

**THE INFLUENCE OF NON-GOVERNMENTAL ORGANIZATION PROJECTS  
IN POVERTY REDUCTION IN KILIFI COUNTY, KENYA. A CASE OF  
WORLD VISION.**

**BY**

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Management of the University of Nairobi**

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**DECLARATION**

This research project report is my original work and has not been presented for any academic award in any university.

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## **DEDICATION**

This research is dedicated to all the people who inspired, supported and encouraged me. Special thanks go to my dear Wife Eva for her endless support and encouragement throughout my studies at the University. To my dear parents Mr. and Mrs. Paul Mash Onyambu, to my younger brother Duke Mosiria, I hope this will inspire you to pursue your education and lead successful life.

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## **ABBREVIATIONS AND ACRONYMS**

<b>AIDS:</b>	Acquired Immune Deficiency Syndrome
<b>ASALs:</b>	Arid and Semi-Arid Lands
<b>CSO:</b>	Civil Society Organization
<b>CHVs:</b>	Community Health Volunteers
<b>FPE:</b>	Free Primary Education
<b>GOK:</b>	Government of Kenya
<b>GDP:</b>	Gross Domestic Product
<b>HIV:</b>	Human Immuno-Deficiency Virus
<b>KESSP:</b>	Kenya Education Sector Support Programme.
<b>KCPE:</b>	Kenya Certificate of Primary Education
<b>KNEC:</b>	Kenya National Examination Council
<b>KSHs:</b>	Kenyan Shillings
<b>MDGs:</b>	Millennium Development Goals
<b>MOE:</b>	Ministry of Health
<b>MNCH:</b>	Maternal, Newborn, and Child Health
<b>OVC:</b>	Orphans and Vulnerable Children
<b>UNESCO:</b>	United Nations Educational Scientific and Cultural Organization
<b>USAID:</b>	United States Agency for International Development
<b>WHO:</b>	World Health Organisation
<b>WV:</b>	World Vision

## ABSTRACT

Poverty forces people to less power, less hope and forces them into low self esteem, integrity and confidence; thus leading to vulnerability. Several recent studies indicate an alarming increase of poverty levels in the world especially in the developing countries. In Kenya, poverty levels are high especially in areas which are prone to harsh weather conditions and calamities like floods, droughts and diseases e.g. HIV/AIDS. NGOs projects contribute significantly in terms of poverty eradication, health provision, child Mortality reduction, water and sanitation provision, and, education provision for economic empowerment. The NGO sector provides employment for over 132 million people in the world and over 2 million people in Kenya thus raising their living standards. The NGOs have operated in the country since before independence as either social organization, CBOs, church based voluntary organizations and many more. They have served in providing support for the less fortunate people or emergency situations in the country where the government could not cover. The research looked at the roles of World Vision in Kilifi County in four sub-headings/objectives that include: The educational programmes undertaken by NGOs and their influence on poverty reduction on: Education programmes role, livestock improvement role, Health provision role and Water and Sanitation role. Comprehensive literature review was done to gather information on NGOs project on poverty eradication from the previous researchers, followed with structured questionnaire distribution and interview as tools to collect data. Random sampling technique was selected as the appropriate sampling method giving equal chances to the population. 99 respondents were considered for the study, although focused interview schedules were conducted between the researcher and 10 focused groups discussions of 10 individual each. The response rate was 90.90% positive, meaning that 90 questionnaires were completed and submitted. A total of 9 questionnaires were not valid for the study. The returned questionnaires were the ones analysed. From the discussions with the focused group discussions, the various roles played by World Vision were evident as supported by over 9 groups out of the 10. From the results of the study in chapter four, the chi-square values for all the objectives were greater than the critical value of 9.488; meaning that the alternative hypotheses were all valid. This means that alternative hypotheses were adopted while the null were rejected. Discussion of the findings and recommendations for future studies; including future similar studies in other counties, can be found in chapter five while the elaborate figure of locale of the study has been attached at the end of the document.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of study

According to Oxfam's strategic plan,(2014) 1 billion of the earth's population live in poverty. Within a single generation, the earth will be occupied by over 9 billion people from the 7 billion today, and 90 per cent of the additional 2 billion inhabitants are likely to be born into poverty. Banks, (2011) argues that, Poverty is when a section of society is unable to fulfil its basic necessities of life such as food, clothing and shelter. Poverty is a state of need, in terms of economic and social indicators, such as education, healthcare, access to food, self esteem and self-actualization Okoh (1997).According to Obadan (1996) the poor members of society are those unable to obtain an adequate income, find a job, own property or maintain healthy living conditions. Similarly, the poor are those who have no access to the basic necessities of life such as food, clothing and decent shelter; are unable to meet social, economic, and political obligations (Olayemi, 1995).

Globally, Poverty is widespread in Sub Saharan Africa, India and Latin America. More than half of the population in the developing world poverty index dropped to 14 percent in 2015, whereby Sub Saharan Africa had the greatest proportion of those poor .The percentages of people living less than \$1.25 a day in Sub-Saharan Africa is 41 per cent (UNEP millennium report, 2015).

Poverty is a product of people's systems and livelihoods together with their social political forces shaping them. Therefore poverty eradication is a compulsory process. However, poverty reduction comes into process with human migration from the rural poor areas/countryside to urban /towns in finding livelihoods through seeking jobs in the urban sectors like Banking and insurance ending them without jobs due to competition. Successful rural poverty reduction efforts which have worked towards raising people's productivity ,have reduced migration thus helping in reducing Urban poverty through rural NGOs activities like provision of social amenities, provision of skills for development in technical skills, provision of food relieves aimed at reducing people's Poverty limits ( Tollens, 2002).

