of improving and facilitating community groups' access to the Expanded Public Works Programme, the Youth Service Programme and other opportunities. Information can be made available to community initiatives regarding what these schemes are about, and which groups or volunteers qualify for such a scheme.

#### **5.4 Suggestions for further study**

During the course of this study, it became clear that understanding the role CBOs in providing care and support is a diverse topic. While this study dwelt on the issue by assessing the effectiveness of local community based organizations in providing care and support to OVC, issues surrounding this topic were not exhaustive. As stated above, this is mainly because the issues concerning CBO role are multifaceted and could not all be addressed in a study of this magnitude. Below I highlight some areas I feel could build further understanding on this issue and upon which other scholars can pick interest for further study.

- The study did not extend to assess the views of community members who do not receive direct support from the three CBOs. This is for example households without supported children. It could be important therefore to undertake a study assessing their perceptions and how they are impacted by CBOs work in the area.
- This study to a large extent it is based on community perceptions about effectiveness of care and supported services by CBO. It is, however, not clear whether this is the case from Government point of view particularly amidst State speculations that local non governmental organizations are unaccountable and benefits founders themselves more than the poor they purport to serve. It could therefore be interesting to undertake a study which would assess the role of local organizations from the Government point of view.

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CEP(1)

Front

Person

Student A. C.

Con

Agree

English

**APPENDIX I**

**INTERVIEW PROBE QUESTIONS**

**EFFECTIVENESS OF LOCAL COMMUNITY BASED ORGANIZATIONS (CBOS)  
IN PROVIDING SUPPORT SERVICES TO ORPHANS AND VULNERABLE  
CHILDREN (OVC) IN KISUMU EAST DISTRICT**

My name is Jemimah A. Owande, a Master's student from the University of Nairobi, who is carrying out a study on effectiveness of local community based organizations (CBOs) in providing support services to orphans and vulnerable children (OVC) in Kisumu East District.

As part of our assessment, we are seeking the views of wider cross section of people in the society, including government officials, CBO staff , and community members. The information sought is purely for research purposes and will be treated in confidence. No name of respondent shall be sought.

Date of data collection.....

**QUESTIONNAIRE FOR CBO MANAGEMENT COMMITTEE MEMBERS**

Name of CBO \_\_\_\_\_

Position \_\_\_\_\_

**Section A. Personal Information**

1. Gender: Male  Female

2. Age 18- 30 yrs  31-45yrs  46-60yrs  60 and above

3. Highest academic qualification

Secondary  Certificate  Diploma  Graduate  Other \_\_\_\_\_

4. Please tell me when and how this organization started

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5. Why was the CBO formed? (initial and current objectives)

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6. What is your understanding of Orphans and Vulnerable Children?

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7. How many orphans are supported by the CBO?

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8. What support do you provide for the OVC? (Probe: Let respondent list specific needs in each particular area).

Health	
Education	
Protection	
Psychosocial	
Food and Nutrition	

9. How often are these services provided?

**i. Health**

Never  rarely  regularly

**ii. Education**

Never  rarely  regularly

**iii. Protection**

Never  rarely  regularly

**iv. Psychosocial**

Never  rarely  regularly

**v. Food and Nutrition**

Never  rarely  regularly

10. How are OVC needs identified? (Probe details of the process and persons involved in the process)

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11. What identification criterion is used to enroll OVC under care?

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12. What are the sources of funding for OVC projects?

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13. Are all the CBO members trained in OVC care and support

Yes  No

If no how many are trained

None     less than 5     More than 5

14. What is the involvement and roles of the following stakeholders?

Stakeholders	Involvement
Community members	
GOK through children department	
Churches	
NGOs	
Other CBOs	
Other (specify)	

15. How do you ensure quality of services to OVCs?

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16. How does the CBO coordinate OVC service delivery

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17. How effective is the availability of services communicated to the OVC

Very effective     Some what effective     Not effective at all

18. In what way have the lives of the OVCs changed as a result of the CBOs interventions?

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19. Is the CBO effectively meeting the needs of the OVC?

Disagree  Agree  Strongly agree

(b) Please explain your answer above

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20. What are the challenges faced by the CBO in providing care and support for OVCs?

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## APPENDIX II

### QUESTIONNAIRE FOR CBO COMMUNITY HEALTH WORKERS/STAFF

My name is Jemimah A. Owande, a Master's student from the University of Nairobi, who is carrying out a study on effectiveness of local community based organizations (CBOs) in providing support services to orphans and vulnerable children (OVC) in Kisumu East District.

As part of our assessment, we are seeking the views of wider cross section of people in the society, including government officials, CBO staff , and community members. The information sought is purely for research purposes and will be treated in confidence. No name of respondent shall be sought.

Date of data collection.....

1) Can you please tell me about yourself?

- i. Age \_\_\_\_\_
- ii. Gender \_\_\_\_\_
- iii. Marital status \_\_\_\_\_
- iv. Highest level of education \_\_\_\_\_
- v. Name of CBO \_\_\_\_\_
- vi. Role in the CBO \_\_\_\_\_

2) When did you start working as a Community Health Worker/staff with this CBO?

