

**INFLUENCE OF SOCIAL PROTECTION PROGRAMMES ON  
LIVELIHOOD OF ORPHANS AND VULNERABLE CHILDREN IN  
NYATIKE DISTRICT, MIGORI COUNTY**

**BY**

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**DECLARATION**

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

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## **DEDICATION**

This research project report is dedicated to my sister, Stella Kevyne Amoit Ettyang, my second mother, whose encouragement, stimulation, patience and inspiration played an important role in the development of this research project report. I dedicate it to my brother in law, Daniel Okumu, for being a father figure in my life and my beloved nephew, Daniel Okumu Jr. and niece, Emily Abbo Okumu, for their inspiration and love. This research project report is also dedicated to my godmothers, Rev. Sr. Philippa Sulumeti and Rev. Sr. Lydia Inya for their unconditional support in ensuring that I had all that I required for my education. Above all, to my beloved mother, the late Emily Abbo, I say thank you for being my inspiration, role model and mentor and may the Good Lord Rest your Soul in Eternal Peace.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
GoK	Government of Kenya
HACI	Hope for African Children Initiative
ILO	International Labour Organization
KAIS	Kenya AIDS Indicator Survey
MDGs	Millennium Development Goals
NGOs	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
PLWHA	People Living With HIV/AIDS
PEPFAR	US President's Emergency Plan For AIDS Relief
SDHS	Swaziland Demographic and Health Survey
SMEs	Small and micro-Enterprises
SPSS	Statistical Package for Social Sciences
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

## ABSTRACT

Convention on the Rights of the Child states that every child has the right to the enjoyment of the highest attainable standard of health and the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. Children were seen as signs of blessings, however today this is not so. The avenues that ensured that the children's sense of innocence and vulnerability was not abused have been compromised. Childhood is today cut short by the increase in child sexual molestation, child headed families, street children, children living with HIV/AIDS, child labour, child trafficking and orphans. Of late, a number of organisations, the government and other well wishers have teamed up to eliminate or rather to reduce the menace. This they done through the implementation of various programmes like the Free Primary Education, School Feeding Programmes, Cash transfer and non cash transfer initiative, orphanages and foster care. All these have been put in place to improve the living conditions and livelihood of the OVC and their caregivers. The purpose of this study was to establish the influence of Social Protection Programmes on the livelihood of OVC in Nyatike District. The study was carried out on 8 sampled organisations dealing with OVC in Nyatike District, targeting both the Project personnel and the project beneficiaries who are the OVC. The following research objectives guided the study; to assess the influence of cash transfer on the livelihood of the OVCs in Nyatike District; to establish the influence of education scholarships and bursaries on the livelihood of the OVCs in Nyatike District; to determine the influence of shelter provision on the livelihood of the OVCs in Nyatike District; to determine the influence of provision health and nutrition on the livelihood of the OVCs in Nyatike District. Chapter Two which is on literature review, provides an insight on the study. The study used descriptive research survey design. In order to achieve the intended objective the researcher used two questionnaires, one for the 16 purposively sampled project officials and another for the 150 OVC. Data was analyzed using frequencies and percentages and the findings were presented in the form of tables. The major findings were that social protection programmes play a major role in the livelihood of ovc. Their standard of living changed due to these programmes. However, it was noted that the programmes were not sufficient enough and therefore the study recommends that the Government, Donors, NGOs and other stakeholders in the interested in the welfare of OVC both in Kenya and beyond ensure the Minimum Service Standards for Quality Improvement of Orphans and Vulnerable Children Programme in Kenya are implemented so as to have harmonized services to children and especially Orphans and Vulnerable Children by various stakeholders in the sector. It is hoped that the findings in this study will be found useful by the Government, Donors, NGOs and other stakeholders in the interested in the welfare of OVC both in Kenya and beyond.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Background of the Study**

Convention on the Rights of the Child states that every child has the right to the enjoyment of the highest attainable standard of health and the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. In this way, the Convention recognizes that children have a wide range of needs – including, love, safety, nutrition and play – that are fundamental in and for them. The inattention to any of these needs puts a child at a disadvantage, limiting his or her opportunity to grow physically, cognitively, socially and emotionally (UNICEF, 2009).

According to UNICEF, in 2007, an estimated 145 million children between the ages of 0 and 17 years were orphaned, having lost one or both parents. The number of OVC who include street children, forced child labourers, sexually exploited children, children forced into marriage and those with disabilities is immense and continues to increase drastically. Children may be made highly vulnerable because of natural disasters, complex emergencies like civil conflicts, extreme poverty, according to the draft Social Protection Strategy paper, a household is said to be “extremely poor” when “its entire income is below food poverty line” (Republic of Kenya, 2009b) or epidemic disease - particularly HIV/AIDS. The major cause of OVC emergence especially in Sub Saharan Africa is HIV/AIDS which has led to an increase in the number of orphans.

AIDS is more than a health issue and there are so many negative socio-economic problems which include the growing number of OVC's experience. Of the 47.5 million children that are orphans in sub-Saharan Africa, 11.6 million have been orphaned due to AIDS (UNICEF 2008b). As a result, child headed households are a common occurrence and children are no longer children because of HIV. According to UNICEF (2008), around 145 million orphans

in Sub Saharan Africa, Asia, Latin America and the Caribbean has lost one or both parents. These numbers are alarming thus leading to the implementation of the various social protection programmes to tame and improve the lives of the OVC. With an estimated prevalence of 26.3%, Swaziland has the world's most severe HIV/AIDS epidemic, posing a serious challenge to the country's economic development. According to the UNAIDS Epidemic Update 2009, average Swazi life expectancy fell by half between 1990 and 2007, mostly due to the epidemic. A 2007 study by UNICEF and the CDC found one-third of females aged 13 to 24 experienced sexual violence before the age of 18. In the 2007 SDHS, 5 percent of children between the ages of 2 and 4 were HIV positive, and in 2008, children under 15 were estimated to account for nearly one out of every five new cases of HIV. HIV/AIDS is also responsible for 47 percent of under-5 mortality in Swaziland, reversing hard-won child survival gains. The National Children's Coordination Unit estimates there are approximately 130,000 orphans and vulnerable children (OVC) in Swaziland. According to the 2007 SDHS, only 22 percent of children below 18 years of age live with both parents, and nearly one-third do not live with either parent.

With an estimated 5.5 million people living with HIV in South Africa, the AIDS epidemic is creating large numbers of children growing up without adult protection, nurturing, or financial support. According to PEPFAR, of South Africa's 18 million children, nearly 21% (about 3.8 million children) have lost one or both parents. Despite the magnitude and dire consequences of the growing number of OVC in South Africa and elsewhere in sub-Saharan Africa, there is insufficient documentation of the strategies deployed to improve the well-being of these children. Global partners have recently signed on to a number of commitments specific to orphans and vulnerable children. The 2005 Group of Eight summit in Gleneagles, Scotland, committed to providing access to HIV prevention, treatment, and care for all who need it by 2010. Furthermore, they committed also to work with partners in Africa to ensure

that all children left orphaned or vulnerable by AIDS or other pandemics are given proper support (UK Government 2005). The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a major financier responding to HIV, including programs for orphans and vulnerable children (OVC) implemented with HIV funds. In June 2010, the Global Fund reported that programs funded by it have provided 4.9 million basic care and support services to orphans and vulnerable children.

Poor people find it hard to meet the needs of their daily lives, sometimes because they lack the means or lack capability of doing so. This sometimes leads to deprivation and/or destitution. In order to rescue people from or prevent them from deprivation and destitution, public and private institutions implement social protection interventions. An initiative therefore qualifies to be a livelihood-based social protection intervention if it provides the means of bringing the most vulnerable groups into the development process through protection, prevention and promotion to ensure their immediate and future livelihoods. Livelihood-based social support for OVC should institute and implement interventions to reduce vulnerability of the OVC and their households. ActionAid, who lobbied for universal access to treatment during the Gleneagles Summit, continues to provide support for children affected by AIDS. In Malawi, their Priority Project is seeking to provide 400 orphans access to basic education, emotional support, and healthcare, including HIV testing and antiretroviral treatment (ActionAid 2007). World Vision International also advocates for the needs of orphans and vulnerable children and recommends the development of national orphans and vulnerable children strategies and plans of action, supported by sufficient resources from national and international partners (Casey 2006).

In response to this growing crisis, President George W. Bush on November 8, 2005, signed into law the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act (Public Law 109-95), landmark legislation requiring the U.S. Government (USG) to



devise a single, comprehensive strategy for addressing critical needs among the developing world's collective of highly vulnerable children. In the face of the growing OVC population, it is essential that additional opportunities made possible via the Global Fund be identified to ensure OVC are appropriately prioritized in grant processes (Pfleiderer and Kantai, 2010). PEPFAR is working with partner governments to strengthen the capacity of families and communities to provide quality family-based care and support for OVC. PEPFAR is working closely to integrate OVC programming with other USG efforts and multilateral efforts around education, food and nutrition, and livelihood assistance as part of a robust, comprehensive response to the needs of OVC. Congress maintained the requirement to direct 10% of PEPFAR program funds to OVC activities. This 10% earmark reflects the importance of PEPFAR's role in mitigating the impact of HIV/AIDS for the millions of children and adolescents living in affected communities.

The National Plan of Action for Orphans and Vulnerable children Kenya 2007-2010, states that a greater number of children are vulnerable due to poverty, disease, abandonment, natural disasters, and civil unrest and other causes. In the face of the growing OVC population, the Kenya National AIDS Strategic Plan 2009/10–2012/13 (KNASP III) state that, in 2008, there were an estimated 110,000, 0 to 14 year old orphaned children living with HIV and about 34,000 new child HIV infections each year. HIV/AIDS has resulted in increased numbers of orphaned and vulnerable children (OVC) in Kenya. The 2003 KDHS shows an estimated 11 percent (1.7m) of all Kenyan children less than 15 years had been orphaned compared to nine percent in 1998. Nyanza Province has the highest rates of HIV infection and the highest level of orphanhood in Kenya with up to 40 percent of children less than 18 years orphaned and the proportion is growing. According to the National Plan of Action for OVC 2007/2010, an estimated 2.4 million orphans in Kenya are due to HIV and AIDS crisis that has heavily afflicted the country. Estimated number of OVC increased from

1.8 million in 2004 to 2.4 million in 2006, 48% of these linked to HIV and AIDS. In Nyanza province alone it is estimated that there are more than 650,000 OVC, the largest number of any province in Kenya (KAIS 2007). Nyatike District is one of the poorest areas in Kenya; it has a high AIDS prevalence rate of 14.8% which is actually double the national average thus a high number of OVC. The growing number of OVC in one of the most impoverished provinces underscores the need to better understand their situation to make programs for this segment of children more targeted.

### **1.2 Statement of the Problem**

According to 2009 Population census, Kenya's population is estimated to be 40 million people, of whom about 14.9 million are children below the age of 14 years. Kenya currently has a population of over 40 million and out of this about 2.5 million are orphans. According to the National Plan of Action for OVC 2007/2010, an estimated 2.4 million orphans in Kenya are due to HIV and AIDS crisis that has heavily afflicted the country. Estimated number of OVC increased from 1.8 million in 2004 to 2.4 million in 2006, 48% of these linked to HIV and AIDS. In Nyanza province alone it is estimated that there are more than 650,000 OVC, the largest number of any province in Kenya (KAIS 2007). Nyatike District is one of the poorest areas in Kenya; it has a high AIDS prevalence rate of 14.8% which is actually double the national average thus a high number of OVC. The growing numbers of OVC has raised social, economic and political pressure to introduce various social protection programmes in the country including non cash and cash transfer initiatives. Social protection programmes have gained greater recognition and importance in public expenditure than was the case in the 1980s and 1990s (Pfleiderer & Kantai, 2010). Common difficulties faced by orphans as property dis-inheritance, hidden costs of free primary education, lack of food, separation of siblings, sexual abuse and low transition rate to secondary level even when they perform well at the primary level examinations.

The plight of children and the degree of vulnerability especially among the OVC has led to the introduction and implementation of programmes in their aid. Numerous groups have emerged in form of donors, sponsors and organizations to assist ease the inhuman situation. Despite the rationale for the introduction of social protection programmes for the OVC, there are increasing concerns regarding their ability and sensitivity in cushioning the OVC against the adverse effects of poverty, conflict and HIV/AIDS. Major concerns are in regard to the social protection programmes ability to achieve their set objectives. The Ministry of Gender, Children and Social Development, through the Department of Children Services, found it necessary to develop the Kenya OVC Action Plan 2007-2010 document as a response to the ever increasing OVC country wide. The government and other stakeholders have come up with several interventions to address the problem of OVC but this has remained inadequate in the face of the increasing number of OVC.

This study strived to establish the influence of the social protection programmes on the livelihood of OVC in Nyatike District and used the research findings to suggest the way forward on how to overcome obstacles to achievement of absolute protection of OVC and make them more effective in their service delivery.

### **1.3 Purpose of the Study**

The purpose of this study was to establish the influence of social protection programmes on the livelihood of the OVC in Nyatike District.

### **1.4 Objectives of the Study**

The study was guided by the following objectives:

- i. To assess the influence of cash transfer for OVC on the livelihood of the OVC in Nyatike District.
- ii. To establish the influence of Education scholarships and bursaries on the livelihood of the OVC in Nyatike District.
- iii. To determine the influence of shelter provision on the livelihood of the OVC in Nyatike District.
- iv. To determine the influence of provision of food on the livelihood of the OVC in Nyatike District.

### **1.5 Research Questions**

The following were research questions derived from the objectives:

1. How do cash transfers for ovc influence the livelihood of the OVC in Nyatike District?
2. To what extent do education scholarships/bursaries influence the livelihood of the OVC in Nyatike District?
3. To what extent does shelter provision influence the livelihood of the OVC in Nyatike District?
4. How does the provision of food influence the livelihood of the OVC in Nyatike District?

### **1.6 Significance of the Study**

This study was intended to benefit a number of organizations which include; the government, donors and NGOs. The Government has rolled out various programmes that touch on the well being of the children, more so the OVC. The most ambitious of these programmes being the Free Primary Education, the cash transfer for the orphans and the various bursaries and scholarships awarded by CDF and governmental ministries. This study

was thus intended to be relevant to anyone who is seeking to launch or improve work that enables orphans and vulnerable children to live better. By recording grounded experiences of interventions, it aimed to inform decision-making by those working towards the same goal, including practitioners in formal and non-formal venues, programme managers and planners, and government policymakers. The pitfalls and limitations of these programmes on the recipients were exposed by this study and thus the government can make improvements where necessary.

### **1.7 Delimitations of the Study**

The study was conducted in Nyatike district which is in Migori county, Nyanza province, Kenya. Nyatike district lays in the far end of the former greater South Nyanza and bordering Tanzania on the land and Uganda in Lake Victoria. It is divided into; Macalder, Karungu, Muhuru bay, Kaler and Got Kocholla divisions. The economic activities include; fishing, fish trade and gold mining. Despite all this it is one of the poorest areas in Kenya and in fact it had a high AIDS prevalence rate of 14.8% which was actually double the national average which was 7.8% (KAIS, 2007). In line with this, Nyatike District had a high number of OVC in the country.

### **1.8 Limitations of the Study**

This study was hindered by poor road network and rains; this was curbed by travelling early in the mornings as it rained in the afternoon. The likelihood of the quality of the information not being entirely efficient due to respondents fear of sharing information was countered by giving respondents written assurance that data collected shall be used only for research purposes, strict confidentiality was observed and that a respondent shall, upon request, be given a copy of the findings of the study.

## **1.9 Basic Assumptions of the Study**

The basic assumption of the study was that the respondents and main informants would provide correct and truthful information to questions and explanations sought by the research instruments used. It was also assumed that the views of the respondents used for the study are representative of the entire population, hence making generalization of the findings possible.

## **1.10 Definition of Significant Terms used in the Study**

**Cash transfer initiatives** provide cash assistance to households caring for OVC while encouraging OVC human capital development

**Caregiver** in the study is a parent or guardian who is charged with the responsibility for a child's welfare

**Children affected by HIV/AIDS** are children and adolescents under 18 years old who are infected or affected by HIV, or have lost one or both parents due to AIDS

**Food** in this study entails diet and the edible foods available to the OVC for consumption

**Livelihood of ovc** comprises the ovc, their capabilities and their means of living, including food, income and assets. Simply put, a livelihood is the way ovc make a living and meet the needs of their lives

**Orphan** is a child who has lost one or both parents (through death)

**Shelter provision** in this study includes: houses built for ovc, foster homes for ovc, children's homes and orphanages that ovc stay and live in.