Haiti a young country that was struck by a Tsunami in 2010, which killed 250,000 poor citizens and displaced others. Haitian population remains among the poorest countries in the world. People live in refugee camps in Port-au-prince outskirts under little access to drinking water and lives under poor sanitation .The World Bank (2009). It is estimated that 24 percent of the total Haiti population live under the international poverty line of US \$1.25 per day, down from 31 percent in 2010.Haitian children have benefited from better access to primary education, however, the quality of education remains a challenge. Only one third of all children aged 14 are in appropriate grade for their age. Cholera is still a major concern among the people; more than half of the children were severely shelter deprived: Young Children Live in poor homes built out of mud floors, and in overcrowded conditions, where they live over five per poorly ventilated rooms, children above four live under poor sanitation areas making them not only hopeless but also powerless.This denies these young children the basic human needs like food and shelter. (The World Bank, 2009).

In the years 2010-2013,UNICEF carried out major poverty reduction in Haiti's disadvantaged slums and people by paying school fees for the poor children, partnering with the community in building cheap and sustainable classrooms, providing alternative funds for support in food and alleviating the poor housing systems of both the urban poor and semi-urban poor, providing cheap medication and supporting the construction of cheap clinics for both the poor men and disadvantaged expectant mothers .Houses of low standards,shortage of clean drinking water and clean conducive sanitation greatly contributed to easy infection transmission among the people and mostly among the young children (Alsan ,2011).

Ghana a country in the SSA has made tremendous achievements making in its efforts in alleviating poverty. Due to its ever increasing and biting poverty among its citizens ,the country implemented a strategic plan -Ghana Poverty Reduction Strategyø (GPRS I) and the -Growth and Poverty Reduction Strategyø (GPRS II) sound socioeconomic policy initiatives aimed towards the elimination of the unending worst manifestations of poverty and needs (Osei, 2010).

In eastern Africa, Rwanda a developing country that faced the 1994 tribal killings that claimed 800,000 people, led to increased widespread of Diseases, rape among the poor women and young girls reproduced high rates of HIV/AIDS transmissions. People moved to other neighbouring countries like Congo where they faced acute shortage in water for drinking ,enough balanced diet, which to other natural epidemics. (Utter Wulghe, 1999).

Poverty is widespread in all members of social-economic societies which are threatening the very foundation of society (Ayako, 1997). Kenya cannot feed its people sufficiently which makes it rely on foreign aid from donors and NGOs Wabwoba and Wakhungu (2013).Poverty in Kenya has been necessitated by factors like inequality ,unequal access to economic opportunities lack of education,the HIV/AIDS epidemics and poor climate in most parts of the country (Nafula ,2005).The government of Kenya has taken measures to initiate and sustain poverty reduction.In 1963, the government identified diseases, poverty, and ignorance as national tragedies (GOK, 2013). Subsequent development plans and strategies have been designed to focus on poverty reduction and general improvement of people's standards of living (Social Dimension of Development, SDD, 1995; National Development Plans, 2002-2008; National Poverty Eradication Plan, 1999-2015; ERS, 2003).

The Kenya Government has been committed in fight against poverty.However,the efforts have not assisted as much as expected (Kabubo- Mariara, 2007). Over 20 million people in Kenya remains permanently in poverty; women and those living in poor rural areas being being particularly mostly affected (GOK, 2007). Limited participation by the involved stakeholders to reduce poverty and strengthen development among others have been some of the causes for failure. (Nyakundi, 2007).

Most regions in Kenya, especially in Northern Kenya and along the coast, remain among the poorest. There are Inequalities in Education among the Kenyan counties. Despite the Government's efforts through the provision of free primary education, subsidised secondary education and constituency development funds (CDF), levels of deprivations still remains high. (Chisman 1998).

According to (Nair, 2011), the government of Kenya and other civil societies have made tremendous attempts to alleviate poverty without great success. Despite these challenges

a number of NGOs have operated throughout Kenya with the aim of helping the poor Kenyan rural people, and marginalized areas like Northern Kenya, The coast and Flood hit areas of western Kenya, both in financial aid and relief in times of need.

In Kenya, NGOs have operated throughout the country and impacted the lives of many Kenyans. For example, world vision a religious organisation which has worked in Kenya since 1974, and currently has over 1,000 development staff members working in 56 area Development Programmes in 35 counties, country-wide. World vision Kenya's community development approaches support interventions like food security through community managed irrigation systems, Water Sanitation and Hygiene(WASH), Humanitarian emergency response, Education ,Health ,HIV&AIDS ,Economic development through small scale enterprises and public policy and advocacy. World vision's roles are deeply rooted in the rights of the child: Reducing child mortality rates by preventing diseases and other conditions like child protection, child participation, education, infant mortality, and school sanitation (World vision website 2016).

In Kilifi County, World vision has established seven community units in Bamba division and CHVs were trained using the ministry of health community strategy curriculum, on preventive and promotive care as well as MCH capacities and maternal nutrition. The CHVs were also facilitated with kits to offer services at household levels. This has for the past able to provide basic health services, education and facilitated referrals. Besides establishment of community units ,World vision has been committed to the following activities: Distribution of Galla goats to farmers in Adu, Marafa, and Bungale in Magarini sub-county, Extension of Makumba pipeline, purchase of tanks and construction of water kiosks in Marafa ,Trained and supported 12 primary schools and three farmer groups to plant 19,000 seedlings in Ganze, Jaribuni and Chonyi divisions ,training on sanitation in conjunction with Amkeni Youth group mainly about construction and usage of toilets and usage of clean water and training and supporting of Upishi Bora self help group in Chonyi to bulk two acres of cassava and sweet potatoes. It is these roles played by World vision Kenya that has given light to this study whose aim is to investigate into deeper depth on the influence on Education, Health, Water sanitation improvement, hunger reduction among others made by World vision to the local residents of Kilifi county.