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3) Are you trained as a Community Health Worker?

Yes  No

4) If yes, what areas are you trained in?

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5) What is the main vision and objective of the CBO?

Vision	
Objectives	

6) Do you receive support from donors /funders that address OVC issues?

Yes  No

(a) If yes, what are the targeted activities for OVC? (Fill the table below)

Activity	Budget allocation	No of OVC served

(b) If no, what are your sources of funds?

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7) Are there any other service providers who assist the CBO to address some of the OVC needs?

Yes  No

(a): If yes provide details.

Name of the organization	Service or area involved in

8) Does your CBO support ALL the OVCs in your catchments area?

Yes

No

(a) If no, why are other OVC not enrolled?

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9) What is the number of children under support? \_\_\_\_\_

10) What is the criteria used to enroll children under care and support?

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11) List the groups of people involved and how they are involved in the identification of the OVC

WHO	HOW


12) What kind of support do you provide to OVCs? (Probe: Let respondent list specific needs in each particular area).

Health	
Education	
Protection	
Psychosocial	
Food and Nutrition	

(a) Are all the above needs met by the CBO?

Yes  No

(b): If no which ones are met by the CBO?

i. Health

ii. Education

iii. Protection & Shelter


12) What kind of support do you provide to OVCs? (Probe: Let respondent list specific needs in each particular area).

Health	
Education	
Protection	
Psychosocial	
Food and Nutrition	

(a) Are all the above needs met by the CBO?

Yes  No

(b): If no which ones are met by the CBO?

i. Health

ii. Education

iii. Protection & Shelter

iv. Psychosocial

v. Food and nutrition

c) How often are these services provided?

**d) Health**

Never  rarely  regularly

**e) Education**

Never  rarely  regularly

**f) Protection**

Never  rarely  regularly

**g) Psychosocial**

Never  rarely  regularly

**h) Food and Nutrition**

Never  rarely  regularly

13) How are the OVCs informed about availability of goods or services?

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14) How often do you meet with the OVCs

Never  Rarely  Regularly

15) Do all supported OVCs access these services?

Yes  No

(b) If no, what are the challenges faced by the OVCs in accessing these services?

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16) How do you ensure quality of services to OVCs?

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17) How does the CBO coordinate OVC service delivery

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18) How effective is the availability of services communicated to the OVC

Very effective  somewhat effective  Not effective at all

Please explain your answer

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19) In what way have the lives of the OVCs changed as a result of the CBOs interventions?

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20) Are there unfunded priorities related to OVC activities?

Yes  No

(a) If yes, what are these unfunded activity/activities?

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21) Is the CBO effectively meeting the needs of the OVC?

Disagree  Agree  Strongly agree

22) What challenges do your CBO face in providing care and support for OVCs?

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### APPENDIX III

#### QUESTIONNAIRE FOR ORPHANS AND VULNERABLE CHILDREN (OVCs)

My name is Jemimah A. Owande, a Master's student from the University of Nairobi, who is carrying out a study on effectiveness of local community based organizations (CBOs) in providing support services to orphans and vulnerable children (OVC) in Kisumu East District.

As part of our assessment, we are seeking the views of wider cross section of people in the society, including government officials, CBO staff , and community members. The information sought is purely for research purposes and will be treated in confidence. No name of respondent shall be sought.

Date of data collection \_\_\_\_\_

1) Can you please tell me about yourself?

- i. Age \_\_\_\_\_
- ii. Gender \_\_\_\_\_
- iii. Marital status \_\_\_\_\_
- iv. Highest level of education \_\_\_\_\_

2) Tick your age group, as appropriate

Less than 6 years  between 7-10  between 11-14  between 15-18

3) Are your parents alive?

- i. Father alive
- ii. Mother alive
- iii. Father dead

### APPENDIX III

#### QUESTIONNAIRE FOR ORPHANS AND VULNERABLE CHILDREN (OVCs)

My name is Jemimah A. Owande, a Master's student from the University of Nairobi, who is carrying out a study on effectiveness of local community based organizations (CBOs) in providing support services to orphans and vulnerable children (OVC) in Kisumu East District.

As part of our assessment, we are seeking the views of wider cross section of people in the society, including government officials, CBO staff , and community members. The information sought is purely for research purposes and will be treated in confidence. No name of respondent shall be sought.

Date of data collection \_\_\_\_\_

1) Can you please tell me about yourself?

- i. Age \_\_\_\_\_
- ii. Gender \_\_\_\_\_
- iii. Marital status \_\_\_\_\_
- iv. Highest level of education \_\_\_\_\_

2) Tick your age group, as appropriate

Less than 6 years  between 7-10  between 11-14  between 15-18

3) Are your parents alive?