**Social protection programmes** are all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized, with the objectives of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups

**Vulnerability** A heightened or increased exposure to risk as a result of one's circumstances

**Orphan and Vulnerable child (OVC)** is a child whose safety, wellbeing and development are, for various reasons, threatened, including children who are emotionally deprived or traumatised, or parent(s) have died due to HIV/AIDS

### **1.11 Organisation of the Study**

This research project report contains five chapters and an appendices section. Chapter One, which is the Introduction, gives the Background of the study, statement of the problem, research objectives and research questions that guided the study. It also contains the basic assumptions of the study, significance of the study, limitations of the study and delimitation of the study. Significant terms as used in the study were defined.

Chapter Two contains a comprehensive literature review of related studies and publications conducted regarding the influence of social protection programmes and the livelihood of OVCs. The section contains a conceptual framework that gives the relationship between the variables.

Chapter three of this research project report contains a description of the methodology used in the study. The research design and sampling procedure used are explained. The method of sample selection and determination was explained. The methods of data collection, analysis and presentation were discussed. This chapter concludes with the operational definition of variables which associates the research objectives with the methodology and provided a map to the expected results.

Chapter four dealt with the study findings and interpretation while chapter five shows the summary of findings, conclusions and recommendations.

The research project report also consists of an appendices section which contains a letter of transmittal, the questionnaires administered to the respondents, a time schedule and a budget for the study.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter deals with literature touching on issues related to OVC. It more specifically touches on the social protection programmes influence on the livelihood of OVC. Vital areas that influence the Social Protection Programmes on the livelihood of OVC have been reviewed as they occur in different countries globally. The areas looked into are the livelihood of OVC, the influence of Social Protection Programmes; cash transfer initiatives, education scholarships/bursaries, shelter provision, food and nutrition and the donor/government policies. The chapter has also a diagrammatic representation of the relationship between the independent variables and the dependent variable in the form of a conceptual framework. The chapter concludes with a summary of the chapter.

#### **2.2 An Overview of Social Protection Programmes**

Social protection helps to build a protective environment for children by \_reducing the socio-economic barriers to child protection through policies that contribute to economic security, ensure access to basic social services and contribute to preventing violence and exploitation (UNICEF, 2011). Social protection programmes have gained greater recognition and importance in public expenditure than was the case in 1980s and 1990s (Ikiara, 2009). Social protection measures are demonstrated by the large number of special protection programmes in existence today. Social protection is broadly defined as: “all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized, with the objectives of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups”(Norton, A., *et al*, 2001). According to Norton, the overall rationale for

social protection is “to promote dynamic, cohesive and stable societies through increased equity and security”.

Holzmann and Jorgensen (2000) define social protection as public interventions to (i) assist individuals, households, and communities to be able to manage risk better, and (ii) provide support to the critically poor. Social protection interventions can be categorised under protective, preventive, promotive and transformative measures (Devereux and Sabates-Wheeler, 2004). Protective measures provide relief from deprivation. Protective measures include: social assistance programmes (which targeted resource transfers – disability benefits, single-parent allowances, and social pensions for the elderly poor that are financed publicly – out of the tax base, with donor support, and through NGO projects) and social services which are for the poor and groups needing special care, including orphanages and reception centres for abandoned children and internally displaced persons (IDPs), and the free education in order to extend basic services to the very poor.

Preventive measures seek to avert deprivation. Preventive measures deal directly with poverty alleviation. They include social insurance for economically vulnerable groups – people who have fallen or might fall into poverty, and may need support to help them manage their livelihood shocks. Promotive measures aim to enhance real incomes and capabilities, which is achieved through a range of livelihood-enhancing programmes targeted at households and individuals, such as micro-finance. Transformative measures seek to address concerns of social equity and exclusion, such as collective action for workers’ rights, or upholding human rights for minority ethnic groups. Relevant interventions include changes to the regulatory framework to protect socially vulnerable groups such as people with disabilities and women against discrimination and abuse, as well as sensitization campaigns (e.g. HIV/AIDS anti-stigma campaigns) to transform public attitudes and behaviour and enhance social equity (Omiti and Nyanamba, 2007).

A wide range of social protection programmes in form of CT and non-CT programmes are being implemented in collaboration with a large number of stakeholders including government and non-government institutions, private sector and development partners. Social protection programmes have been advocated for and adopted by various bodies both governmental and non-governmental, thus it is vital to note what they actually do to society. Social protection interventions can be classified into three categories depending on their primary function in impacting on people's livelihoods (Dorward, A., *et al*, 2007). These are: 1) welfare instruments which provide relief and sometimes recovery from deprivation; 2) risk-insurance instruments which seek to avert deprivation by establishing robust and accessible recovery mechanisms; and 3) resilience- building instruments which aim to enhance real incomes and capabilities, build assets and promote resistance.

The 2005/06 Kenya Integrated Household and Budget Survey data highlighted the most vulnerable groups in the country: the elderly population, the orphans and vulnerable children (OVC), People With Disabilities (PWD), the urban poor and street families, people living with HIV/AIDs, victims of natural disasters such as floods and droughts; and internally displaced persons (IDPs) (Republic of Kenya, 2009 (b)).

Kenya's draft Social Protection Strategy 2009-2012 argues that: "There is growing consensus that social protection does not have to be implemented at the expense of growth and that indeed social protection is able to enhance the long-term growth trajectory of the country and is an economically feasible and sustainable undertaking. Data collected during the 2005/06 Kenya Integrated Household and Budget Survey shows that hard-core poverty is concentrated more in Kenya's rural areas, and that the levels of poverty differ significantly between regions, provinces or districts with Coast and North-Eastern Provinces exhibiting higher levels of poverty (Pfleiderer and Kantai, 2010). Kenya has an estimated 2.4 million

orphans and vulnerable children half of which have resulted from death of parents due to HIV and AIDS crisis that has heavily afflicted both the country's rural and urban areas. The growing numbers of OVC has raised social, economic and political pressure to introduce various social protection programmes in the country including non cash and cash transfer initiatives. Social protection programmes have gained greater recognition and importance in public expenditure than was the case in the 1980s and 1990s.

With an estimated 46% of the country's population of 38 million people currently living below poverty line, Kenya has faced increasingly volatile socio-political and economic challenges especially in the last decade in terms of poverty, unemployment and inequality. These have compelled the government to re-think its strategies with regard to social protection for the most vulnerable sections of the population (Ikiara, 2009). Despite the gains made in reduction of poverty levels between 2003 and 2004, poverty remains one of the main areas of concern in the country economically, socially as well as politically. Kenya's poverty estimates based on the 2005/06 Kenya Integrated Household and Budget survey (Kenya National Bureau of Statistics, 2007), the poverty headcount ratio for the urban population was 33.7% while that of the rural population stood at 49.1%, with the overall national poverty headcount ratio estimated at 46% of the population. The survey estimated an urban poverty line of Ksh 1,562, Ksh 2,913 for rural areas and Ksh 988 as the food poverty line. According to the Survey data about a fifth (19.1%) of the population was extremely poor or 'hard-core' poor with the respective levels for urban and rural areas at 8.3% and 21.9% (Ikiara, 2009).

The introduction of a Free Primary Education (FPE) in 2003 and Free Day Secondary Education (FDSE) in 2008 demonstrated the extent of the Kenyan government's commitment to social welfare issues. Thus concern is demonstrated by a rapid increase in the Government's budgeted resources which rose from US\$ 390 million in 2002/03 to US\$ 637.5 and US\$ 1.18 billion in 2005/06 and 2006/07 respectively, (Allen, K. *et al*, UNICEF, 2007).

A wide range of other social protection measures targeting health, housing, food security and other special programmes were undertaken, under the Office of the President, Office of the Vice-President and a number of other ministries.

Social protection programmes supported mainly by the government include the Arid and Semi Arid Lands (ASAL) Programme targeting socio-economic development and poverty reduction among mainly poor pastoralist areas, slum upgrading and low cost housing schemes targeting slum populations especially in the urban areas; the Constituency Development Fund (CDF) which is aimed at devolving development funds to finance grassroots infrastructural projects and health and education services at the constituency level; and social insurance mainly in the form of National Social Security Fund (NSSF) and National Hospital Insurance Fund (NHIF), and a wide range of pension schemes; three cash transfer programmes, i.e. Orphans and Vulnerable Children(OVC), Hunger Safety Net and the Elderly CT programme; in-kind transfer programmes including Emergency Food Aid, School Feeding, Free Primary and Secondary Education, Emergency Pastoralist Support programmes, Hospital fee waivers, voucher schemes for health Political Economy of Cash Transfers in Kenya 4 services, non-state actors' social protection interventions such as World Aid, Action aid, Save the Children, etc, as well as various community and family safety net systems (Ikiara, 2009). A livelihood is a means and capability of earning a living. In order to live a decent life, people need food, income and some assets. Poor people find it hard to meet the needs of their daily lives, sometimes because they lack the means or lack capability of doing so. This sometimes leads to deprivation and/or destitution. In order to rescue people from or prevent them from deprivation and destitution, public and private institutions implement social protection interventions. An initiative therefore qualifies to be a livelihood-based social protection intervention if it provides the means of bringing the most vulnerable groups into the development process through protection, prevention and promotion to ensure

their immediate and future livelihoods. Livelihood-based social support for OVC should institute and implement interventions to reduce vulnerability of the OVC and their households.

Global partners have recently signed on to a number of commitments specific to orphans and vulnerable children. The 2005 Group of Eight summit in Gleneagles, Scotland, committed to providing access to HIV prevention, treatment, and care for all who need it by 2010. Furthermore, they committed also to “work with them [partners in Africa] to ensure that all children left orphaned or vulnerable by AIDS or other pandemics are given proper support” (UK Government 2005).

With an estimated adult prevalence of 26.3 percent, Swaziland has the world’s most severe HIV/AIDS epidemic, posing a serious challenge to the country’s economic development. According to the Joint United Nations Program on HIV/AIDS’s (UNAIDS’s) *Epidemic Update 2009*, average Swazi life expectancy fell by half between 1990 and 2007, in great part due to the epidemic. Approximately 190,000 people in Swaziland are HIV positive, including 15,000 children under age 15. A 2007 study by UNICEF and the U.S. Centers for Disease Control and Prevention (CDC) found one-third of females aged 13 to 24 experienced sexual violence before the age of 18. Children are affected by the epidemic by contracting the disease from their mothers and/or by losing a parent to the disease.

In the 2007 SDHS, 5 percent of children between the ages of 2 and 4 were HIV positive, and in 2008, children under 15 were estimated to account for nearly one out of every five new cases of HIV. HIV/AIDS is also responsible for 47 percent of under-5 mortality in Swaziland, reversing hard-won child survival gains. The National Children’s Coordination Unit estimates there are approximately 130,000 orphans and vulnerable children (OVC) in

Swaziland. According to the 2007 SDHS, only 22 percent of children below 18 years of age live with both parents, and nearly one-third do not live with either parent.

### **2.3 Influence of Cash Transfer for OVC on livelihood of OVC**

Cash Transfer (CT) programmes are some of the latest and smallest among the social protection programmes (Ikiara, 2009). CT are increasing in popularity as a means of addressing issues of vulnerability and food insecurity, and as alternatives to commodity transfers. CTs are also known to have potential for empowering beneficiaries through strengthening their livelihoods and contributing to the growth of local economies. Social transfers are increasingly being seen as a key tool in East and Southern Africa for combating the triple threat of chronic poverty, hunger and HIV/AIDS. As programs expand, a number of design and implementation issues have begun to dominate the policy debate, and one topic in particular is targeting, which has emerged as a contentious issue in program design in the region. A variety of approaches are used in the region , ranging from universal old age pensions, to means-tested child support grants, to a variety of community based poverty and OVC targeted programs.

The Government of Malawi, in collaboration with UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria, has undertaken a social protection scheme to provide cash assistance to the greatest at-risk households in the country. In 2006, the Malawi Social Cash Transfer program was piloted in the Mchinji District, targeting 3,000 households. Currently, seven districts are implementing the program, with three waves implemented in 2007 (Likoma, Machinga, and Salima Districts) and three more in 2008 (Chilipa, Mangochi, and Phalombe). The program targets ultra-poor and labour constrained households. By February 2009, the programme had transferred funds to 23,651 households, giving an average of K2,000 (about US\$14) per household per month with an average annual cost, including 15

per cent administrative costs, of US\$200 per household per year. The programme funding requirement is anticipated to increase from around US\$6 million in 2008/09 to US\$59.2 million in 2013/14, and coverage to increase from 23,651 households to 295,708 households in the respective years.

Mozambique's *Programa Subsidio de Alimentos* (PSA) or Food Subsidy Program was created in 1990 with an initial aim to provide 'emergency'-type support to destitute urban households, particularly to enable them to achieve an adequate diet (Taimo and 10 Waterhouse, 2007). This program was instated to transition from state-subsidized rations for basic commodities that were available during the years of conflict. The program provided monthly payments roughly equivalent to one third of the minimum wage. The program aims to provide direct assistance to individuals permanently unable to work; create minimum conditions for survival and of access to satisfy the basic needs of target groups in absolute poverty and provide psycho-social support to population groups permanently unable to work and living in absolute poverty (UNICEF and Save the Children 2009).

In addition, monthly transfers are provided to indirect beneficiaries, based on the number of dependents in the household, up to a maximum of four dependents. UNICEF and Save the Children (2009) estimate the number of indirect beneficiaries (i.e. non-targeted individuals who live in the same household as targeted individuals) to be around 200,000. According to a recent study carried out by INAS, more than half of the direct beneficiaries (60 per cent) are caring for at least one orphaned child, or an estimated 73,000 vulnerable children (UNDP, UNFPA, UNICEF and WFP 2009). The RAAAP assessment provided the background to initiate the development of a cash transfer program for OVC in 2004. There was a growing concern about the increasing number of unregulated orphanages as well as the number of children growing up in institutional care rather than a family environment. Because poverty is



a driving factor for the increases in institutional care, cash transfers that help stabilize families economically were considered likely to reduce the demand for orphanages (Pfleiderer and Kantai, 2010).

Microcredit can also enable access to schooling because when caregivers are economically empowered, the orphans and vulnerable children in their households stand a significantly increased chance of receiving education. Microfinancing and providing funds for income-generating schemes have been implemented as strategies for improving the economic status of foster households (Donahue 2000). However, effectiveness depends on follow-up training and marketing support (Deininger *et al.* 2003), and sometimes the returns are small in relation to the effort and resources invested (UNAIDS and UNICEF 1999). Care must be taken to ensure that the income-generating scheme does not require the children to provide labour instead of going to school, and also that the child has enough time to study outside school. The foster households can also be given a targeted conditional transfer of cash, but this might not be sustainable unless the government is prepared to contribute substantially.

One example of good practice in this area is the Uganda Women's Efforts to Save Orphans (UWESO) organization, which provides microfinance to families caring for orphans and vulnerable children. Its microfinance activities have enabled more than 100,000 children, including 30,000 orphans, to attend school and to have their nutritional and other needs met through improved household income flow resulting from the programme. UWESO seeks to meet its objectives through the formation of "clusters" of UWESO members at the community level, training of cluster members, and access of cluster members to "Village Savings and Loans Associations." UWESO clusters are composed of UWESO members, with membership open to women and men in Uganda (and other countries) who give their personal commitment and/or financial and moral support to the organization's objectives.

UWESO members are encouraged to accept orphans into their families, adopt and educate them where possible, give love and care, offer 19 prayers and make financial and material donations for the needs of orphans in their local communities and nationwide (World Bank *et al.* forthcoming).

The number of orphans and vulnerable children has emerged as a major social crisis in the last two decades. Traditional social protection mechanisms, in the face of rapidly increasing numbers of destitute or vulnerable children, have struggled. Kenya has an estimated 2.4 million orphans and vulnerable children half of which have resulted from death of parents due to HIV and AIDS crisis that has heavily afflicted both the country's rural and urban areas (Ikiara, 2009). The Kenyan Cash Transfer Program (CTP) began in 2005. Funding for the CTP comes mainly from the government, the World Bank, the United Kingdom's Department for International Development (DFID), and the United Nations Children's Fund (UNICEF).