## **1.2 Statement of the problem**

In spite of efforts in recent years by the central government, county government, non-g, community-based organizations and Non Governmental organizations in alleviating poverty, incidence of acute poverty continues to rise. Poverty leads to neediness, withdrawal, enstrangement, insecurity and disconsolateness. Poverty manifests itself in the form of malnutrition, high mortality rate, and illiteracy, lack of access to basic education, drinking water, main health facilities and shelter. This situation demands strategic partnership in finding a lasting solution (Renard & Molenaers, 2003).

Poverty reduction efforts in the Kenya have shown that there is little examination of NGOs projects roles on poverty alleviation. The actual programmes and activities undertaken by NGOs have not been acknowledged. A number of NGOs like World vision International has worked an extra mile in alleviating poverty through its projects to poor nations facilitated by the MDGs but little is known about its capacity and its roles (Okwiri, 2012).

NGOs have played a big role in fighting poverty, ignorance and diseases. Despite all these efforts by these NGOs like World vision international, there is no much research which has been done in establishing their role and capacity in the community they are operating in. In Kilifi county World Vision International has been operational in for over 15 years but little research has been carried to establish the roles played by World vision in reducing poverty limits in the county. The research therefore sought to investigate the influence of NGOs projects in poverty reduction in Kenya with specific focus on projects under World Vision Kilifi County.

## **1.3 Purpose of study**

The purpose of this study is to examine the influence of NGOs on poverty reduction among local community in, kilifi county, Kenya. With specific emphasis on projects implemented by World Vision international.

## **1.4 Objectives of study**

The study will be guided by the following objectives:

- I. To examine the influence of educational programmes undertaken by Non-Governmental Organisations have reduced poverty margins in Kilifi County.
- II. To establish the extent livestock improvement activities interventions carried out by Non-Governmental Organisations have reduced poverty margins in Kilifi County.
- III. To determine the extent to which health interventions by Non-Governmental Organisations have influenced poverty reduction in Kilifi County.
- IV. To establish the extent to which water and sanitation projects implemented by Non-Governmental Organisations have influenced poverty reduction in Kilifi County.

## **1.5 Research questions**

- I. To what extent do Non-Governmental Organisations programmes in education reduced poverty margins in Kilifi County?
- II. To what extent does livestock improvement activities implemented by Non-Governmental Organisations influenced poverty reduction in Kilifi County?
- III. To what extent does health interventions by Non-Governmental Organisations influenced poverty reduction in Kilifi County?
- IV. To what extent does water and sanitation interventions by Non-Governmental Organisations influenced poverty reduction in Kilifi County?

## **1.6 Research hypothesis;**

The study will be guided by the following hypothesis to be tested at 95% significance

Level:

- a. **H<sub>11</sub>**: NGO educational programmes have played a significant role in reducing poverty margins in Kilifi County.
- b. **H<sub>12</sub>**: livestock improvement activities implemented by NGOs have played a role in reducing poverty margins in Kilifi County.

- c. **H<sub>13</sub>**: Health interventions by NGOs have played a remarkable role in reducing poverty margins in Kilifi County.
- d. **H<sub>14</sub>**: Water and sanitation activities implemented by NGOs have played a remarkable role in reducing poverty margins in Kilifi County.

### **1.7 Significance of study**

Poverty incidence are on the rise in Kilifi county due to factors such as poor Infrastructure, unemployment, shortage of clean water for drinking, high mortality rates and the rise in HIV/AIDs. Only 14.3 per cent of the population has secondary education and above with those without formal education standing at 45percent. (GOK, 2005)

With the ever increasing number of poor people in the county, there is need to identify bodies to help curb the menace of poverty, ignorance and disease. The findings from this study will therefore help the existing and upcoming NGOs in filling the gaps on services that need to be delivered in improving the livelihoods of the people.

It is hoped that this study will generate critical information that will benefit the Government by providing it with knowledge and information on key areas to put more emphasis so as to reduce vulnerability and how to work with the respective bodies on the ground in the betterment of the people's standards of living. It is also hoped that the findings will also benefit the county government of Kilifi on the key areas of success and the challenges faced by the World vision in Education, health, agriculture, in knowing the areas that calls for improvement.

Finally, it is hoped that the study will be useful to future academicians as it will provide them with reference information for their further studies on area of study since the research area has not been researched widely as it will contribute to their literature.

### **1.8 Delimitations of the study**

The major strategy that the study will use to delimit itself is by specifically concentrating on the contributions made by NGO projects in poverty reduction while focusing on the projects implemented by World Vision in Kilifi County, Kenya. The geographical scope will be selected from the activities carried out by World Vision in reducing poverty in

Kilifi County. The research targets the management and the employees of World Vision who oversee the community projects, the school pupils who benefits from the activities of World Vision, parents of the beneficiaries and the farmers who are beneficiaries.

The researcher finds it convenient doing the research since he has been working in the county for six years and he is familiar with most of World Vision's support in the area and this would make it easier for him to obtain the required data from the target population.

The researcher will use a consent form seeking the acceptance or rejection of the respondents to participate in the study and this would assure the respondents of their voluntarism in participation in the research.

The researcher will administer both questionnaire and key informant guide to the respondents in order to obtain both quantitative and qualitative information and this would improve the research findings in terms of quality.