- i. Father alive
- ii. Mother alive
- iii. Father dead

iv. Mother dead

v. Both father and mother dead

vi. (If either both or one parent is dead probe for the cause of death and when they passed on)

4) With whom do you live \_\_\_\_\_

5) How many are you in your family \_\_\_\_\_

6) Are you currently registered under any CBO providing support services to OVCs in your area?

Yes  No

(a) If yes, under which CBO are you registered? \_\_\_\_\_

(b) When (year) were you enrolled to the CBO? \_\_\_\_\_

7) Are all your siblings enrolled with the CBO?

Yes  No

(b) If no how many are enrolled? \_\_\_\_\_

8) Have you ever received any support from the CBO?

Yes  No

(b) If yes, can you identify and list areas where you were supported by the CBO (Probe:

Let respondent specify what support was given in each particular area)

Health	
Education	
Protection	
Psychosocial	
Food and Nutrition	

(c) How often are these services provided?

Never  rarely  regularly

(d) Are these your priority needs?

Yes  No

(e) If no, what are your priority needs?

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9) How are you informed when there is support from CBO?

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10) Are there changes in your life as a result of intervention by the CBO?

Yes  No

(b) If yes what are these changes

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c) How do you feel about these changes?

Not happy  happy  very happy

Please explain your answer

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11) Can you suggest areas in your life where you think the CBO offering support to you can improve?

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## APPENDIX IV

### QUESTIONNAIRE FOR CAREGIVERS

My name is Jemimah A. Owande, a Master's student from the University of Nairobi, who is carrying out a study on effectiveness of local community based organizations (CBOs) in providing support services to orphans and vulnerable children (OVC) in Kisumu East District.

As part of our assessment, we are seeking the views of wider cross section of people in the society, including government officials, CBO staff , and community members. The information sought is purely for research purposes and will be treated in confidence. No name of respondent shall be sought.

Date of data collection.....

1) Can you please tell me about yourself?

- a. Age \_\_\_\_\_
- b. Gender \_\_\_\_\_
- c. Marital status \_\_\_\_\_
- d. Highest level of education \_\_\_\_\_

2) Tick your age group, as appropriate under 18 years

18-35 years  36-45years  46-55 years  Over 55 year

3) How many OVCs are you currently taking care of?

Only 1  more than 1

(b): If the answer to the above question 3 is more than 1, state the exact number of OVC. \_\_\_\_\_

4) Do you know the needs of the OVC under your care?

Yes  No

(b): If yes list them

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5) How do you meet the above needs? (Do you get any assistance from elsewhere?)

Yes  No

(a): If yes where do you get assistance from?

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6) Are you receiving support from the local CBO in order to help provide for the basic needs of the OVCs under your care?

Yes  No

(a) Name the CBO \_\_\_\_\_

(b) If the answer to the above question 6 is yes, what specific support are you currently receiving?

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7) Are the services you receive from the CBO meeting the priority needs of the children

Yes  No

(a) If your answer to question 8 above is 'no' what are the unmet needs?

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8) Are all the children under your care receiving support?

Yes  No

(a) If your answer is 'no' how many receive support? \_\_\_\_\_

9) How would you rate the support that you are now receiving?

Excellent       Good       Average       Below expectations

Please explain your answer

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10) Has the support you receive from the CBO changed the lives of the children under your care in any way

Yes       No

(b) If yes in what way has it changed your life?

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(c) How do you feel about these changes?

Not happy       happy       very happy

Please explain your answer

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11) What challenges do you face in fulfilling the needs of the Orphans and Vulnerable Children (OVC)?

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12) What is your rating of the relationship of the CBO and the community?

Excellent  Good  Average  Below expectations

Please explain your answer

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13) Please suggest some recommendations to improve the strategy

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Please explain your answer

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## **APPENDIX V**

### **FOCUS GROUP DISCUSSION (FGD) GUIDE FOR THE EXECUTIVE MEMBERS OF CBO**

#### **Part 1: Discussants' Views on Orphanhood and vulnerability**

- 1) Who a vulnerable child is
- 2) What constitutes vulnerability?
- 3) What causes Child's/Orphan's Vulnerability
- 4) Who is charged with the responsibility for shouldering the needs of OVCs?
- 5) Level of societal commitment in responding to the needs of OVC
- 6) Major challenges facing the CBO

#### **Part 2: About the CBO**

- 1) Goal/Objective for which the CBO was established
- 2) Activities of the CBO
- 3) Methods adopted to identify OVC and their needs
- 4) Ways of mobilizing members and information dissemination
- 5) Strategies for intervention
- 6) Means for generating resources/funds/logistics
- 7) Successes recorded
- 8) Major challenges facing the association in achieving their desired objectives
- 9) Recommendations on how to improve

#### **Part 3: Effects/Impact of CBO interventions to OVCs**

- 1) Number of OVC supported by the CBO
- 2) Key OVC interventions by the CBO
- 3) Partnerships with other key stakeholders (Community, Government through Children's department, Churches etc)
- 4) Notable changes in the lives of supported children