Kenya's draft National Social Protection Strategy, estimates that the country could escalate the Cash Transfer Programme nationally to cover all the extremely poor consisting of the People with Disabilities (PWD), Orphans and Vulnerable Children (OVC), and Households with Older Persons above 65 years, at a total cost of approximately Ksh. 12 billion annually (about 3.3% of the national budget), at a monthly cash "transfer" of Ksh. 1,000 per household. The majority of human resources of the Department of Children's Services are dedicated to the CTP, which is attempting to provide systematic support for OVC by strengthening households to take care of OVC. The government gives each family \$20 per child, which can be used for whatever families need including food, shelter, education, and health services. It is still a pilot program and will be evaluated in 2010 (Pfleiderer and Kantai,

2010). The Government recognizes the family as the natural unit for proper socialization and growth for every child. It aims at strengthening the capacity of facilities/households to care for OVC within the community as the key strategic response in addressing the OVC situation in the country.

Kenya's Cash Transfer for Orphans and Vulnerable Children (CT-OVC) Programme was designed to provide cash assistance to households caring for OVC while encouraging OVC human capital development. The main goal of the CT-OVC programme is to strengthen the capacity of poor households to protect and care for orphans and vulnerable children to ensure these OVC receive basic care within families and communities. Provide regular and predictable cash transfers to households living with OVC to encourage fostering and retention of the OVC within families, improve civil registration of guardians/caregivers and OVC promote human capital development among OVC and enhance guardians' knowledge on appropriate care for OVC. To qualify for selection and enrolment, a household has to meet a selection criteria that includes being very poor, taking care of an orphan or vulnerable children under the age of 18 years and not receiving cash assistance from any other Programme.

The overall objective of the CT-OVC Program is to provide a social protection system through regular and predictable cash transfers to households living with OVC in order to encourage fostering and retention of OVC within their families and communities and to promote their human capital development. The Program is presently being expanded and is expected to be delivering cash transfers to a total of about 70,000 OVC households in 47 Districts by end of 2009 and to reach around 100,000 households by 2012. The initial pilot enrolled 500 households in Garissa, Kwale and Nairobi (approximately 3,000 OVC) in 2004. The program continued to Phase 2 after positive impacts were observed in education, health, and nutrition. This second phase covered approximately 7,500 OVC in thirteen districts.

Currently, the program reaches 75,000 households across Kenya, with the ultimate goal of providing coverage to 100,000 households or 300,000 OVC.

#### **2.4 Influence of Education Scholarships and Bursaries on Livelihood of OVC**

Education is critical to the future of all children, but especially to those who are orphaned or vulnerable. Education gives children hope for life and work (UNICEF, 2009). Article 28 in the Convention on the Rights of the Child ensures the access to education. Education is a vehicle through which societal and cultural values are passed on from one generation to another hence a very important investment for the future of a society. Education is the great engine of personal development. It is through education that the daughter of a peasant can become a doctor, that the son of a mineworker can become the head of the mine that the child of farm worker can become the president of a great nation, Nelson Mandela (2004).

All children have a right to an education. Regular attendance enables students to develop a sense of belonging to a peer group and assists in building important coping and friendship skills. Confident children are less likely to engage in anti-social behaviour. As the number of orphans and vulnerable children grows, their communities become less and less capable of addressing all their basic needs, including their ability to go to school. This volume was undertaken with the primary goal of documenting interventions from throughout the region that show some promise of helping young people achieve their educational goals (UNICEF, 2009). A growing concern is that school-aged orphans are forced to drop out of school or will never enroll, either because guardians cannot afford the cost of schooling (as the child is needed to generate income), or the guardians have less interest in the welfare of children who are not their own (World Bank, 2002).

Launched in 2005, the Unite for Children, Unite Against AIDS campaign led by The United Nations Children's Fund (UNICEF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) identifies the education sector as an essential component in a comprehensive approach to preventing infection among adolescents and young people. Along with Ministries of Education, the Media in Education Trust Africa, the Open Society Institute, the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF and the World Bank are cited as supporting school-based interventions (UNICEF 2008a). In Zimbabwe, children who have lost their mothers are less likely to complete primary education than children who have lost their fathers (Nyamukapa, et.al, 2003)). To better address the needs of young school-age children, PEPFAR is linking programs to basic education initiatives, enabling OVC to stay in school.

Swaziland has made progress in increasing access to education for OVC. Swaziland's National Plan of Action for Orphans and Vulnerable Children affirms the right to education and seeks to promote community EFA initiatives, continue grants for schooling to orphans and vulnerable children, maintain the quality and increase the capacity of schools, and expand non-formal education services (Kingdom of Swaziland 2005). In 2002, the Government introduced a budget allocation for grants to support education for OVC. Although the costs of schooling are not fully covered by this grant, the national allocation has steadily increased with almost 112,000 children benefiting from the grant in 2009. In 2010, the Government began phasing in universal free primary education (USAID Swaziland, 2010). The 2007 SDHS found only minor differences (a ratio of 0.976) in school attendance between orphans and non-orphans; however, there are still challenges with school retention and high dropout rates. Provision of basic education has shown remarkable improvements since 164 governments met in Dakar, Senegal, in 2000 and committed to the goal of Education for All (EFA). Since then, enrolment has increased by 36 per cent, 14 sub-Saharan

African countries have abolished school fees and the gender gap is closing (UNICEF, 2009). The attainment of Universal Primary Education (UPE) has been one of the main policy priorities of the Kenya government since gaining independence in 1963. There has been an upward trend in school enrolment rates in Kenya since the introduction of Free Primary Education (FPE) in 2003.

The net enrolment in Nigerian primary school shows that 9 out of 10 eligible children are now in school as a result of Universal Basic Education (UBE) interventions and enrolment in private schools (NPC, 2010). However, this figure masks the fact that disadvantaged groups are still excluded and education quality remains poor: the country still has more than 7 million children out of primary school, of whom girls constitute about 62% (ibid.). It also masks attendance: the 2008 Demographic Health Survey (DHS) shows that net attendance at primary is 62.1% (NPC and ICF Macro, 2009). Approximately 15 million children under 14 are working to support their family and pay their school fees (UNICEF Nigeria, 2006). A higher proportion of boys than of girls enroll in both primary and secondary school. Nigeria missed the 2005 target of gender parity in education, although enrolment of girls in school rose from 78% to 85% between 2000 and 2008 (NPC, 2010). The gross enrolment ratio has been consistently over 10% higher for boys than for girls. At secondary level, although enrolment of both boys and girls has risen, it has been higher for boys than girls. Dropout rates for girls tend to be significantly higher in schools that do not have separate toilet facilities for boys and girls (ibid.). Unsurprisingly, all this also means that literacy rates are higher for males than for females, at 82.5% and 64.3%, respectively, for 15-24 year olds. Meanwhile, although there has been an increase in young women's educational attainment since the 1990s (UNGASS, 2010), there is still a significant gender gap in certain regions. The North West and North East have the highest proportion of persons with no education – roughly 7 in 10 women and half of men – whereas the South South has the lowest percentage

of those who have never been to school (15% among females and 8% among males) (NPC and ICF Macro, 2009).

Recognising the financial barriers to children's school attendance, numerous countries including Kenya have proposed either fee exemptions, bursaries or support in-kind, such as distributing uniforms or textbooks, or waiving the requirement to wear uniform. In many cases, these measures are specifically targeted at girls or rural children (Kenya, Rwanda, Burkina Faso), or other groups with lower attendance rates, such as nomadic children, child workers, slum dwellers or orphans (Kenya). Where certain children are singled out for assistance on the basis of poverty, they may be stigmatised by others and even dissuaded from attending school (Buchmann, 2000). The Education Act, Chapter 211 of the laws of Kenya requires that parents ensure that children of compulsory school age are enrolled at and regularly attend school. Co-operative Bank Foundation Scholarships Kenya: The Co-operative Bank Foundation is the Co-operative Bank's vehicle for social responsibility. The flagship project of the Foundation is an education scholarship scheme for bright but less endowed Kenya children who are facing difficulties in paying school fees for secondary education. The scholarship beneficiaries are selected every year from the eight provinces in Kenya, and enjoy a full 4-year secondary education scholarship

One form of distance education, the Interactive Radio Instruction (IRI) programme in Zambia, has become an important way to provide education to orphans and vulnerable children who do not otherwise have access to formal schooling. The programme, also called Learning at Taonga Market, is heard in approximately 900 centres throughout the country and reaches around 60,000 students. Learning at Taonga Market is a set of radio lessons for children in primary grades 1 to 7 designed to provide affordable, quality education to children around Zambia who are unable to access formal schooling. Learning at Taonga Market is broadcast Monday to Friday from 9AM to 4PM, with lessons for different grades broadcast at different times during the day. The Interactive Radio Instruction is complemented by face-to-

face teaching by volunteer teachers (called mentors) who are trained in the IRI methodology. The average size of a class is 30 children, and mentors are mobilized and recruited by IRI community support groups. The main beneficiaries of the programme are marginalized and vulnerable children age 9–16 who have never been in school or have dropped out of formal education, or who can't participate in formal schooling because they are over-age (World Bank *et al.* forthcoming).

Child labour is widely recognized as a major hindrance to reach the Education For All (EFA) goals by restricting the right of millions of children to access and benefit from education. Large numbers of child labourers are denied the fundamental opportunity to attend school, while those who combine work with schooling are often unable to fully profit from the education on offer. The World Day against Child Labour, commemorated around the world on 12th June every year, highlighted in 2008 the important interrelationship of child labour and education. The ILO Minimum Age Convention, 1973 (No. 138) stipulates that the minimum age for admission to employment or work shall not be less than the age of completion of compulsory schooling. The ILO's most recent Global Report on child labour emphasized the important contribution that action against child labour can make to the Education for All process (Geneva, ILO, 2002). Child labour has the potential to harm a pupil's school outcomes by limiting the time spent on study, or leaving the child too tired to make efficient use of the time in school (Orazem, 2004).

“The children of Malawi are under threat....They are all too frequently denied access to essential services including education....” – Dr. Bingu Wa Mutharika, State President of the Republic of Malawi, in his foreword to the National Plan of Action for Orphans and Vulnerable Children which he officially launched in 2005. Although primary education is free in Malawi, parents are expected to provide school uniform and books for their children.



This is the biggest hurdle facing orphans who have no one to turn to for assistance. But thanks to community-based organizations, many are now able to go to school. In 2005, a National Plan of Action for OVC (NPA for OVC) was adopted to guide implementation of the policy from 2005 to 2009. The NPA recognizes that Malawi is in an OVC crisis and therefore points to the need for concerted efforts to address the problem. The NPA recommends provision of education support by the Government and its stakeholders through the provision of bursaries. The policy targets and outputs include supporting a total of 100,000 OVC annually at an estimated annual cost of K616 million. Of these, 65,000 are primary school going OVC at an annual cost of K273 million (or US\$ 1,950,000.00), and 35,000 OVC at an annual cost of K343 million (or US\$ 2,450,000.00). In terms of the cost of education support (bursaries) per OVC, the Policy commitment is such that a primary school OVC requires US\$30 (or K4,200.00) while a secondary school OVC requires US\$70.

The abolition of school fees in Uganda, Tanzania, and Kenya have led to dramatic increases in enrolment. In Uganda, the abolition of fees in 1996 led to a 70 percent increase in enrolment. In Tanzania, where fees were abolished in 2001, the response was even greater with the net primary enrolment rate soaring from 57 percent to 85 percent within one year. When Kenya eliminated fees in 2002, 1.2 million additional students entered primary school (World Bank et al. forthcoming). Even with free primary education, orphans are still more likely to lose out on education than other children. In Kenya, 92% of non-orphans and 88% of orphans are in school (Republic of Kenya 2006), and the percentage of double orphans aged 10-14 attending school is 70% lower than that of children living with at least one parent (Government of Kenya 2004). Reasons for this include additional costs of education (such as uniforms and books), inability to go to school full time, and lack of educational capacity and quality (World Bank et al. forthcoming).

As a result of Kenya's free primary education policy, primary school enrolment dramatically increased from 5.8 million in 2003 to 8.6 million in 2008. However, only 64% of primary students enter secondary school and even fewer graduate. The low secondary enrolment and completion rates are largely attributed to the costs of secondary education and the need for children from low income households to work and support their families. The MasterCard foundation's partnership with Equity Group Foundation (EGF) provides comprehensive scholarships to academically gifted, yet economically disadvantaged secondary students in Kenya. The education program, WINGS TO FLY, covers tuition, books, uniforms and stipends for the entire duration of their secondary education. High performers in o-level are given financial support for post-secondary education and are selected for internship at Equity Bank. WINGS TO FLY is the largest secondary scholarship program in Kenya.

*USAID PEPFAR Scholarship* is a full scholarship for orphans and vulnerable children (OVC). It is financed by 'The President's Emergency Plan for AIDS Relief (PEPFAR)' which is a special grant funded by the Government of the United States through USAID Kenya. It supports Kenyan students who are half or totally orphaned by HIV/AIDS or other causes. It caters for tuition, accommodation, books and personal effects. Application forms are obtained from the home district children offices in February and November every year. USAID does the selection and awarding. The fund is managed by Price Water House Coopers Ltd. *Higher Education Loans*; needy Kenyan students at all levels of study qualify for Government loans ranging from Kshs. 35,000 to Kshs. 60,000 for undergraduate, Kshs. 120,000 (Masters) and Kshs 150,000 (PhD) per year. There is no age limit for the loan. Scholarships are also offered worth Kshs 200,000 (Masters) and Kshs 450,000 (PhD). In the 2007/08 academic year, 2,217 undergraduate, 26 Masters and 11 PhD students were awarded more than Kshs 64 million. The Ministry of Education awarded bursaries worth Kshs 19 million to 534 students in the 2007/08 academic year. Many other students have benefited from the Constituency Development Funds at their constituencies.

## **2.5 Influence of Shelter Provision on Livelihood of OVC**

Poverty, lack of affordable housing, domestic violence and disease are the principal causes of family homelessness. 50% of cities surveyed in the US Conference of Majors identified domestic violence as a primary cause of homelessness (US conference of Majors, 2005). This is seconded by the national Coalition Against Domestic Violence (2001), who approximate that half of all women and children experiencing homelessness are fleeing domestic violence. According to the Department of Housing and Urban Development (HUD), there were 643,067 sheltered and unsheltered homeless persons in the USA as of January 2009.

About 1.56 million people used an emergency shelter or a transitional housing programme. 1.37 million (39%) of the total homeless population are under the age of 18 (National Coalition for the Homeless, 2009). During a press conference in February 2009, the US president, Barack Obama, said that, “it is not acceptable for children and families to be without a roof over their heads in a country as wealthy as ours.” 23% of homeless people in 2007 were members of families with children (US conference of Majors, 2007). The National Center on Family Homelessness (2009), estimates that the number of homeless children range from 800000 to 1.2 million and that 1 in 50 children in the US are homeless.

Article 27 of the Convention on the Rights of the Child (CRC) asserts that “States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. In 1992, the United Nations issued a Resolution on the Plight of Street Children, expressing concern over the emergence and marginalization of street children, and the acts of violence against them. The Resolution called for international cooperation to address the needs of homeless children and for enforcement of international child rights laws.

European nations that have taken effective steps toward combating homelessness include Belgium, Finland, the Netherlands, Portugal, and Spain. In many countries, governments have included a right to housing in the national constitution. The Finnish devised a plan in 1987 including house-building, social welfare, health care service, and a duty to provide a decent home for every homeless person. The number of homeless people in Finland was cut in half after 10 years. However, the major problem with State programs is that children often reject the alternative assistance offered by the State.

According to NPA-OVC 2007-2010, it is estimated that between 30–45 percent of orphans due to all causes have ended up in charitable children’s institutions, 200,000 – 300,000 children are estimated to be on the streets of major cities in the country. These children end up on the streets due to loss of a parent or parents due to AIDS, poverty, family violence, and other factors (Pfleiderer and Kantai, 2010).

With the support of HACI through Plan-Malawi, Kasiyafumbi Home-based Care Group, a community-based organization, is helping orphans through the provision of shelter, books, food and clothing. Since 2002, the group has built six houses for orphans without decent shelter and hopes to construct four more before the end of the year. “Some of these children and their guardians live in appalling conditions, and the reason we are building houses is because we would like them to enjoy the same benefits as other children,” says the group’s chairman, Gravazio Chimaneni.

With the support of the Hope for African Children Initiative (HACI) of Uganda, the Nsambya Babies Home attempts to find foster families for orphaned and abandoned children under the age of seven. Left in unbearable circumstances, with no apparent next of kin, 32 children have found an interim home at Nsambya.