### **1.9 Limitation of the study**

The study faced a number of limitations: Accessibility and traceability of required officers was a a limiting factor. Due to the busy schedule, it was difficult to create time for exhaustive responses. The staff members were hesitant to co-operate in giving information due to its perceived nature. The researcher requested the officers to meet at the sub county headquarters. Time was also another inhibitor of the study. For example, time allocated for the research and working hours. However this will be overcome by creating time during weekends and evenings to link with the respondents in the field.

Financial constraint will also be a major challenge especially where the researcher will be required travel to various places in the interior of the county like Sosoni and Mitangani in Ganze sub-county, in gathering information. The researcher will overcome this by using key research informants in the field.

### **1.10 Assumption of study**

The study has an assumption that all the roles of World Vision in Kilifi County are documented and have been in place for not less than five years, and that there are beneficiaries of World Vision in the sub-county.

The study also assumes that World Vision plays a role in education, water and sanitation, livestock improvement activities, and health. The study also has an assumption that the respondents would fill the questionnaires without subjectivity.

It also assumes that the project management team would be willing and supportive in giving required information. Finally the study assumes that there will no rigid project polices that would hinder project members from participating in the research. All the assumptions are held.

### **1.11 Definition of significant terms**

**Education-** Is an organized or non-organized process of facilitating learning, or the acquisition of knowledge, skills, values, beliefs, and habits.

**Health Interventions-** is an effort that promotes behaviour that improves general health, and discourages health risks.

**Livestock improvement-**The development of existing livestock, as by selective mating, hybridization, development of livestock water sources and improvement of livestock facilities e.g. cattle dips.

**Sanitation-**Refers to activities that are carried out to ensure a clean environment that doesn't act as fertile grounds for breeding of disease causing germs.

**Poverty reduction-** Describes the promotion of economic growth that will permanently lift as many people as possible over and above the poverty line.

**Non-Governmental Organizations (NGOs)** - Steinber (2003) defined NGOs as autonomous non-profit and non-party/ politically affiliated organizations that advance a particular cause or set of causes in public interest.

## **1.12 Organisation of the study**

Chapter one is the introduction which includes the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, statement of the problem, purpose of the study, objectives of the study, research questions, research hypothesis, significance of the study, basic assumptions of the research, limitations of study, delimitations of the study, and the definition of significant terms.

Chapter two of the study consists of the literature based on the objectives of the study derived from both local and international articles which are relevant to the researcher. It also contains a summary of the literature review, the theoretical and conceptual frameworks.

Chapter three entails the research methodology to be used in the study. It presents the research design, target population, sample size and sampling procedure, data collection method, validity of research instruments, instrument reliability, data analysis and presentation and ethical considerations.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This section summarizes the literature that is already in existence regarding the roles played by NGO projects in the country and the world at large. It presents an overview of previous work on related topics that provide the necessary background for the purpose of this research. The literature review will be discussed in regard to the stated objectives.

#### **2.2 The importance of NGOs in development**

NGOs play a vital role in human development. Their activities range from poverty eradication to community empowerment. NGOs help in Resource Mobilisation. Resource mobilization is vital in facilitating development hence the need for an approach that ensures identification of the available resources. Many NGOs have the ability through using their strong connections with beneficiary populations all over the world to seek for community support for their interventions they undertake.

NGOs are the most efficient and most effective means at providing services than state agencies, local NGOs have the ability to organize people and mobilise the available resources. NGOs have been found as the best means of reaching many individuals in local communities who have been neglected by the states (Comman, Grimm and Rana, 2005).

NGOs are mostly involved in the fight against poverty through capacity building, micro-finance, self-reliance, peace building, and empowerment especially women's empowerment all aiming at poverty alleviation. NGOs which have empowered women have helped in realisation of the women rights and responsibilities. microfinance help members of poor communities in accessing jobs within Government and in private sectors, income-generation projects which have been created by the NGOs also have improved the poor's standards of living. NGOs have also helped in the operationalisation of neglected projects in the society (Lyons et al. 2001).

NGOs are working for the improvement of the poor and those helpless in the society, those forgotten by the community and the state. The active presences of NGOs in the



remote areas has been a major boost to people's livelihoods. NGOs are always present in all areas of development from the most basic health to education and to provision of social amenities. NGOs that give financial support to the poor through starting of simple business and arts e.g in pottery and art and craft have proved skill utilisation in the poor backgrounds as those who fail to attain education in schools get a supplement of their talents through established polytechnics.

### **2.3 Educational programmes undertaken by NGOs and their influence on poverty reduction.**

Education is a fundamental right engrained in the Kenyan constitution as it is an agent for development of communities and societies. Educating girl child will help break intergenerational poverty as it helps achieve gender empowerment, fight against diseases in children and improving child health. Education is a likely improvement of child survival and maternal health and the fight against epidemics like HIV/AIDS as educated people are healthier people. Education leads to economic growth and development. Abu-Ghaida and S. Klasen, (2004).

The role of NGOs is not to replace the government but to monitor the government to effectively cover educational needs, with respect to quality, accessibility, affordability and equity in mind. It is for these reasons that NGOs like World Vision have implemented heavily on formal and non-formal education programmes in both developing and in developed countries with a view that for development of societies, the people had to get education aimed at solving poverty (Edwards, 2011).

According to the International Refereed Research Journal (2013), the NGOs have been involved greatly in education improvement through engaging in education activities like construction of classrooms, offering education finance to the needy school going children and building homes to orphans. These activities are all aimed at reducing illiteracy levels. Plan International, World Vision and UNESCO have worked in harmony in trying to reduce levels to eradicate illiteracy. Rural areas happen to be the most forgotten by the Government and for this case NGOs have become a solution.