According to NPA-OVC 2007-2010, it is estimated that between 30–45 percent of orphans due to all causes have ended up in charitable children’s institutions, 200,000 – 300,000 children are estimated to be on the streets of major cities in the country. These children end up on the streets due to loss of a parent or parents due to AIDS, poverty, family violence, and other factors (Pfleiderer and Kantai, 2010)

## **2.6 Influence of Food Provision on the Livelihood of OVC**

Food is life; without food there is no life. Food is paramount in keeping people more so children healthy and strong. Proper nutrition is vital with regard to health. Health affects the degree to which schoolchildren benefit from education, as poor health impacts brain development, cognition, and behaviour. Healthy children are better able to absorb what they are taught, such that school-based health services like deworming and micronutrient supplementation maximize the benefit of whatever education a student receives (Jukes *et al.* 2008).\_ Diseases like Tuberculosis, Malaria, Cancer and AIDS are the major killers worldwide. Cancer is emerging as a stop silent killer. Cancer, according to WHO, remains a leading cause of death worldwide, accounting for 7.6million deaths (13%) of all deaths in 2008 (Standard on Saturday, 19<sup>th</sup> May).

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a major financier responding to HIV, including programs for OVC implemented with HIV funds. In June 2010, the Global Fund reported that programs funded by it have provided 4.9 million basic care and support services to orphans and vulnerable children. In the face of the growing OVC population, it is essential that additional opportunities made possible via the Global Fund be identified to ensure OVC are appropriately prioritized in grant processes (Pfleiderer and Kantai, 2010).

Cancer is emerging as a top country's silent killer. Cancer, according to WHO, remains a leading cause of death worldwide, accounting for 7.6million deaths (13%) of all deaths in 2008 (Standard on Saturday, 19<sup>th</sup> May). According to Dr. Kimanthi Kimende, a breast cancer specialist, cancer treatment is not cheap when it comes to surgery, chemotherapy, drugs and other means of treatment. Over the years, the cancer situation has been worsening in most parts of the world as many patients remain unscreened, undiagnosed and in other cases inadequately treated due to the high costs of chemotherapy. For those who can afford treatment, the illness has been eating away their finances and investments, with the government coming under heavy criticism for not investing much in cancer treatment (Standard on Saturday, 19<sup>th</sup> May, 2012). At the national level, PEPFAR is facilitating the adoption of child-friendly policies to address the needs of children infected and affected by HIV/AIDS, and to encourage alignment with broader health systems strengthening efforts. In keeping with PEPFAR's focus on creating government capacity for management and operation of HIV services, programs will also support the training of professional and paraprofessional staff. Finally, PEPFAR is supportive of country efforts to develop national standards for quality services provided by both the public and the private sector. To better address the needs of newborns, infants, and toddlers, PEPFAR is strengthening linkages with food and nutrition programming, PMTCT and adult and pediatric treatment sites. It will also improve training for community health workers and home visitors to monitor child growth and development.

School feeding programmes can enable children in general, and orphans and vulnerable children in particular, to access education by addressing hunger and the need to work to survive. Evidence also shows that children who are not hungry are better able to concentrate in class. Take-home rations have been shown to promote the participation, progression, and

retention of orphans and vulnerable children in education. They can help close the gender gap and promote the secondary school education of girls (Edström *et al.* 2008). One issue that needs consideration is that school feeding, rather than education itself, can often be the attraction for children coming to school, and enrolment and attendance may fall when feeding programmes stop. This highlights the need to address the education being provided in parallel with the school feeding programme being implemented.

The Kasiyafumbi Home-based Care Group in Malawi cultivates maize and soya beans which is distributed to child-headed households and families caring for HIV/AIDS patients. According to Gravazio, the group's chairperson, the problem of AIDS orphans is growing. "There are 240 orphans in my village. But as many more people get infected and die, many more children are left without care," he says. The Nutritional Program acts to provide an adequate and healthy diet for its clients. Observation and experience have shown that diet maintains a high level of importance in sustaining the health of an individual. Often, children and adults who suffer from HIV/AIDS rapidly increase their level of sickness when adopting an inappropriate diet or facing malnutrition. This program functions to battle these effects by providing the necessary supplements to diet and ensuring that the client is upholding an adequate level of health. As according to this clause, the objective is to build and upkeep a garden in which it will grow herbs, maize, vegetables, and fruits that function to maintain health. The nutritional program also includes the distribution of peanut butter and eggs, which act as a beneficial protein supplements. If resources allow, the establishment will feature a peanut-butter machine for this purpose. The Project currently recommends the use of honey to replace sugar as sugar can decrease the immunity system. Therefore, one recommendation holds in favor of clients keeping bees to produce honey for their own consumption. The staff would also try to personally stay in line with the above measures

while on the premises of the affiliated HIV support facilities so that clients may learn by example how to have better eating habits.

In Isiolo, in Kenya's semi-desert North-Eastern Province, Pepo la Tumaini Jangwani, a community-based organization, is caring for 36 children who have lost their parents to AIDS, and provides nutritional and medical support to 150 households affected by HIV/AIDS. APHIA II Nyanza has achieved wide coverage in care and support for OVC. By the end of March 2009, the project had provided training to 13,675 community health workers, social workers, and liaison officers on care to OVC and their caregivers. The project began by providing care and support to 4,366 OVC. Two years later, that number had climbed to nearly 56,000 within 14,698 households.

## **2.7 Influence of Donor and Government Policies on Livelihood of OVC**

Global partners have recently signed on to a number of commitments specific to orphans and vulnerable children. The 2005 Group of Eight summit in Gleneagles, Scotland, committed to providing access to HIV prevention, treatment, and care for all who need it by 2010. Furthermore, they committed also to “work with them [partners in Africa] to ensure that all children left orphaned or vulnerable by AIDS or other pandemics are given proper support” (UK Government 2005). The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a major financier responding to HIV, including programs for orphans and vulnerable children (OVC) implemented with HIV funds. In June 2010, the Global Fund reported that programs funded by it have provided 4.9 million basic care and support services to orphans and vulnerable children. There is increasing recognition of several challenges posed by the nature of current donor funding. It is different now from what it was throughout the twentieth century in two respects: selective and comprehensive models are being implemented in parallel in aid-recipient countries; and the array of actors at global and



country levels is broader and their relationships are less clear (Brugha 2008). While the funds provided by donors have helped in combating diseases, there is an ongoing debate about funding arrangements. Although the U.S. has been involved in efforts to address the global AIDS crisis since the mid 1980s, the creation of the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003 marked a significant increase in funding and attention to the epidemic.

First proposed by President George W. Bush in January 2003, PEPFAR was authorized in May of that year by the *United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003* (P.L. 108-25), a 5-year, \$15 billion initiative to combat global HIV/AIDS, TB, and malaria through bilateral programs and multilateral contributions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (The Global Fund) as well as UNAIDS; appropriations from Congress over this period were higher, totaling \$18.8 billion. Funding to address OVC, which is part of care programming, represented 10% of approved funding overall. President George W. Bush on November 8, 2005, signed into law the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act (Public Law 109-95), landmark legislation requiring the U.S. Government (USG) to devise a single, comprehensive strategy for addressing critical needs among the developing world's collective of highly vulnerable children. In the face of the growing OVC population, it is essential that additional opportunities made possible via the Global Fund be identified to ensure OVC are appropriately prioritized in grant processes (Pfleiderer and Kantai, 2010)

In Kenya, the Office of the Vice President and Ministry of Home Affairs (OVP/MOHA) through the Department of Children's Services is responsible for formulating policies related to children and coordinating their implementation as well as initiatives aimed at improving the lives of children. Cash Transfer Programme for Orphans and Vulnerable Children in Kenya aims to provide social protection to families living with Orphans and Vulnerable

Children (OVC) through regular cash transfers, in order to encourage fostering and retention of OVC within their families and communities, as well as to promote their human capital development (Republic of Kenya, 2005). A pilot cash-transfer programme for OVC is being implemented in collaboration with partners (UNICEF, SIDA and DFID) in 17 districts. There are plans to scale up the programme to reach 300,000 of the most vulnerable children in Kenya by the year 2011. The full-scale national programme is estimated to cost Ksh. 3.2 billion (US\$ 43.6 million) per year (Pearson and Alviar, 2006), which is less than 1 per cent of the government budget.

In Kenya, the policy of the government on control and prevention of HIV/AIDS is contained in the Sessional Paper No.4 of 1997 that also recommended the establishment of the National Aids Control Council (NACC). The Sessional Paper recognizes that effective responses to the HIV/AIDS crisis requires a strong political commitment at the highest level, implementation of a multi- sectoral prevention and control strategy, mobilization of resources and establishment of national AIDS council to provide leadership at the highest level possible. NACC that was established in 1999 is mandated to provide policy and strategic framework for mobilizing and coordinating resources for prevention of HIV transmission and provision of care and support to infected and affected people of Kenya. The three specific targets for NACC are to: reduce HIV prevalence by 20-30 percent by the year 2005; increase access to care and support to the people infected and affected by HIV/AIDS; and, strengthen institutional capacity and coordination at all levels.

Part two of the children's act 2001 addresses the issues of safeguarding the rights and Welfare of the child. This includes the right to nondiscrimination, right to parental care, education, health care, protection among others (GOK, 2002). The Children's Act further observes the child rights to education in Section 7(1), which states that: "*Every child shall be entitled to education, the provision of which shall be the responsibility of the government and parents*". While Section 7(2) affirms the right and entitlement for every child to free basic

education which shall be compulsory in accordance with article 28 of the UN Convention on the rights of the child (GOK, 2002).

Free Primary Education (FPE) 2003 was established in January 2003. The fund aims to address financing and quality challenges in primary schooling. It targets all Kenyan children attending formal and non-formal public schools. Emphasis is, however, directed towards children from poor households. National FPE allocation for the year 2005/06 amounted to Ksh 7.8 billion (US\$ 111 million). The fund allocates about Ksh 1,020 (US\$ 14.6) per pupil per annum. With the introduction of FPE, there has been an increase in school enrolment. As a result, the gross enrolment rate in primary education rose from 93 per cent in 2002 to 104.8 per cent in 2005 (MPND, 2007). Under the programme, 1.5 million poor children have been able to benefit from free primary education through the abolishment of fees and levies for tuition. CDF has been paramount in the success of both the FPE and Free Secondary Education as it has reduce the burden of what stakeholders had to endure in the past in the form of 'cost sharing'. Constituency Development Fund (CDF) was established in 2003 through the CDF Act in The Kenya Gazette Supplement No. 107 (Act No. 11) of 9 January 2004. The fund aims to control imbalances in regional development brought about by partisan politics. It targets all constituency-level development projects, particularly those aiming to combat poverty at the grassroots. CDF has assisted in building of schools, health facilities and other social amenities for the very poor. OVC have benefited from the bursaries awarded by the CDF committee.

Secondary School Education Bursary Fund (SEBF) was established in 1993/4. SEBF aims to cushion the country's poor and vulnerable groups against the high and increasing cost of secondary education, therefore reducing inequalities. It also aims to increase enrolment in (and completion of) secondary school. The fund targets orphans and girl children as well as those from poor households and urban slums, who are able to achieve good results. In 2005/06 financial year, secondary school education bursary allocation amounted to Ksh 1.4

billion (US\$ 20 million). HIV/AIDS Fund was established in 1999 through a Presidential order contained in Legal Notice No. 170, this fund targets individuals infected and affected by HIV/AIDS, with the focus being on long-term care and support. The fund is administered by NACC, which receives budgetary allocations and channels them to Aids Control Units and Constituency accounts before onward disbursement to NGOs for implementation. National HIV/Aids fund allocation for the year 2003/04 amounted to Ksh 13.5 billion (US\$ 193 million).

School Feeding Programme was launched in 1979/80 by the government, with assistance from the UN World Food Programme (WFP), Kenya's School Feeding Programme (SFP) covers 29 arid and semi-arid districts and two urban slum areas. The project aims at maintaining an increased rate of enrolment, preventing drop-outs and stabilizing attendance, and improving the children's attention span and, ultimately, their learning capacity by relieving short-term hunger. Partners in the SFP in Kenya include the DFID, WFP, Office of the President, Ministry of Education, Ministry of Health, UNICEF, USAID, the World Bank, CIDA and SIDA. The beneficiaries of the SFP are an annual average of 1 million children in 3,800 schools, including 15,000 children in the two Nairobi slum areas (Mukuru and Kariobangi). All pre-primary and primary schools are covered in ten arid districts of the North and North East as well as targeted schools in pockets of extreme poverty in nineteen semi-arid districts. There is a concern about the sustainability of school feeding programmes, especially when the schools lack better-trained teachers, classrooms and learning materials. The SFP has been criticized for being fragmented and for covering those public primary schools in the dry North-Eastern province. Nyanza and Western provinces seem left out, yet they have high numbers of people living below the poverty line.

## **2.8 Empirical Literature**

In May 2006, the Dutch CABA (Children Affected by AIDS) Working Group organized an expert meeting on Social Cash Transfers as a response to child poverty alleviation in the times of HIV/AIDS (Stotle, M. & Erne, S.,2006). The main conclusion was that social protection, including social cash transfers, could make a major contribution in decreasing childhood poverty. Cash grants give people more choice and evidence suggests that cash is used by individuals to raise their standard of living (Hanlon, 2004: 381). Social protection can therefore be seen as empowering poor people. Much of the money spent benefits children directly and indirectly (Save the Children, 2005). In addition, it has been suggested that cash transfers stimulate the local economy (Hanlon, 2004.DFID, 2005a).

Social protection is defined in different ways. Social protection targeting vulnerable children entails much more than cash grants; it includes the whole package of social services; social assistance, social services (and support in accessing these), social insurance, and social equity(Stotle, M. & Erne, S.,2006). Social protection has the aim to reduce poverty and enhance social equity and social rights of poor, vulnerable, and marginalized people (Gabel & Kamerman, 2006).

In 2007, African Network for Prevention and Protection against Child Abuse and Neglect carried out a study in Korogocho to the number of people taking care of orphaned children (Report of the international meeting, 2007). It was found that over half of the people participating in the study, cared for at least one orphaned child. However, the study also showed that most of these people had very limited resources to care for children. The majority (70%) of people did not formally adopt the child or children. There are some challenges in these informal ways of care of children by relatives. People sometimes go to a funeral and ‘come back with a child’. The other family members, such as the father or children in the household, are often not prepared or consulted. The situation in such families is not monitored, and children possibly face the risk of abuse. The project therefore initiated

regular meetings between foster parents and ‘day-care mothers’ to support each other. Furthermore, community members have been sensitized on the dangers of HIV/AIDS, prevention, care and support. They have also been assisted to set up income generating activities to help children in need. So far, the project has supported 176 orphans to access Early Childhood Education by paying fees for them.

One pilot programme in Zambia shows that small, regular transfers can increase household investment as well as current consumption on food and other goods. Households belonging to the poorest 10% of the population, receive \$15 per month per household. A programme like this would cost less than 1 per cent of GDP in low-income countries in sub-Saharan Africa, and less than 3 per cent of government spending (DFID, 2005). A study carried out in Zambia for example showed that 75% of non-orphaned children in urban areas enrolled in school compared to 68% of orphaned children (Richter, 2001). A report on National Programme Guidelines on Orphans and Other Children made Vulnerable by HIV/AIDS in Kenya observes that children are often compelled to drop out of schools to care for the ailing parents or due to diminished resources to keep them in school. Those who remain in school are not able to concentrate fully on their education as they constantly worry about what would befall their parents (GOK, 2003). The report further states that education of children is affected whether or not it is their parents who are ill.

## **2.9 Theory of the Study**

The study was premised on the empowerment theory. The theory postulates that people need to be empowered through sustainable programmes which enhance their capacities to realize their full potentials and become self-sufficient. A major tenet in development is the fundamentals of empowerment. Participatory or empowerment models of education posit that powerlessness at the community or group level, and the economic and social conditions inherent to the lack of power are major risk factors for poor health” (Amaro 1995).

Empowerment, according to Freire (1970), results through the full participation of the people affected; through dialogue the affected community collectively plans and implements a response to the problem or health condition in question (Wallerstein 1988). Many advocates of theory claim that this horizontal process of equals talking among themselves and determining a course of action is key to positive change. The theory will be used to show the value of meaningful involvement of stakeholders in the ovc programmes. The principles of empowerment revolve around a person, which means supporting people with the skills and knowledge to help themselves (Peet and Watts, 1996).

Empowerment is about a system which equips people with the ability to be responsible for changing their adverse conditions. It can also be seen as a process by which individuals, families, or communities are assisted in order to increase their personal and socioeconomic abilities, which enhances their capacity to improve on their circumstances for better. This implies that for people to be empowered, their abilities, knowledge and skills must be enhanced for them to achieve their full potential. Empowerment considers individuals first as an integral centre of focus in a development process and then the ultimate beneficiary of the expected outcome. The main concern is about designing an efficient, most sustainable system which involves optimizing resources in order to maximize collective achievements (Coetzee, et. al., 2001).

Social development is about helping people improve the quality of their lives. Development approach in empowerment process focuses on assisting the vulnerable and the disadvantaged groups in the society to move from a state considered undesirable to a better state. The thrust of empowerment approach is to promote the wellbeing of individuals, families and communities so that they can experience change in their lives and become self-sufficient (Obayi, 2011).

The motivation theories especially the Abraham Maslow hierarchy of needs which states that needs ranked in five different levels with the lowest level needs being the most critical one,

are the actual shapers of OVC programmes. This theory has actually shaped the ovc programmes worldwide as many organisations strive to meet the most basic of needs of the ovc before fulfilling the secondary needs. Programmes dealing in areas like: food provision, education provision and shelter provision are covered by almost all organisations working with OVC.

The study reviewed and appraised relevant approaches that aid empowering the OVC in order to ensure that approaches that support the OVCs help them to move from state of helplessness to an empowered state.

### **2.10 Conceptual Framework of the Study**

The conceptual framework of the study entails the study of OVC in Nyatike District. For purposes of this study, the livelihood of OVC in Nyatike District was measured using dependent variables which include: access to education, improved health, farming skills, availability of money to meet daily needs. For purposes of this study, the influence of social protection programmes on the livelihood of OVC was characterized by independent variables which include; cash transfer initiatives, availability of education scholarships and bursaries, provision of shelter and the provision of food.



## Conceptual framework

### Social Protection Programme

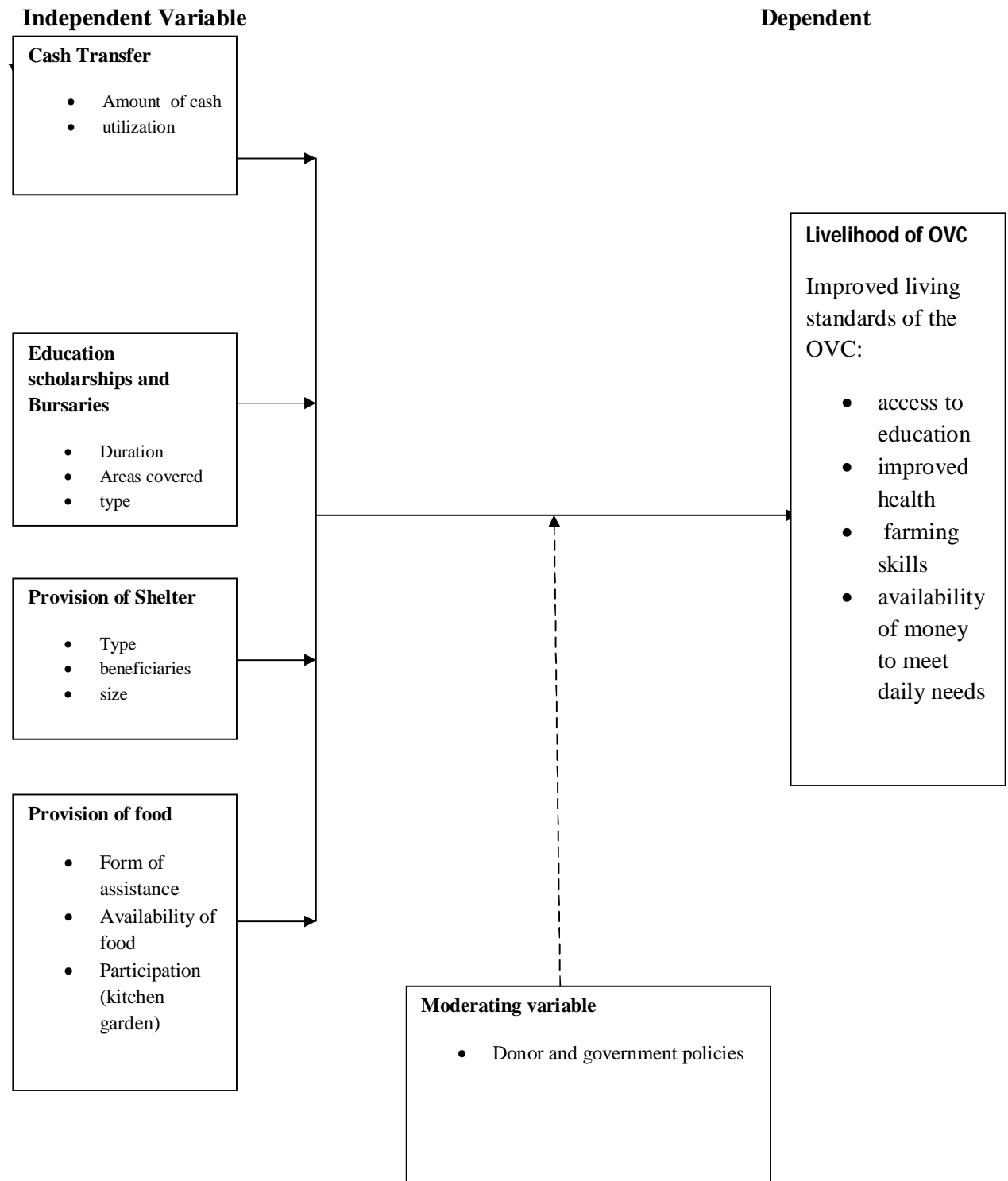


Figure 2.1: Conceptual Framework

## **2.11 Summary of Literature Review**

In this Chapter, Literature on protection programmes touching on OVC was reviewed. Literature reviewed points to the fact that OVC programmes across the globe especially in sub Saharan Africa is not yet developed. From most research findings it was established that though efforts were being made by various governments, donors and local communities to amend the anomaly, the social protection programmes for OVC were slow to pick and were yet to have impact on the livelihood of the OVC. It was noted that there was very little research that had been undertaken to follow up on the impact of these numerous social protection programmes for OVC and whether they actually achieve their common goal which was that of ensuring that the rights of children were upheld in one way or another. This was because despite the various ovc programmes put in place, the OVC number was still increasing.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter discusses the methodology used in conducting this study which includes: Research design, population of the study, sample size and sampling procedures, data collection instruments and their validity and reliability, data collection procedures, data analysis techniques.

#### **3.2 Research Design**

The research used Descriptive survey. Descriptive survey, according Mugenda and Mugenda (2003), is a method that is used to determine and report the way things are. This is because it attempts to describe such things as possible behaviour, attitudes, values and characteristics. Therefore the descriptive survey was ideal for this study because of its appropriateness in dealing with data which would easily be quantified. More so it was detrimental in establishing the relationships that exist between variables so as to determine the influence of social protection programmes on the livelihood of OVC in Nyatike District. Young (1960) and Kothari (2008) both acknowledge that a descriptive survey is a powerful form of qualitative analysis that involves a careful and complete observation of a social unit, irrespective of what type of unit is under study.

#### **3.3 Target Population**

A population is the aggregate of all that conforms to a given specification (Mugenda and Mugenda, 2003). Best and Kahn (1998) define a target population as a small portion of the population selected for observation and analysis. It also refers to all members of a population to which research findings can be generalized and is an accurate record of the sampling frame

from which the sample was drawn. The study was conducted within Nyatike District, in Nyanza Province, Kenya and targeted OVC and the organizations dealing with OVC in Nyatike district. A target population of 1500 OVC between age 12-17 years supported by the various organisations and the respective project officials was used in the study.

### 3.4 Sample Size and Sampling Procedure

The study used a sample of OVC and project officials whereby all were interviewed. In each case the study interviewed two programme officials from each of the eight organizations who were purposively sampled because they are well vast on the OVC programmes. The organizations data on OVC was used to randomly select the sample with considerations to gender and age. According to Gay (1981) as quoted by Mugenda & Mugenda (2003), 10% of the accessible population can be used as the sample size in a descriptive study. Therefore the sample size of OVC used in the study was 150 which were 10% of the accessible population of 1500 OVC. The sample comprised of 16 programme officials and 150 OVCs aged between 12-17 years. 12-17 year old were purposively sampled as it was felt they could clearly articulate issues and were likely to be more relaxed than the younger ovc.

**Table 3.1: Distribution of OVC**

Organisation	accessible population(12-17years)	sample size= $n/1500*150$
Blue Cross	445	45
Weckma	254	25
Mercy orphans support programme	246	25
Lalmba	128	13
Ong'er Siko women group	227	23

St. Camillus Dala kiye	170	17
Kared fod	24	02
Macalder mines baby care	06	00
<b>Total</b>	<b>1500</b>	<b>150</b>

### 3.5 Data Collection Instruments

With respect to project implementation, this study utilized a questionnaire. Questionnaires containing both structured and unstructured questions were used for the study to collect primary data. This targeted the OVC. The researcher preferred the use of questionnaire because of the simplicity in their administration, scoring of items and analysis (Mugenda and Mugenda, 2003). The primary data were gathered using the questionnaires administered by the researcher. The questionnaires were divided into sections and developed based on the research objectives in order to capture relevant information. The questionnaires combined both open-ended and close-ended questions to allow respondents to have an opportunity to give more insight of the research problem and also facilitate consistency of responses among the respondents.

In this study, data was collected through a drop and pick method where the questionnaires were delivered to the target population and collected after three hours. The whole process of data collection was administered personally by the researcher. Self-administered questionnaires have the advantages of relatively low cost and easy access, physical touch to widely dispersed samples (Fowler,1993).

### **3.5.1 Piloting of the Study**

Prior to the main research, the researcher pre-tested the instrument to enhance its validity and reliability. A relatively small sample was chosen from the population. In this research 2 programme officers and 15 beneficiaries were chosen to participate and were not included in the sample chosen for the study. This increased the validity and reliability of the instruments where necessary corrections of the instrument were made before the actual research.

### **3.5.2 Validity of Research Instruments**

The Questionnaire combined both open-ended and close-ended questions. This allowed respondents have an opportunity to give more insight of the research problem while forced responses type was to facilitate consistency of responses among the respondents. The questionnaires were clear for everybody to interpret and respond to. Overall, developing the questionnaire from questions previously used in the study research and based on literature analysis under the supervision of the university supervisor enhanced construct validity of this study. In addition, to increase face validity, major terms (i.e., orphans, vulnerability, and ove) were accompanied by definitions in the study.

### **3.5.3 Reliability of Research Instruments**

Reliability is a measure of degree to which a particular measuring procedure provides consistent results or data after a repeated trial (Gay 1998). To gauge test-retest reliability, the test was administered twice at two different points in time (In this case a difference of two weeks was allowed to pass before the treatment was applied to the same respondents). This kind of reliability was used to assess the consistency of a test across time. This type of reliability assumed that there was no change in the quality or constructs being measured. Spear man rank order correlation ( $r$ ) was used to compute the correlation co-efficient to

establish the degree to which there was consistency in eliciting similar response every time the instrument was administered. The advantages of this coefficient were that, if calculation were to be done by hand, it was easier to calculate, and can be used for any data that can be ranked - which includes quantitative data.

### **3.6 Data Collection Procedures**

A letter of introduction from the University of Nairobi was obtained from the Kisii Extramural centre which was detrimental in the obtaining of the research permit from the National Council of Science and Technology. The researcher then sought permission from the Office of the President through the office of the District Commissioner in Nyatike district and the Ministry of Gender, Children and Social Development through the children's Department in Nyatike District before the commencement of actual data collection. A letter of transmittal was used to reassure respondents of total confidentiality and privacy of their responses. A set of questionnaires containing both structured and unstructured questions were used for the study to collect primary data. This targeted the OVC and programme officials. The researcher preferred the use of questionnaire because of the simplicity in their administration, scoring of items and analysis (Mugenda and Mugenda, 2003). The primary data was gathered using the questionnaires administered by the researcher to the OVC and programme officials benefiting from social protection programmes. Closed ended questions were used to elicit specific answers, since they take less time to answer and analyse.

### **3.7 Data Analysis Techniques**

According to Gay (1992), Data analysis involves organizing, accounting for and explaining the data, that is, making sense of the data in terms of respondent's definition of situation, noting patterns, themes, categories and regularities. After collection of questionnaires that

were administered in the study, the raw data was keenly scrutinized, examined and checked for completeness and comprehensibility. Data was then coded for easy analysis. This process assisted to clean up the data and to avoid contradictions, duplications and thus ensure internal consistency (Sambili, 2000). Descriptive statistics such as frequencies, percentages was used in the analysis of the coded data. The analysed data was presented in the form of tables.

### **3.8 Ethical Consideration**

Kovacs in Mugenda and Mugenda (2003) defines Ethics as that branch of philosophy which deals with ones conduct and serves as a guide to ones behaviour. The respondents' confidentiality, privacy and anonymity were upheld in this study. This was done through a written assurance on the confidentiality of respondents and use of codes rather than names for the respondents. This eliminated fear that was likely to arise due to suspicion. Authorization was also sought and obtained from the Office of the President through the District Commissioner of Nyatike district and the Ministry of Gender, Children and Social Development through the District Children's Officer of Nyatike District prior to the collection of data.

### **3.9 Operational Definition of Variables**

This section presents the dependent and independent variables, the associated indicators and how they were measured. The data collection instruments were outlined and the scales of measure represented. The techniques that were used for the analysis of data were also laid down. The independent variables are operationalized as shown in table 3.2



**Table 3.2: Operational Definition of Variables**

<i>Objectives</i>	<i>Variables</i>	<i>Indicators</i>	<i>Measurement</i>	<i>Tools of Data Collection</i>	<i>Measuring Scale</i>	<i>Tools of Analysis</i>
To assess the influence of cash transfers on the livelihood of the orphans and vulnerable children in Nyatike District.	<u>Dependent variable</u> Livelihood of the OVC	Shelter available	-type of house built	Questionnaire	Ratio	Descriptive
		access to education	number of OVC in school	Questionnaire	Ratio	
		improved health,	Type of diet			
		farming skills,	Amount of food	Questionnaire	Ratio	
	availability of money to meet daily needs					
	<u>Independent variable</u> Cash transfers	Money allocated	Amount of money allocated per household	- Questionnaire	Ratio	Descriptive
	Frequency of disbursement	Number of times the households receive the cash in a year	- Questionnaire	Interval	Descriptive	
To establish the influence of education scholarships and bursaries on the livelihood of orphans and vulnerable children in Nyatike District.	<u>Independent variable</u> Education scholarships and bursaries	Type of bursary/scholarship	Number of areas covered by the bursary/scholarship	Questionnaire	ratio	Descriptive
			Number of ovc benefitting from the scholarships/bursaries	Questionnaire	ratio	
		School enrolment rate	Number of ovc enrolled in school	Questionnaire	ratio	
		Duration of the bursary/scholarship	The period the scholarship/bursary is available	Questionnaire	ratio	

**Continuation of Table 3.2: Operational Definition of Variables**

<i>Objectives</i>	<i>Variables</i>	<i>Indicators</i>	<i>Measurement</i>	<i>Tools of Data Collection</i>	<i>Measuring Scale</i>	<i>Tools of data analysis</i>
To determine the influence of shelter provision on the livelihood of orphans and vulnerable children in Nyatike district.	<u>Independent variable</u> Provision of shelter	Properly built house structures	number of houses built	Questionnaires	Nominal	Descriptive
		Type of houses built	number of household assisted with modern houses	Questionnaire	Ratio	Descriptive
		Houses renovated	number of houses renovated	Questionnaire	Ratio	Descriptive
		Children's home/orphanages, Foster homes	Number of ovc in foster care and in children homes	Questionnaire	Ratio	Descriptive
To determine the influence of provision of food on the livelihood of ovc in Nyatike district.	<u>Independent variable</u> Provision of food	Availability of food	number of meals served per day	Questionnaire	Ratio	Descriptive
			type of diet	Questionnaire	ratio	
			quality and quantity of the food served			
	Participation	Presence of a kitchen garden	questionnaire	ratio		

## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

#### **4.1 Introduction**

This chapter presents findings of the study. The chapter is presented under subheadings which include: General characteristics of the respondents, the influence of education scholarship and bursaries on the livelihood of the orphans and vulnerable children in Nyatike District; the influence of cash transfer initiatives on the livelihood of orphans and vulnerable children in Nyatike district; the influence of food on the livelihood of orphans and vulnerable children in Nyatike district; the influence of shelter provision on the livelihood of orphans and vulnerable children in Nyatike district. The sections below present the study findings in accordance to the study objectives. The findings have been presented in tables and interpretation of the findings done in this section.