Tarang an NGO in India works towards education of the poor children and the slum children. As education is the basic right of every child, they offer education to children who are not able to afford to go to school. Tarang has a qualified and motivated team of teaching faculty who work hard in teaching these children and help them in improving their teaching standards. The NGO offers free education in India and cares for the poor children and develop many slum education programs that would benefit the poor children who live in the slums. Tarang works towards the betterment of the lives of the lives of the poor children and to improve the standards of life by offering them free education.

According to the GOK (2012), the local and international NGOs were recognized for their endless work of bettering the schools, improving the state of school feeding programmes, helping reduce the rates of school dropouts and early marriages. Remarkably were UNICEF, UNESCO, Plan International, World Vision, Elimu Yetu and Ni Sisi Organizations that were found not only to be penetrating the abandoned regions but to have given a lot of hope to school going children who could otherwise be left out by the government? The major achievements of the government led by Hon. Mwai Kibaki to be the free primary and subsidized secondary education; that saw the enrolment rise by about 4.81 million students between 2003-2011 in both primary and secondary schools and, the rise of the public universities from the normal 7 to about 23 in the country. This was attributed to the good will and links between the Kibaki government and CSOs/NGOs both at the local and international levels who provided school pulling factors like; provision of school fees to substitute what the government allocates to the primary schools, food to the children, provision of school shoes and uniforms to the needy children, provision of sanitary towels to the girls and many more activities (GOK, 2012; World Bank, 2013).

The implementation of free Primary education (FPE) in January 2003 led to an enrolment of 1.5 (50%) million children in primary schools by March 2003. It was commendable that FPE brought an increase of 1.5 (50%) million children out of the initial 3 (100%) million children who were out of school. However, at least 1.5 (50%) million children remained out of school three months after the implementation of the free primary education policy. There was a minimal increase of 0.2 (6.66%) million increase by 2007. This made a total of 7.6 (85.4%) million children in school and 1.3 (14.6%) million

children still remained out of school even after the introduction of FPE. In spite of FPE by 2009, Kenya had 1.37 million children coming from low income households, pastoral communities and slums who most of them could not attend school 17 due to poverty (The Standard Tuesday July 8, 2009). Poverty led to lack of access to the Free Primary Education and contributed to compromised equity and quality of education. The compromised equity and quality of education due to poverty has affected the rate of modern development in Kenya. Voi continues to suffer inaccessibility, ignorance, poverty and disease more than forty years after independence in spite of NGO assistance. Agents of help like NGOs and any likeminded stakeholders could alleviate poverty and lead to improved access equity and quality education to the needy school going age children.

Though the government is the main education provider, the unit cost of education is far much higher than what the government can provide. The government expected to work with NGOs to fill that gap. The government, established partnerships between the households and local communities, development partners, private sector providers of educational services, including sector employers, religious organizations and civil society, such as NGOs and foundations. Such partnership was expected to ensure that KESSP received support and eventually lead to the attainment of the overall goal of EFA and MDGs by 2015 (Ministry of Education Science and Technology, 2005).

Sponsorship is brought about as a result of poverty with the understanding that it will improve the living conditions of the poor. Thomas (2008) identifies child sponsorship as a special relationship between children, their families, communities and sponsors that contribute to the transformation of all towards wholeness of life with dignity, justice, peace and hope. In 2011, World Vision ó Kenya had 154,420 children in the sponsorship programme has assisted in payment of levies in school, buying of school uniforms, and financial support to the children's families. For public primary schools, sponsorship by World Vision has been mainly on provision of income generating activities that empower the parents of the sponsored children; 13 thus they are able to ensure their children are provided with the necessary tools for learning (World Vision Annual report 2011). WV therefore supports the government and communities to improve access to education,

retention and transition of thousands of children in 35 integrated programme areas in Kenya annual report (World Vision Kenya, 2013).

Since the introduction of the free primary education in Kenya in 2003, congestion in classes in public primary schools due to the increased number of students left a number of students learning under trees, others sat on stones outdoors, others under very poor muddy built structures; a factor that compromised quality of education in Kenya for quantity. In Kajiado, Rachuonyo, Isiolo, west Pokot and Tana River for example, children have had to study in deplorable conditions, including children sitting on stones/on the ground and listening to the teachers give them lectures in the name of quality learning/teaching (World bank, 2013).

Due to this realization, several NGOs have come in to support and better the learning environment for the students within and outside the scopes (Banks, 2011). Banks continue to write that NGOs operating in south Africa and east Africa regions have been in the fore front of building better cheap classes in collaboration with the local communities or the government with the aim of bettering the lives of the poor children in the slums and the marginalized areas. This extended to Lesotho (one of the poorest countries in South Africa) whereby World Vision, UNICEF and PI have worked on 1,241 classrooms that have accommodated extra 4,123 students between 2000 and 2013 (World Bank, 2013).

In Kenya, NGOs have been on the move of eliminating the menace of student learning under trees/ in bad condition by partnering with the locals in classroom construction, renovation and re-carpeting. In Murang'a County for example, in the years 2011-2013, after Cecile Mwangi highlighted the jigger trouble in the area, NGOs have done a number of classes across the primary schools in the area and some classes that had mud floors have been re-carpeted. Plan for example gave 150 iron sheets and 90 bags of cement to 5 primary schools in the area to commence new classrooms building to accommodate the increased number of pupils, it partnered with the government in erecting modern water tanks for the teachers and students of 7 primary schools in the Southern parts of Murang'a that has for a long time had challenges with the access to clean and abundant water (GOK, 2014).