#### **4.2 Response Return Rate**

A total of 150 questionnaires were distributed to orphans and vulnerable children and a further 16 questionnaires were distributed of programme officials. In total, 166 questionnaires were distributed: 142 questionnaires were responded to by OVC making the response rate to OVC questionnaires to be at 94.67%. The reason cited in the cases of non-response of the other 8 was misplacement of the questionnaires. All the 16 questionnaires administered to programme officials were returned. This was 100% return rate. In total, 158 questionnaires were responded to and returned. The response return rate was 95.18%.

#### **4.3 General Characteristics of the Respondents**

This section sought to present findings on the general characteristics of the respondents in terms of their: gender, age, level of education and the level of the organisation existence.

### 4.3.1 Gender of the Respondents

The respondents were asked to state their gender. Their responses were as follows:

**Table 4.1: Gender of the OVC Respondents**

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Sex of respondent	frequency	percentage
Male	93	65.5
Female	49	34.5
<b>TOTAL</b>	<b>142</b>	<b>100</b>

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The finding revealed that 93 of the OVC respondents (65.5%) were male and 49 (34.5%) were female.

**Table 4.2: Gender of the Programme Official Respondents**

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Sex	frequency	percentage
Male	08	50
Female	08	50
<b>Total</b>	<b>16</b>	<b>100</b>

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The finding revealed that 08 of the programme official respondents (50%) were male and the other 8 (50%) were female, thus depicting gender balance.

### 4.3.2 Respondents Representation in Accordance to Level of Education

The respondents were asked to state their level of education. Their responses were as follows:

**Table 4.3: OVC Respondents Representation in Accordance to the Level of Education**

School level	frequency	percentage
Primary	114	80.3
Secondary	22	15.5
College	05	3.5
Not indicated	01	0.7
TOTAL	142	100

According to the finding the majority of the respondents 114 (80.3%) indicated that they were in primary school, 22 (15.5%) said they were secondary level, 5 (3.5%) in college, while only 1 (0.7%) respondent did not indicate the level of schooling. This means that most OVC in Nyatike are in Primary school level followed by secondary school.

**Table 4.4: Programme officials' Representation in Accordance to Level of Education**

School level	frequency	percentage
Postgraduate	1	6.3
Graduate	2	12.5
Diploma	5	31.3
Certificate	6	37.5
O level	2	12.5
TOTAL	16	100

The findings were that 37.5% programme officials had certificates, 31.3% had diplomas, 12.5% were graduates, and another 12.5% were O level holders, while only 1 respondent had a post graduate degree. The implication of the findings is that all the programme officials were educated.

### 4.3.3 Age of the Respondents

The respondents were asked to state their age. Their responses are as follows:

**Table 4.5: Age of the Respondents**

AGE	frequency	Percentage
Below 12 years	05	3.5
12-13 years	47	33.1
14-15 years	56	39.4
16-17 years	28	19.7
Above 17 years	06	4.2
TOTAL	142	100

The findings showed that 05 (3.5%) of the respondents were aged below 12 years, 47 (33.1%) were between 12 and 13 years. 56 (39.4%), who were the majority, were between age 14 and 15 years. 28 (19.7%) were between 16 and 17 years while only 6 (4.2%) were above 17 years. The findings showed adequate representation of all the ovc ages is within the definition of a child as being an individual between age 0 and 17 years.

### 4.3.4 Length of Organisation Existence

The respondents were asked to state how long the organisations they work with in support of ovc programmes have been in existence in Nyatike District. Their responses were as follows:

**Table 4.6: Length of Organisation Existence in Nyatike district**

<b>Length of existence</b>	<b>frequency</b>	<b>percentage</b>
1-5 years	09	56.3
6-10 years	06	37.5
Over 10 years	01	6.3
<b>Total</b>	<b>16</b>	<b>100</b>

The findings showed that 56.3% respondents indicated that their groups had been in existence for a period between 1 and 5 years, 37.5% had existed between 6 and 10 years while only 1 indicated the group had existed for over 10 years. This implied that majority of the groups (56.3%) had been in existence for a period less than 5 years.

#### **4.4. Influence of Cash Transfer on the Livelihood of OVC in Nyatike District**

This section presents the findings in respect to objective one which sought to establish the influence of cash transfer on the livelihood of orphans and vulnerable children in Nyatike District.

##### **4.4.1 Beneficiaries of Cash Transfer**

The respondents were asked to state whether they benefited from cash transfers for ovc. Their responses were as follows:

**Table 4.7: Beneficiaries of Cash Transfer**

<b>Response</b>	<b>frequency</b>	<b>percentage</b>
<b>Yes</b>	88	62
<b>No</b>	44	31
Did not respond	10	07
<b>Total</b>	<b>142</b>	<b>100</b>

The findings show that 62% of the respondents (88) indicated that they had benefited from the cash transfers; while only 31% (44 respondents) said that they had not benefited from the education scholarships/bursaries awarded by the various organisations. 10 respondents (07%) did not respond to the question. This means that the majority of ovc were beneficiaries of cash transfers for ovc.

#### 4.4.2 Amount of Cash Received per OVC

The respondents were asked to state the amount of money they receive from the cash transfer programmes. Their responses were as follows:

**Table 4.8: Amount of Cash Received per OVC**

Amount (Kshs.)	frequency	percentage
Less than 1000	42	47.2
1001-2000	08	9.0
Above 3000	39	43.8
<b>Total</b>	<b>89</b>	<b>100</b>

The study finding is that 47.2% of the respondents receive less than Kshs. 1000 while a further 43.8% receive more than Kshs. 3000. The findings therefore imply that a majority received less than Kshs. 1000.

#### 4.4.3 Sufficiency of the Cash Transfer

The respondents were asked to state whether or not the cash they received were sufficient in meeting all their daily needs. Their responses were as follows:



**Table 4.9: Sufficiency of the Cash Transfer**

Response	frequency	percentage
Yes	12	13.8
No	75	86.2
<b>Total</b>	<b>89</b>	<b>100</b>

The findings show that 86.2% who are 75 respondents believe that the cash transfers are not sufficient in meeting their needs, while only 13.8% of the respondents receiving the cash transfers state that they receive sufficient cash. This means that a majority, 86.2%, found the money transferred to them not sufficient in meeting their needs.

#### 4.4.4 Rating of the Cash Transfer

The respondents were asked to rate the cash transfer initiatives in terms of improving their lives. Their responses were follows:

**Table 4.10: Rate the Cash Transfer in Terms of Improving their Lives**

Response	frequency	percentage
Very useful	51	58
Useful	23	26.1
Fairly useful	13	14.8
Not useful at all	1	1.1
<b>Total</b>	<b>88</b>	<b>100</b>

58% of the respondents stated that the cash transfers were actually very useful as they have significantly improved their lives. 26.1% rate it as being useful, 14.8% as fairly useful, however 1

respondent stated that the cash transfers were not useful at all. The implication of the finding is that 84.1% of the respondents find the cash transfers as being useful in improving their lives.

#### **4.5 Influence of Education Scholarship/Bursaries on Livelihood of OVC in Nyatike District**

This section presents the findings in respect to the objective two which sought to establish the influence of education scholarships and bursaries on the livelihood of orphans and vulnerable children in Nyatike District.

##### **4.5.1 Benefit from the Education Scholarships/Bursaries**

The respondents were asked to state whether or not they were beneficiaries of education scholarships and bursaries. Their responses were as follows:

**Table 4.11: Benefit from the Education Scholarships/Bursaries**

Response	frequency	percentage
Yes	139	97.9
No	03	2.1
TOTAL	142	100

The findings show that 97.9% of the respondents (139) indicated that they had benefited from the education scholarships/education; while only 2.1% (3 respondents) said that they had not benefited from the education scholarships/bursaries awarded by the various organisations. This means that a majority of the OVC (97.9%) were recipients of education scholarships and bursaries.

#### 4.5.2 Areas Covered by the Education Scholarships/Bursaries

The respondents were asked to state the areas that the education scholarships and bursaries covered.

Their responses were as follows:

**Table 4.12: Areas Covered by the Education Scholarships/Bursaries**

Areas covered	frequency	percentage
School meals	8	5.6
Tuition	40	28.2
Uniform	19	13.4
Stationary	1	0.7
All the above	63	44.4
<b>Total</b>	<b>142</b>	<b>100</b>

The findings show that 8 respondents (5.6%) receive school meals, 1 (0.7%) receives stationary, 19(13.4%) are provided with uniforms. 40 respondents (28.2%) are paid for tuition while the majority which is 63 respondents (44.4%) are beneficiaries of full scholarships. This implies that most respondents receive some form of education assistance ranging from school meals to uniforms, but the majority received full scholarships which covered all areas.

#### 4.5.3 Rating the Education Scholarships/Bursaries

The respondents were asked to rate the education scholarships and bursaries. Education factors were collated into the questionnaire and the respondents asked to use them to rate their significance in their education. Their responses were as follows:

**Table 4.13: Rate Education Scholarships/Bursaries**

	Very helpful	helpful	fairly helpful	not helpful at all	total percentage
Helped me to be Frequently in school thus minimal absence	71.1	23.9	3.5	1.5	100
Helped secure an education which will lead to good future	69.7	25.4	4.9	00	100
Helped me improve in my class performance	56.7	36.2	7.1	00	100
Changed my life and Boosted my self esteem	61	27.7	9.9	1.4	100

71.1% respondents stated that the scholarships were very helpful in school attendance, 23.9% found them to be helpful, 3.5% stated that they found them to be fairly helpful, while 1.5% of respondents did not find it helpful at all. This means that most ovc are able to attend school because of the scholarships and bursaries they enjoy.

The findings revealed that 69.7% respondents believed that scholarships/bursaries were very helpful in the acquisition of an education that would lead to a good future, 25.4% respondents found it to be helpful and only 4.9% respondents rated it as only being fairly helpful. This implies that most ovc are hopeful of a good future since they were able to secure an education made possible by scholarships.

In terms of improvement in class performance, the findings revealed that 56.7%, who were the majority believed that education scholarships were very helpful in improving ones class performance,

36.2% found them to be helpful while 7.1% stated that it was fairly helpful. This means that most ovc find scholarships to have played a role in their improved class performance.

The findings further revealed that 61% of respondents indicated that scholarships were very helpful as it changed their lives and boosted their self esteem, 27.7% found them to be helpful, 9.9% respondents indicated them as being fairly helpful while only 1.4% found them not helpful at all. This implies that a majority of the ovc lives changed and self esteem were boosted because of the scholarships/bursaries.

#### **4.6 Influence of Shelter Provision on the Livelihood of OVC in Nyatike District**

This section presents the findings in respect to the objective three which sought to establish the influence of shelter provision on the livelihood of orphans and vulnerable children in Nyatike District.

##### **4.6.1 Benefit from the Shelter Provision Programme**

The respondents were asked to state whether they were beneficiaries of shelter provision programmes or not. Their responses were as follows:

**Table 4.14: Benefit from Shelter Provision Programme**

Response	frequency	percentage
Yes	65	46.8
No	74	53.2
TOTAL	139	100

A majority of the respondents 74 (53.2%) indicated that they had not benefited from shelter provision, while only a further 65(46.8%) respondents did benefit. This means that a few were beneficiaries.

#### 4.6.2 Form of Shelter Assistance Received

The respondents were asked to state the form of shelter assistance they received. Their responses were as follows:

**Table 4.15: Form of Shelter Assistance Received**

Response	frequency	percentage
Children's home	10	15.4
Foster home	15	23.0
Built a house	28	43.1
Renovate the house	12	18.5
TOTAL	65	100

A majority of the respondents 43.1% indicated that they benefited by having new houses built for them. 23% were in foster homes, 18.5% had their houses renovated while only 15.4% lived in children's homes. This means that a majority of ovc still live within their home setting with relatives.

#### 4.7 Influence of Food Provision on Livelihood of OVC in Nyatike District

This section presents the findings in respect to the objective four which sought to establish the influence of food provision on the livelihood of orphans and vulnerable children in Nyatike District.

##### 4.7.1 Benefit from the Food Assistance

The respondents were asked to state whether they beneficiaries of food assistance provided by the various organisations. Their responses were as follows:

**Table 4.16: Benefit from Food Assistance**

Response	frequency	percentage
Yes	121	85.8
No	20	14.2
TOTAL	141	100

A majority of the respondents 121 (85.8%) indicated that they benefited from food assistance; while only 20 respondents did not benefit. This means that a majority of OVC were actually beneficiaries of food assistance programmes.

#### 4.7.2 Form of Food Assistance

The respondents were asked to state the form of food assistance they received. Their responses were as follows:

**Table 4.17: Form of Food Assistance**

Response	frequency	percentage
Food rations	21	17.2
Money for buying food	01	0.8
Seeds for planting	57	46.7
Money for farming	02	1.6
Training on Farming technique	34	27.9
All the above	07	5.7
TOTAL	122	100

A majority of the respondents 57 (46.7%) indicated that they received seeds for planting, 21 (17.2%) received food rations, training on farming techniques was received by 27.9% of respondents and only 02 respondents received money for farming. This means that most food programmes are geared towards empowering the OVC on self reliance in terms of producing their own food.

### 4.7.3 Rating Food Provision

The respondents were asked to rate the food provision programmes. Food aspects were incorporated into the questionnaire and the respondents asked to use them to rate their significance in their lives.

Their responses were as follows:

**Table 4.18: Rate Food Assistance Programmes**

	Very useful	useful	fairly useful	not useful at all	total percentage
Improved my health	58.7	28.1	12.4	0.8	100
Provided for me and my family more than enough food	70.0	25.0	5.0	00	100
Improved our farming skills	60.8	26.7	8.3	4.2	100
Generally improved our livelihood	58.8	28.7	10.3	2.2	100

58.7% respondents stated that the food assistance were very useful in improving their lives, 28.1% found them to be useful, 12.4 % stated that they found them to be fairly useful, while 0.8% of respondents did not find it useful at all. This implies that most ovc had improved health because of the food programmes extended to them.



The findings revealed that 70% respondents indicated that food and nutrition were very useful as they provided for them and their families more than enough food, 25% respondents found it to be useful and only 5% respondents rated it as only being fairly useful. This means that most ovc had enough food because of the food assistance programmes.

In terms of improvement in farming skills, the findings revealed that 60.8%, who were the majority believed that programmes were very useful in improving ones farming skills, 26.7% found them to be useful, 8.3% stated that it was fairly useful, while a further 4.2% found them not useful at all. This means that most ovc farming skills improved because of the food provision programmes.

The findings further revealed that 58.8% of respondents indicated that food assistance programmes were very useful as it generally improved their livelihood, 28.7% found them to be useful, 10.3% respondents indicated them as being fairly useful while only 2.2% found them not useful at all. This means that a majority of the OVC livelihood improved due to the food provision programmes.

**CHAPTER FIVE**  
**SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS AND**  
**RECOMMENDATIONS**

**5.1 Introduction**

This chapter comprises of a summary of the study findings, discussions of findings, conclusions of the study, recommendations made to the study, suggestions for further research on the influence of social protection programmes on the livelihood of orphans and vulnerable children.

**5.2 Summary of the Findings**

There was a response from 142 out of the 150 questionnaires distributed to the 150 OVC and all the 16 distributed to programme officials in the various organisations dealing with OVC; that is a response return rate of 94.67% and 100% respectively. The study had response from 93 (65.5%) male and 49 (34.5%) female OVC respondents and a further 08 (50%) male and 08 (50%) female programme official respondents. Majority of the OVC respondents 39.4%, were aged between 14 and 15 years. The study also revealed that majority of the OVC (80.3%) were in primary school, while 15.5% were in secondary school and only 0.7 % of the OVC were in post secondary level of education. Emerging from the study was that most of the organisations (56.3%) had been in existence for a period of between 1 to 5 years. The study respondents comprised of 16 organizational staff and 142 orphans and vulnerable children. The involvement programme officials boosted the reliability of the information provided as they had vast knowledge of the OVC projects.

On the influence of cash transfer on the livelihood of orphans and vulnerable children in Nyatike District the findings revealed that 62% of the OVC indicated that they had benefited from cash transfers while 31% of the respondents indicated that they had not benefited from the cash transfers. On the amounts received, 47.2% received less than kshs.1000, while a further 43.8% received above

kshs.3000. The findings showed that a majority of OVC, 86.2%, find the cash awarded not sufficient while only 13.8% found it to be sufficient. 58% of the respondents rated the cash transfers as being very useful while 1.1% found it not useful at all. The findings also show that there was positive influence of cash transfers on the life and livelihood of the respondents.

Regarding the influence of education scholarships and bursaries on the livelihood of OVC in Nyatike district the findings showed that 97.9% respondents indicated that they have benefited from scholarships. Only 2.1% respondents indicated that they did not benefit from education scholarships/bursaries. Of the 97.9% awarded scholarships only 44.4% received full scholarships, a further 28.2% had scholarships that only covered tuition, 13.4% received uniforms only while 5.6% received school meals only. The findings showed that 71.1% respondents who were the majority of the respondents indicated that the education scholarships and bursaries were very helpful in reducing absentees in school, while only 0.7% did not find it useful at all with regard to being absent from school. On class performance, 56.7% respondents found the education programmes as very helpful, while only 7.1% rated it as being fairly helpful.

On the influence of food provision on the livelihood of orphans and vulnerable children in Nyatike district the findings revealed that majority of the respondents 85.8% indicated that they received food assistance from the various organisations. Only 14.2% did not receive any assistance. The findings also show that a large percentage of the respondents (46.7%) of the respondents indicated that they received seeds for planting from organisations while 27.9% indicated that they received training on farming techniques.

### **5.3 Discussion of the Findings**

Discussions on the findings are described clearly in the sections below.

### **5.3.1 General Characteristics of the Respondents**

There was a response from 142 out of the 150 questionnaires distributed to the 150 OVC and all the 16 distributed to programme officials in the various organisations dealing with OVC; that is a response return rate of 94.67% and 100% respectively. The study had response from 65.5% male and 34.5% female OVC respondents and a further 50% male and 50% female programme official. This shows that the minimum a third gender rule stipulated in the constitution was upheld in the research. The finding revealed that OVC respondents aged between 14 and 15 years were 39.4%, 3.5% indicated below 12 years, 33.1% indicated 12-13 years, 19.75 indicated 16-17 years while 4.2% indicated above 17 years. The findings also revealed that majority of the OVC (80.3%) were in primary school, while 15.5% were in secondary school and only 0.7 % of the OVC were in post secondary level of education. Emerging from the study was that most of the organisations (56.3%) had been in existence for a period of between 1 to 5 years. The study respondents comprised of 16 organizational staff and 142 orphans and vulnerable children. The involvement programme officials boosted the reliability of the information provided as they had vast knowledge of the OVC projects.

### **5.3.2 Influence of Cash Transfers on Livelihood of OVC**

On the influence of cash transfer on the livelihood of orphans and vulnerable children in Nyatike District the findings revealed that 62% of the OVC indicated that they had benefited from cash transfers while 31% of the respondents indicated that they had not benefited from the cash transfers. On the amounts received, 47.2% received less than kshs.1000, while a further 43.8% received above kshs.3000. Respondents in this study indicated the cash provided was mostly used for clothing, food and shelter. The fact that 50% of the respondents are of the opinion that the cash transfers mostly provides food for the children, and 40% stated it provides clothing for the children, justifies the argument that cash transfers supports the material needs of children.

The findings showed that a majority of OVC, 86.2%, find the cash awarded not sufficient while only 13.8% found it to be sufficient. This is justified by Obayi (2011) whose study showed that there are areas of challenge with the use of the money such as the money being used to meet other family needs that are not of priority to meeting children's needs. 58% of the respondents rated the cash transfers as being very useful while 1.1% found it not useful at all. The findings also show that there was positive influence of cash transfers on the life and livelihood of the respondents. The findings of the study are sufficient to state that the cash transfer initiatives are relevant as a means of addressing the major issues that affect children due to vulnerability.

### **5.3.3 The Influence of Education Scholarship and Bursaries on Livelihood of OVC**

Regarding the influence of education scholarships and bursaries on the livelihood of OVC in Nyatike district the findings showed that 97.9% respondents indicated that they have benefited from scholarships. Only 2.1% respondents indicated that they did not benefit from education scholarships/bursaries. Of the 97.9% awarded scholarships only 44.4% received full scholarships, a further 28.2% had scholarships that only covered tuition, 13.4% received uniforms only while 5.6% received school meals, further 44.4% who received full scholarships also received school meals this is justified by Edstrom et al. (2008) who argued that school feeding programmes can enable children in general, and orphans and vulnerable children in particular, to access education by addressing hunger and the need to work to survive. Evidence also shows that children who are not hungry are better able to concentrate in class. Take-home rations have been shown to promote the participation, progression, and retention of orphans and vulnerable children in education. They can help close the gender gap and promote the secondary school education of girls (Edström *et al.* 2008).

The findings showed that 71.1% respondents who were the majority of the indicated that the education scholarships and bursaries were very helpful in reducing absentees in school, while only 0.7% did not find it useful at all with regard to being absent from school. On class performance, 56.7% respondents

found the education programmes as very helpful, while only 7.1% rated it as being fairly helpful. The findings revealed that 69.7% respondents believed that scholarships/bursaries were very helpful in the acquisition of an education that would lead to a good future and a further 25.4% respondents found it to be helpful. This findings justified sentiments echoed by Nelson Mandela when he said: It is through education that the daughter of a peasant can become a doctor, that the son of a mineworker can become the head of the mine that the child of farm worker can become the president of a great nation, Nelson Mandela (2004).

#### **5.3.4 Influence of Food on Livelihood of OVC**

On the influence of food provision on the livelihood of orphans and vulnerable children in Nyatike district the findings revealed that majority of the respondents 85.8% indicated that they received food assistance from the various organisations. Only 14.2% did not receive any assistance. The findings also show that a large percentage of the respondents (46.7%) of the respondents indicated that they received seeds for planting from organisations while 27.9% indicated that they received training on farming techniques. 17.2% of ovc received food rations and many received schools meals, this is justified Edstrom et al. (2008) who argued that school feeding programmes can enable children in general, and orphans and vulnerable children in particular, to access education by addressing hunger and the need to work to survive. Evidence also shows that children who are not hungry are better able to concentrate in class. Take-home rations have been shown to promote the participation, progression, and retention of orphans and vulnerable children in education. They can help close the gender gap and promote the secondary school education of girls (Edström *et al.* 2008).

### **5.3.5 Influence of Shelter Provision on Livelihood of OVC**

A majority of the respondents 74 (53.2%) indicated that they had not benefited from shelter provision; while only a further 65(46.8%) respondents did benefit. This justifies the findings in the USA which indicated that 23% of homeless people in 2007 were members of families with children (US conference of Majors, 2007) and the Department of Housing and Urban Development (HUD), there were 643,067 sheltered and unsheltered homeless persons in the USA as of January 2009. A majority of the respondents 43.1% indicated that they benefited by having new houses built for them. 23% were in foster homes, 18.5% had their houses renovated while only 15.4% lived in children's homes. These findings are in line with the NPA-OVC 2007-2010, which estimated that between 30–45 percent of orphans due to all causes have ended up in charitable children's institutions. These findings show that there has been a growth of shelter provision to the ovc. A number of ovc have benefited from the various forms of shelters ranging from; renovation of houses, building of houses, living in charitable/foster homes. It was also noted that there has been an increased need of ensuring ovc lived within their home settings. This has been justified by the high percentages of ovc who benefited from new houses (43.1%) and renovations (18.5%). In addition, to reduce the number of child headed households 23% of ovc were placed under foster care.

### **5.4 Conclusions of the Study**

Following the findings, the study concludes as follows:

The study concludes that the cash transfer did have some influence on the livelihood of OVC Nyatike District. The findings show how cash transfers influence the living standard of the ovc. This is because the cash is in all livelihood areas be it food, education, shelter and clothing which are important.

The study concludes that the education scholarships and bursaries provided did not significantly impact on the livelihood of ovc Nyatike district. It is concluded that a majority of ovc in Nyatike district are in

school and receiving some form of scholarship, however, the large numbers are in primary level and reduces significantly as it moves to post primary levels. Therefore we conclude that the number of scholarships and bursaries was not adequate enough to improve the livelihood of the OVC in Nyatike district.

The study also concludes that shelter provision was not adequate enough as a number of respondents that their houses were in poor condition. However, it noted that a number were living either in children homes or foster homes, thus concluding that both foster and children homes are important in determining the livelihood of ovc.

The study concludes that food provision did have an influence on the livelihood of ovc in Nyatike District. The findings show that improved health, more meals, increased food production could be attributed to food Assistance programmes availed.

## **5.5 Recommendations**

Following the findings, the study gave the following recommendations;

1. The Ministry Of Gender Children And Social Development should ensure the Minimum Service Standards for Quality Improvement of Orphans and Vulnerable Children Programme in Kenya are implemented so as to have harmonized services to children and especially Orphans and Vulnerable Children by various stakeholders in the sector. Coordination of different stakeholders implementing various projects and programmes for Orphans and Vulnerable Children care and support continue to be a challenge. This will therefore eradicate duplication of efforts among the stakeholders, which at times has resulted to wastage of resources.
2. The Ministry of Gender Children And Social Development in liaison with the Ministry of Education should develop and implement a comprehensive curriculum on livelihood based education which should be integrated into the school curriculum at all levels from early childhood to post secondary education so as to build a strong self reliance culture early.



3. The community in partnership with other stakeholders should come up with measures to reduce the AIDS menace which is the main cause of the increase in the number of orphans and vulnerable children.

## **5.6 Suggestions for Further Research**

Following the findings, the study gave the following suggestions for further research:

1. A study to be undertaken to assess the difference in livelihood between OVC enrolled in social protection programmes and those not in such programmes in Nyatike District.
2. A study to be undertaken to examine the influence of education on living standards of OVC in Nyatike District.
3. A study to be undertaken to determine the influence of local social protection initiatives on the livelihood of OVC in Nyatike District

**Table 5.1 Contribution to Knowledge**

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<b>Objective</b>	<b>Contribution to knowledge</b>
To assess the influence of cash transfer for OVC on the livelihood of the OVC in Nyatike District	Cash transfers for ovc influences the livelihood of the ovc. Therefore cash transfers are important initiatives in determining the livelihood of ovc
To establish the influence of Education scholarships and bursaries on the livelihood of the OVC in Nyatike District	Education scholarships and bursaries influence the livelihood of ovc. The education scholarships and bursaries provided for ovc are critical in determining their livelihood
To determine the influence of shelter provision on the livelihood of the OVC in Nyatike District	Shelter provision influences the livelihood of ovc. The provision of shelter is important as depicted in the Maslow hierarchy of needs. Therefore, shelter provision is vital in the improvement of livelihood of ovc
To determine the influence of provision of food on the livelihood of the OVC in Nyatike District	Food is critical and is considered to be a basic need. The provision of food, whether in terms of farming skills, food ratios or seeds for planting, is vital in enhancing the livelihood of OVC. Therefore, food provision initiatives in whatever form influences the livelihood of ovc.

## REFERENCES

- Allen, K, et al (2007) "Can the Kenyan State Put the 300,000 Most Vulnerable Children in the Country on a Cash Transfer Programme by End of 2012?", Working Paper, UNICEF, New York.
- Casey, K. (2006). Averting the Long-term Consequences of the Growing Cohort of Orphans and Vulnerable Children in Africa. Discussion Paper, World Vision International.
- Coetzee, J. K. et. al. (2001) Development – Theory, Policy, and Practice. Oxford University Press: Cape Town
- Deininger, K., M. Garcia and K. Subbarao (2003). "AIDS-Induced Orphanhood as a Systemic Shock: Magnitude, Impact and Program Interventions in Africa." *World Development* **31** (7): 1201-1220.
- Devereux, S. 2002. Social Protection for the Poor: Lessons from Recent International Experience. IDS Working Paper 142. Sussex Brighton, United Kingdom
- Donahue, J. (2000). Microfinance and HIV/AIDS: It's Time to Talk.
- Edström, J., H. Lucas, R. Sabates-Wheeler and B. Simwaka (2008). A Study of the Outcomes of Take-home Ration Food Rations for Orphans and Vulnerable Children in Malawi
- Fowler, F.J (2002) Survey Research Methods (3<sup>rd</sup> Ed.) New bury Park: Sage
- Government of Kenya (2004). Report on the Rapid Assessment, Analysis and Action Planning Process (RAAAPP) for Orphans and Other Children Made Vulnerable by HIV/AIDS in Kenya, Office of the Vice-President and Ministry of Home Affairs
- Government of Kenya, (2010). Constitution of Kenya. Nairobi: Government Printer

Holzmann, R. and Jorgensen, S. (2000) Social Risk Management: A New Conceptual Framework for Social Protection and Beyond. Social Protection Discussion Paper No. 0006, World Bank, Washington DC.

Ikiara, G.K. (2009). Political Economy of Cash Transfers in Kenya: A Report prepared for the Overseas Development Institute. Nairobi: University of Nairobi

Jukes, M. C. H., L. J. Drake and D. A. P. Bundy (2008). School Health, Nutrition and Education for All: Levelling the Playing Field. Cambridge, MA, CABI Publishing.

Kingdom of Swaziland (2005). National Plan of Action for Orphans and Vulnerable Children 2006-2010.

Knodel, J. (1997). A Case for Nonanthropological Qualitative Methods for Demographers. Population Development Review. 23 (4): 847 – 53

Kothari (2008) Research methodology U.K New Age International

Ministry of Education, (2005). Strategic Plan 2006-2011. Nairobi: M.O.E

Mugenda, M. O. and Mugenda, G. A., (2003). Research Methods: Quantitative and Qualitative Approaches. Nairobi: Acts Press

National Center on Family Homelessness, (2009). Homeless Children Fact Sheet. Available at <http://www.familyhomelessness.org/?q=node/5/>

- Norton, A., Conway, T., & Foster, M. 2001. Social Protection Concepts and Approaches: Implications for Policy and Practice in International Development. ODI Working Paper 143. London, United Kingdom.
- Nyamukapa C., Foster G., and Gregson S. (2003) Orphans' household circumstances and access to education in a maturing HIV epidemic in eastern Zimbabwe. *African Journal of Social Work*, Vol 18: p. 7–32.
- Obama, Barack. First Presidential Press Conference. East Room, The White House, Washington D.C: February 9<sup>th</sup>, 2009
- Obayi A. (2011) A Research Report on Enhanced Social Protection for Orphans and Vulnerable Children
- Obermeyer, C. (1997). Qualitative Methods: A Key to Better Understanding of Demographic Behaviour? *Population Development Review*. 23 (4): 813 – 18
- Peet, R. and Watts, M. 1996. Development, sustainability, and environment in an age of market triumphalism in Peet, R. and Watts, M. (eds) *Liberation Ecologies: Environment, development and social movements*. Routledge: London
- Pfleiderer, R., and O. Kantai. September 2010. Orphans and Vulnerable Children (OVC) Programming in Global Fund HIV/AIDS Grants in Kenya. Washington, DC: Futures Group, Health Policy initiative, Task Order 1
- Republic of Kenya, (2005). Kenya education sector support programme 2005-2010: delivering quality education and training to all Kenyans. Nairobi: Government Printer
- Republic of Kenya, (2009) Social Protection Strategy, 2009-2012, Draft unpublished, March 2009(b).
- Save the Children UK/UNICEF. Mozambique Country Report. 2009.

Standard on Saturday, 19<sup>th</sup> May 2012: Cancer now Major Killer as More People Succumb to Disease

Taimo, N.V. & Waterhouse, R. 2007. Food Subsidy Programme – National Institute for Social Action (INAS) Maputo and Inhambane, July 2007. Regional Evidence Based Agenda Programme (REBA) – Regional Hunger and Vulnerability Programme.

Tashakkori, A. & Teddlie, C. (1998). Mixed Methodology: Combining Qualitative and Quantitative Approaches. Thousand Oaks: Sage Publications.