In ASALs areas of Turkana, Isiolo, Wajir, Moyale, Kilifi, Tana River among others just a few to mention, NGOs have been on the fore front in making the learning environment of the disadvantaged child a reality. In this age, the NGOs like World Vision, UNICEF, US Aid and others have been erecting structures that are friendly to both the hot climates and the unpredicted floods during the rain seasons. In Isiolo for example, Plan partnered with the local community in 2012 to build raised classrooms and raised toilets that were aimed at avoiding destructions during rainy seasons that were always accompanied with severe floods. This saw the erection of 52 structures of which 30 were classes and 22 were pit latrines (WHO, 2012).

According to World Vision Annual report (2013), World Vision has trained 672 teachers and 160 school directors on new learning approaches to improve the quality of education and learning environment; teachers were taught on how to use locally available materials to support teaching and learning activities. According to World Vision report (2014) for Kajiado, the organization partnered with the ministry of education to capacity built 53 teachers on effective teaching of language skills in the primary schools. The intervention is a build-up of similar session done in the previous year that showed marked improvement in results for 2014. Induction programmes and capacity building workshops for newly appointed SMT members can positively influence and improve the management skills of the individuals (Paisley 1992). World Bank, 2012).

#### **2.4 Livestock improvement Intervention role played by NGOs and its effects on poverty reduction**

The world's livestock population is estimated at one billion, kept by over 8 million small farmers who live in abject poverty. Livestock is a source of livelihoods to many poor due to high demand in products like meat and milk in urban areas. However, policies have been structured to favor the large scale producers. Due to this competition the poor small scale farmers need access to water, extension facilities, good infrastructure like roads and good policies that supports and promotes their needs (Antonio & Sidahmed, 2012).

Sustainability of livestock projects, particularly those in ASALs is a blessing to the inhabitants of these areas especially in the developing world. Majority of the people living in those areas are livestock keepers; commonly referred to as pastoralists. About 95

percent live in extreme poverty, even though livestock keeping offers a promising opportunity to combat poverty in many developing countries, Kenya being among them (International Fund for Agricultural Development,2015).

Poor livestock-keepers represent a dynamic spectrum varying from households where livestock comprise only a small portion of their livelihood activities to those in which livestock are the main component (Heffernan and Misturelli, 2000). According to District Livestock Production Officer's Annual Report (2012), like many counties in the coastal strip of Kenya; Kilifi has over 75 percent of the land being arid and semi-arid and over 90 percent of all the livestock reside here. Farmers in this place practice subsistence farming for both crop and livestock. The main types of livestock kept are the indigenous and some crosses. For cattle the zebu and Borans are the most common; while in goats are the small east African goat, the Galla and their crosses. Most common sheep is the local fat tailed and a few Doper crosses. Animals are grazed freely on the natural pastures, forbs and browse found in the community owned range land (Kilifi county ministry of Agriculture,2015)

According to Kilifi water office report (2013), Piped water from Mzima springs and Baricho in Malindi are the most reliable and permanent fresh water source for both domestic and livestock use, but availability of this water is inadequate and more so in the dry lands. However there are on-going efforts to cover these areas. Water is Important for a livestock and poultry.

In Kilifi county the main challenges faced by agro pastoralists in livestock production in this region are:- Inadequate drinking water for livestock, poor and fluctuation in pasture supply during the year, inadequate veterinary care and unskilled animal husbandry human labor, unorganized marketing of livestock and livestock products, lack of involvement of the local community by donors in livestock projects planning and decision making right from projects inception and animal disease incidences among others.(Kilifi county development plan,2015).

NGOs like World Vision have played a big role in provision of water to the livestock performance by provision of water through enhancing construction of water reservoirs and construction of ponds .This has a direct impact to those farmers who take their

animals afar away in search of water. World Vision also provides veterinary care, vaccinations, de-worming since the government veterinary officers are inadequate. Vaccinations against notifiable diseases that is solely provided by the department of veterinary services are irregular and there is inadequate coverage of this area (Kilifi county development plan, 2015).

## **2.5 Health Interventions by NGOs Projects and their influence on poverty Reduction**

Health is a fundamental social right and good health is a basic need of all. The Government has worked together NGOs in improving the health standards in Kenya. The NGOs like World Vision for example spent used Ksh. 65,841,474.45 which consists of 20.20% of their budget in providing nutrition services to pregnant women and under five children in 32 districts in the country in 2012-2013 alone. This amount doesn't include the amount of money indirectly/directly given to programmes supporting HIV/AIDS eradication programmes in the country (World Vision Kenya, 2013).

Direct service provision refers to civil society's role in delivering health services directly to patients, usually at the local level. Beyond simply delivering services, CSOs have the unique advantage of reaching marginalized populations with services where they live, integrating cultural preferences into service delivery, and successfully testing unconventional approaches to service provision (WHO, 2001). In countries where multiple CSOs may be offering direct health services, CSOs or CSO networks can facilitate the "harmonization" of health messages and strategies across programs, based on government standards (Estifanos, 2015).

In areas in East and Southern Africa, CSOs involved in HIV/AIDS are mostly tasked with directly providing HIV-prevention services (Kelly and Birdsall, 2010). In other cases, CSOs may be tasked with enabling communities to provide care for themselves. The Kakamega project in Kenya, for instance, enables women in communities to identify their health issues, collect data on these issues and choose the appropriate community health workers to assist them. (Rosato et al., 2008). CSOs also are created to provide

services to chronically underserved populations. Prosalud is one such network and is made up of primary care and secondary care clinics located across Bolivia that provide low-cost health services to the poor in their neighbourhoods. Prosalud engages in extensive community outreach and covers such priority issues as diabetes, Tuberculosis and sexual and reproductive health (Centre for Health Market Innovations, 2015).