The Education Act, Cap 211 Laws of Kenya. (1980). Nairobi: Government Printer

The Employment Act, Laws of Kenya. (2007). Nairobi: Government Printer

The Hague Global Child Labour Conference,(2010). Towards a World Without Child Labour, Mapping the Road to 2016. Conference report

Todaro, M. and Smith, S. 2003. Economic Development. Person Education Limited: England

UK Government (2005). The Gleneagles Communiqué 2005, Gleneagles Summit.

UNAIDS and UNICEF (1999). Children Orphaned by AIDS: Front-line Responses from Eastern and Southern Africa. New York.

UNAIDS, UNICEF and USAID (2004). Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action.

UNAIDS and WHO (2006). AIDS epidemic update: December 2006. Geneva.

UNICEF (2003). Quality Checklist for Selecting Teaching and Learning Materials.

UNICEF (2006). Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS. New York.

UNICEF (2008a). Children and AIDS: Third Stocktaking Report, 2008. New York.

UNICEF (2008b). The State of the World's Children 2009: Maternal and Newborn Health. New York.

UNICEF (November 2009). Promoting Quality Education for Orphans and Vulnerable Children: A Sourcebook of Programme Experiences in Eastern and Southern Africa. UNICEF: New York

UNDP, UNFPA, UNICEF and WFP. 2009. Joint Meeting

United Nations (2005). The Millennium Development Goals Report 2005. UN: New York

US Conference of Mayors. A status Report on Hunger and Homelessness in America's Cities: 2004, 2005, 2007 Reports

World Bank, UNICEF and PCD (forthcoming). Enabling Orphans and Vulnerable Children to Access Quality Education: A Sourcebook

## APPENDICES

### Appendix I: Letter of Transmittal

DISTRICT COMMISIONER,

P.O. BOX 1,

**NYATIKE**

Dear Sir,

**RE: INFLUENCE OF SOCIAL PROTECTION PROGRAMMES ON THE LIVELIHOOD OF ORPHANS AND VULNERABLE CHILDREN IN NYATIKE DISTRICT**

I am a post-graduate student of the University of Nairobi. In order to fulfil the requirements for the award of a Master of Arts degree in Project Planning and Management, I am conducting a research entitled *“influence of social protection programmes on livelihood of orphans and vulnerable children in Nyatike District”*.

The research target population will be orphans and vulnerable children and personnel from organizations working with OVC in Nyatike District.

The purpose of this letter, therefore, is to seek your permission to collect the relevant data in the said respondents within your area of jurisdiction. The information obtained will be treated with utmost confidentiality and will be used only for the intended purpose.

Thanking you in advance.

Yours faithfully,

Rose Everlynn Amukaga Etyyang

Tel: 0723785035



# QUESTIONNAIRE

## APPENDIX II: Questionnaire for Programme Officials

*The purpose of this questionnaire is to obtain information that is relevant to my research title: 'Influence of social protection programmes on the livelihood of OVC in Nyatike district, Kenya'. The information provided will be used purely for my academic research, and will be treated confidentially. I humbly request you to provide the information sought by this questionnaire as candidly as possible.*

Kindly provide answers to questions in the spaces provided.

### Section 1: Background information

*(Tick where appropriate)*

1. Age: Below 30 [ ] 31 – 40 years [ ] 41 – 50 years [ ] 51 and above [ ]
2. Sex : Male [ ] Female [ ]
3. Designation: Programme Director/coordinator [ ] Project Officer [ ] Field Officer [ ]  
Other (*specify*).....
4. Academic qualification  
Post Graduate [ ] Graduate [ ] Diploma [ ] Certificate [ ] O level [ ] Other (*specify*).....
5. For how long have you worked in this organisation?  
Less than 1 year [ ] 1-5 years [ ] 6-10 years [ ] Over10 years [ ]
6. How long has this organisation been operational in Nyatike District?  
Less than 1 year [ ] 1-5 years [ ] 6-10 years [ ] Over10 years [ ]
7. What areas do you cover as an organisation for OVCs? (*tick areas you deal with*)  
Education provision [ ] Food and Nutrition [ ] Health care [ ] Shelter and protection [ ]  
Legal protection [ ] Psycho-social support [ ] other (*specify*).....

## SECTION 2: EDUCATION

1. Do you offer education support to OVCs? Yes [  ] No [  ]
2. What areas do you support in education ( *tick all areas you support*)  
Tuition [  ] Uniform [  ] transport [  ] school meals [  ] stationary [  ] accommodation [  ]  
Other (specify).....
3. What type of education scholarship do you offer? Full bursary [  ] Partial Bursary [  ]  
other (specify).....
4. How long do the education scholarships/bursaries last?  
Less than a year renewable [  ] Depending on availability of funding [  ] Depending on the  
academic performance of beneficiary [  ] Until beneficiary completes his or her education [  ]  
Until the beneficiary needs it no more [  ] Other (specify).....
5. How many OVCs does your organisation support education wise?  
None [  ] Less than 1000 [  ] 1001-2000 [  ] 1001-3000 [  ] 3001-4000 [  ] 4000 and above [  ]
6. How many OVC do you support in primary school?  
None [  ] Less than 1000 [  ] 1001-2000 [  ] 2001-3000 [  ] 3001-4000 [  ] 4000 and above [  ]
7. How many OVC do you support in secondary school?  
None [  ] Less than 50 [  ] 51-100 [  ] 101-150 [  ] 151- 200 [  ] Above 200 [  ]
8. How many OVC do you support in Post secondary and vocational institutions?  
None [  ] Less than 10 [  ] 11-20 [  ] 21-30 [  ] 31-40 [  ] Above 40 [  ]
9. Do you run your own school as an organisation? Yes [  ] No [  ]

## SECTION 3: CASH TRANSFER

1. Do you offer any form of cash directly to OVC or their care givers? Yes [  ] No [  ]

2. How much money is given per month?

Less than 1000 [ ] 1001-2000 [ ] 2001- 3000 [ ] Above 3000 [ ]

3. Who qualifies for the cash transfer?

Total orphan [ ] partial orphan [ ] vulnerable but with both parents [ ] other (specify).....

4. What is the frequency of the disbursement of the cash to the beneficiaries?

Weekly [ ] Monthly [ ] Quarterly [ ] after six months [ ] annually [ ] Other (specify).....

5. What is the tenure of the cash programme?

Dependant on funding [ ] Dependant on the needs of the OVC [ ]

Until OVC turns 18 years [ ] other (specify).....

6. What is the cash given meant to be used for?

Buying food [ ] Buying school materials [ ] Building or repairing the house or home [ ]

Any other use (specify).....

#### **SECTION 4: SHELTER PROVISION**

1. Do you cover the area of shelter provision to OVCs? Yes [ ] No [ ] *If no, skip to section 5*

2. If yes, what do you actually do?

Build new houses [ ] renovate houses [ ] Put them in children's home [ ]

Place them in foster home [ ] other (*specify*).....

3. If you build, what type of houses do you build? Permanent [ ] semi permanent [ ]

other.....

4. How many rooms do you put in when building houses for OVCs?

1 room [ ] 2rooms [ ] 3 rooms [ ] 4 rooms and more [ ]

5. In building or renovating OVC houses what type of roofing do you put on them

Thatched roofs [ ] iron sheets [ ] other (*specify*) .....

6. If you renovate, what type of houses do you renovate?

.....

7. Who qualifies for shelter provision or what is the criterion for selection?

Total orphan [ ] partial orphan [ ] vulnerable but with both parents [ ] other (specify).....

**SECTION 5: FOOD PROVISION**

1. Do you offer food and nutrition support to OVCs? Yes [ ] No [ ]

2. If yes, what form of assistance do you offer?

Give them food ratios [ ] Give them money to buy food [ ] Give them seeds to plant food [ ]

Give them money for farming [ ]

3. What is the criterion for selection of OVC beneficiaries for the food program?

Total orphan [ ] partial orphan [ ] vulnerable but with both parents [ ] other (specify).....

**SECTION 6: LIVELIHOOD OF OVCs**

1. Have your social protection programs helped improve the lives of OVCs ?Yes [ ] No [ ]

2. What problems do you think makes the social protection intervention programs not effective in meeting OVCs needs?

.....

.....

3. What in your opinion would make the programs even better?

.....

*Thank you for your time*

### Appendix III: Questionnaire for OVC

*The purpose of this questionnaire is to obtain information that is relevant to my research title: 'Influence of social protection programmes on the livelihood of OVC in Nyatike district, Kenya'. The information provided will be used purely for my academic research, and will be treated confidentially. I humbly request you to provide the information sought by this questionnaire as candidly as possible.*

Kindly provide answers to questions in the spaces provided.

#### SECTION 0: BACKGROUND INFORMATION

1. Sex of the respondent TICK [] as appropriate Male [] Female []
2. How old are you? Below 12 [] 12-13 [] 14- 15 [] 16-17 [] above 17 []
3. Are you currently in school? YES [] NO []
4. Which class or school level are you in? Primary school [] Secondary school [] College []

#### SECTION 1: EDUCATION SCHOLARSHIP AND BURSARIES

5. Are you a beneficiary of any education bursary or scholarship from any organisation?  
YES [] NO []
6. If yes which organisation? Government of Kenya [] Blue Cross [] Wekma [] Mercy Orphans Support P [] LALMBA [] Ong'er Siko women group [] St Camillus Dala Kiye [] Kared fod [] Macalder mines baby care [] other (specify).....
7. How long have you benefited from the scholarship/ bursary?  
Less than 1year [] 1-5years [] 6-10 years [] above 10 []
8. What areas does the bursary/scholarship cover?  
School Meals [] Tuition [] Uniform [] Stationary [] Transport [] Other.....

9. How would you rate the education bursary/scholarship given to you in terms of the following?

	<b>Very helpful</b>	<b>helpful</b>	<b>Fairly helpful</b>	<b>Not helpful at all</b>
Helped me to be frequently in school thus minimally absence				
Helped secure an education which will lead to good future				
Helped me improve in my class performance?				
Changed my life and boosted my self-esteem?				

10. On overall how do you rate the education scholarship and/or bursary you received from the organization towards your education?

Very Sufficient [ ] Sufficient [ ] Fairly Sufficient [ ] Not Sufficient [ ]

**SECTION 2: FOOD PROVISION**

1. Do you get any assistance from organizations in providing for your food?

Yes [ ] no [ ]

If yes, which organizations?

Government of Kenya [ ] Blue Cross [ ] Wekma [ ] Mercy Orphans Support P [ ]

LALMBA [ ] Ong'er Siko women group [ ] St Camillus Dala Kiye [ ] Kared fod [ ]

Macalder mines baby care [ ] other (specify).....

2. What kind of assistance for food do they provide?

Give them food ratios [ ] Give them money to buy food [ ] Give them seeds to plant food [ ]

Give them money for farming [ ] Farming technique [ ]

3. How many meals did you used to have per day before food assistance?

One  two  three  other (specify).....

4. How many meals do you usually have per day with food assistance programs now?

One  two  three  other (specify).....

5. Does the family have a kitchen garden? YES  NO

6. If yes Who initiated the idea of the kitchen garden

Food assistance organizations  self

7. How would you rate the food assistance program to the following?

	<b>Very useful</b>	<b>useful</b>	<b>Fairly useful</b>	<b>Not useful at all</b>
Improved my health				
Provided for me and my family more than enough food				
Improved our farming skills				
Generally improved our livelihood				

8. On overall how do you rate the food assistance you receive from the organization in meeting your family nutrition needs?

Very Sufficient  Sufficient  Fairly Sufficient  Not Sufficient

**SECTION 3: SHELTER PROVISION**

1. Have you ever benefitted from shelter provision by any organization

Yes  no

2. If yes, which one? Government of Kenya [ ] Blue Cross [ ] Wekma [ ] Mercy Orphans Support P [ ] LALMBA [ ] Ong'er Siko women group [ ] St Camillus Dala Kiye [ ] Kared fod [ ] Macalder mines baby care [ ] other (specify).....
3. What form of housing and shelter assistance did the organization provide to you?  
Children's home [ ] Foster home [ ] Built a house [ ] Other (specify).....
4. In what state is your house in at the moment?  
Excellent [ ] Good [ ] poor [ ] very poor [ ] other (specify).....
5. Is this the same house you have been living in since childhood? YES [ ] NO [ ]
6. Has your house undergone any form of renovation with assistance from any of the above organization? YES [ ] NO [ ]
7. Do you live in children's home or foster home? YES [ ] NO [ ]  
If yes, who put you there? Shelter provision organization [ ] Relatives and community [ ] Self [ ]
8. How long have you lived away from your home?  
Less than 1 year [ ] 1-5[ ] 5-10[ ] 10-15[ ] above 15 years [ ]

#### **SECTION 4: CASH TRANSFER**

1. Do you receive any form of cash directly from any assisting organizations? Yes [ ] No [ ]
2. If yes, how much money is given per month?  
Less than 1000 [ ] 1001-2000 [ ] 2001- 3000 [ ] Above 3000 [ ]
3. Who gets this money? Caregiver [ ] self [ ]
4. What is the frequency of the disbursement of the cash to the beneficiaries?  
Weekly [ ] Monthly [ ] Quarterly [ ] after six months [ ] annually [ ] other (specify).....
5. What is the cash given meant to for?



Buying food [ ] Buying school materials [ ] Building or repairing the house [ ] Buying clothes [ ] other use (*specify*).....

7. Is the cash provided enough to sustain you for the month? Yes [ ] No [ ]

8. How would you rate this cash transfer program to you in the following categories

	<b>Very useful</b>	<b>Useful</b>	<b>Fairly useful</b>	<b>Not useful at all</b>
Improved my life				
Provided for me and my family				
Improved our situation for better				
Generally improved our livelihood				

**SECTION 5: LIVELIHOOD OF OVCs**

1. Have the social protection intervention programs helped improve your life? Yes [ ] No [ ]

2. On overall how do you rate the social protection intervention programs?

Very Helpful [ ] Helpful [ ] Fairly Helpful [ ] Not Helpful [ ]

3. What problems do you think makes the social protection intervention programs not effective in meeting OVCs needs?

.....  
 .....

4. What would you want to see improved in these programmes?

.....  
 .....

*Thank you for your time*



# NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Telephone: 254-020-2213471,2241349  
254-020-310571,2213123, 2219420  
Fax: 254-020-318245,318249  
when replying please quote  
[secretary@ncst.go.ke](mailto:secretary@ncst.go.ke)

P.O. Box 30623-00100  
NAIROBI-KENYA  
Website: [www.ncst.go.ke](http://www.ncst.go.ke)

Our Ref:

**NCST/RCD/14/012/1521**

Date:

**2<sup>nd</sup> November 2012**

Rose Everlynn Ettyang  
University of Nairobi  
P.O.Box 2461  
Kisii.

## **RE: RESEARCH AUTHORIZATION**

Following your application for authority dated **26<sup>th</sup> October, 2012** to carry out research on "*Influence of social protection programmes on the livelihood of orphans and vulnerable children in Nyatike District,*" I am pleased to inform you that you have been authorized to undertake research in **Nyatike District** for a period ending **31<sup>st</sup> December, 2012.**

You are advised to report to **the District Commissioner and the District Education Officer, Nyatike District** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

A handwritten signature in black ink, appearing to read 'M. K. Rugutt'.

**DR M.K. RUGUTT, PhD, HSC.**  
**DEPUTY COUNCIL SECRETARY**

Copy to:

The District Commissioner  
The District Education Officer  
Nyatike District.

Research Permit No. NCST/RCD/14/012/1521

**THIS IS TO CERTIFY THAT:** Prof./Dr./Mr./Mrs./Miss/Institution Date of issue 2<sup>nd</sup> November, 2012 Fee received KSH 1,000

**Prof./Dr./Mr./Mrs./Miss/Institution**  
Rose Everlynn Etyang  
(Address) University of Nairobi  
P.O.Box 2461, Kisumu



**has been permitted to conduct research in**  
**Location** Nyatike  
**District** Mwanza  
**Province**

**in the topic** Influence of social protection  
programmes on the livelihood of orphans and  
vulnerable children in Nyatike District.

**Applicant's** [Signature]  
**Signature** [Signature]  
**National Council for**  
**Science & Technology**

**for a period ending 31<sup>st</sup> December, 2012.**

**CONDITIONS**

1. You must report to the District Commissioner and the District Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.
2. Government Officers will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two (2) four (4) bound copies of your final report for Kenyans and non-Kenyans respectively.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.



**REPUBLIC OF KENYA**  
**RESEARCH CLEARANCE**  
**PERMIT**

**GPK60553m10/2011 (CONDITIONS see back page)**