Another national example of a successful civil society network is the Kenya NGOs Alliance against Malaria (KeNAAM, 2015). Formed in 2001, the network addressed the country's need for a central, coordinating entity for all civil society resources, skills and programs, with an initial emphasis on malaria programming. Among other activities, the Alliance translated government policies into actionable interventions for local community-based organizations, enabling civil society to participate directly in the national fight against malaria by mobilizing for additional resources. Seed funding for the network's secretariat was provided through a US Aid grant and supported by the CORE Group.

NGOs are generally regarded as valued partners in health research for development, research being viewed as a broad process involving not only the production of knowledge, but also up-stream and down-stream activities needed for its relevance and effectiveness, such as priority setting and knowledge translation. NGOs have made and continue to make substantive contributions through supporting relevant and effective research.

In Uganda WV has increased capacity of MOH staff to deliver equitable services: At the health facility level, activities include initiatives that refresh existing staff skills and build new knowledge of best practice for MNCH and nutrition. Capacity building for health facility staff includes clinical skills that directly impact on the quality of care: Infant and Young Child Feeding (IYCF); maternal nutrition; Malaria treatment in Pregnancy (MIP); Integrated Management of Childhood Illness (IMCI) and Emergency Management of Obstetric and Newborn Care (EMONC). WVU Increased capacity of community structures to sustainably deliver health services at the household level by strengthening existing community health structures including CHVs and other relevant



groups such as nutrition care groups (NCGs), LMGs, parent support groups (PSGs), water sanitation committees (WSCs) and disabled people's organisations (DPOs).

Increased community demand of health services: Underutilisation of health services can lead to poor quality services or cessation of service delivery. WV promotes household behaviour change to ensure communities demand services to improve utilisation and encourage the supply of quality services. Approaches focused on increasing community knowledge and understanding of barriers, attitudes and practice which impact on community access to MNCH services. Through CHVs household members are encouraged towards promotion and utilisation of antenatal, birthing, post-natal and child health care. This approach helps ensure child survival through promoting care-seeking behaviours and access to curative care, as well as life saving actions in the home such as use of Oral Rehydration Solution (ORS) and zinc during diarrhoea. (World Vision Uganda,2012).

The WVU approach increases support to those with limited access to centre-based services, including mothers with disabilities, mothers who are HIV positive, and the poorest mothers. Traditional and socially constructed beliefs and practices which are harmful to health of women and children, as well as other vulnerable groups, are identified, explored and agreement sought on alternative approaches. Health messages are also disseminated through community radio and talkback programs, and utilisation of health services are further promoted through Community Care Coalitions (CCCs) that encourage community members to seek Voluntary Counselling and Testing (VCT).

Adoption of positive nutrition and WASH practices at community level leading to improved MNCH. This ensures that women and children in target communities have sustainable access to good quality food and water, which are essential for good nutrition and health. Activities contributing to this objective focus on community capacity to produce and acquire nutritious food, increasing knowledge and behaviour change around food utilisation and hygiene practices.

Improved food nutrition for women and children: The program increases production, accessibility and utilisation of nutritious foods. WV works with the Ministries of Agriculture, to strengthen existing farmers' groups (that include many women of child

bearing age ) and support kitchen gardeners, to increase production of nutritious food that is diverse and drought tolerant, for use in the home and sale through farmer field-days. Small livestock production through revolving loan schemes, with a concomitant increase in knowledge and demand for animal protein during pregnancy and weaning, contributes to reducing anaemia (World Vision, 2015).

Reduced under-five mortality from disease through hygiene promotion and increased access to clean water: WV builds the capacity of community groups to ensure better WASH practice and infrastructure. Interventions that protect health through ensuring safe management of excreta and the use of secondary barriers such as hand-washing with soap . The construction and use of accessible, safe and hygienic latrines/toilets and other sanitation facilities for men, women and children are promoted.

A report published by the MOH in 2014 indicates that the county has nine level 4 public hospitals, 20 level 3 public health Centres, 197 level 2 public dispensaries, one mission hospital, two private hospitals, one armed forces hospital, five private nursing homes and 107 private clinics. The bed capacity in hospitals is 498, in health Centres is 30 and in nursing homes is 16. The doctor/patient ratio is 1:42,625, clinical officer/patient ratio is 1:30,194 while the nurse/patient ratio is 1:3,396. Malindi, Kilifi and Mariakani sub-county hospitals are the only referral hospitals in the county. Kilifi sub county hospital hosts KEMRI that is involved in various health research activities. The inpatient bed capacity in health facilities in the county is 508 beds (Kilifi county development plan,2015).

Another impact in the county is prevalence of HIV/AIDS ,which has led to a decrease in agricultural productivity since agriculture in the county is labour intensive from planting to harvesting.Young Children have no opportunity to attend to education in schools in getting relevant skills, child labour has become a normality in the county as young children are forced to drop out of school to help the poor parents in grazing and other related chores.The HIV/AIDS has increased prevalence of orphans and children without decent behaviour (MOH, 2009).

World Vision just like other NGOs operating their health projects in the area involves itself on prevention and mitigation of HIV/AIDS. Using schools,WV helps school

going children, youth and caregivers such as teachers, in acquiring day to day life skills to enhance HIV prevention and mitigation. WV has also worked towards supporting services for the infected and affected, this helps to enable these groups in accessing health care, food, anti-retroviral treatment, nutrition, shelter, psychosocial support and economic empowerment. (World Vision website, Jan 2015).

## **2.6 Water and Sanitation Role Played by NGOs Projects and their influence on Poverty Reduction**

Access to improved water supply in urban areas has dropped over the review period against a background of rapid urban growth. The government's estimate of rural sanitation coverage and baseline for the SIM is 32 percent (2006/2010). Sanitation coverage in urban areas is the lowest of any sub-sector: the government's estimate and SIM baseline is 29 percent for 2006-2010, while the JMP puts 2008 coverage at 27 percent, up just 3 percent from 24 percent in 1990 (GOK, 2011).

In Sanitation and Hygiene Intervention and Performance, World Vision has a long history of providing clean water and sanitation for millions of children and their families in the developing countries of the World. More than 80% of those lacking access to safe water and sanitation live in rural areas, especially in the rural areas of sub-Saharan Africa and South Asia. World Vision had initiated major water development activities mostly drilling boreholes in Ethiopia, Ghana, Kenya, Malawi and Senegal. USAID (1986) awarded World Vision a five year grant for African water program (Koffi 2003).

Each year, the lives of up to two million children could be saved through safe water, sanitation and hygiene programmes World Vision Inc (2015). When children don't have to walk long distance to get water, they have more time to attend school and more energy to learn. World Vision (2015) Sanitation and Hygiene together with good water translates into healthy children and economic empowerment.

World Vision has partnered with the Kenya government to improve the status of water supply, improve sanitation services and hygiene practices in school and communities in most parts of the country Annual World Vision report (2013). Water, sanitation and Hygiene activities in Kenya by World Vision were made possible by increasing funding

from other World Vision offices around the World including U.S., World Vision Australia, 10 World Vision Hong Kong and other partners including USAID Annual World Vision ó Kenya report (2013) To date World Vision Kenya through their programme referred to as community led total sanitation (CLTS) which was spear headed by the government, a total of 4867 simple pit-latrines in over 180 villages including schools have been constructed; benefiting 379,600 people who include primary school going children. Annual World Vision report (2013). In 2013, the WASH Programme benefitted about 313,308 children from the total of 469963 people who benefitted from the project. Annual World Vision report (2013). The water sanitation and hygiene intervention in various parts of the country by World Vision has resulted in the reduction of communicable diseases, among school going children. Schools sponsored by World Vision Kenya in the target area referred to as ADPS have received water, washing facilities, training on sanitation and hygiene has been carried out, VIP latrine have been constructed. In the year 2012, World Vision Kenya through water sanitation and Hygiene programme, 343 water points, a total of 247658 people, including 172 schools realized improve access to safe water in 2012 (WV Annual report 2011).

880 VIP latrines were constructed in schools during the year; the provision of safe water in various parts at Kenya has reduced the time spend by the rural community members in search of water. Annual World Vision report (2012) Lack of latrines in certain area and other sanitation and poor hygiene due to the use of polluted or highly saline water, creating a working tool for World Vision to improve the status of water supply, improved sanitation services and hygiene practices, proper and adequate safe water, sanitation which include VIP latrines simple pit-latrines, provision of washing facilities have been one of the goals of the World Vision Kenya in various parts of the country Kenya especially poor and marginal areas.

## **2.7 Theoretical Framework**

This research was based on two theories: culture of poverty and Poverty caused by Economic, Political, and Social Distortions theories. These theories were ideal since they support the influence of the independent variables on the dependent variable under study.

### **2.7.1 Theory on culture of poverty**

poverty is transmitted from one generation to the other as beliefs and values, and are held by communities. Individuals fall victims as they interact with the community. Culture of poverty is different from individual theories which link poverty as being explicit to abilities and own motivation. People's values are little to change if one lives in a community with challenges e.g. the slums, they are always not ready to change their conditions of living so as to improve opportunities which may develop in their lives (Ryan, 1976).

If one thinks of the culture of the poor as a dysfunctional system of beliefs and knowledge, the approach in this belief is replacing those cultures that supports and promotes productivity of the poor people, for example, several programs of relocating the poor people from the poverty stricken set up to sub-urbs have been undertaken in the recent past in line to this approach.

According to Ziegler, (1996) If the idea is that poverty is perpetuated over generations from time to time, the solution could be to stop the retrogressive cultures and providing socialisation through good monitoring and establishment of youth school programmes where positive values are established (Levitan, 2003).

Promotion of small business e.g. craftsmanship and youth cooperatives among the poor communities and in the middle class societies through offering proper financing is a strategy that will try to working within the set cultures as in redefining appropriate in improving the groups living standards (Goldstein, 2001).

### **2.7.2 Poverty Caused by Economic, Political, and Social Distortions Theory**

social systems and political systems are seen as the cause of Poverty by the theory. Individual are not seen as a source of poverty. (Rank, Yoon and Hirsch 2003).

Economic systems are aligned in a manner that those poor, continue being poor independent of how hardworking they might become (Jencks, 1996). It is foreseen that the poor continue with the wage problem that always prevents the poor background from assessing better paying jobs. The structural alignment of jobs have prevented poor from assessing the scarce skilled good paying jobs (Tobbin, 1994).

Through education and training provision, the poor disadvantaged yet to benefit misses out at the expense of the rich students ,the teachers in poor schools are assessed to little training and workshops and the books are inadequate. This has indeed lead to poor achievement by the poor people (Chubb and Moe,1996).

Creation of institutions by NGOs and the Government with openess, assess, innovation, and the will to help the poor children remains the only strategy .Provision of jobs to the poor, raising their wages and provision of social amenities remains the role of NGOs(Simmons ,200).

## **2.8 Conceptual Framework**

The interrelationships between the study variables are conceptualized as shown in Figure

1.1

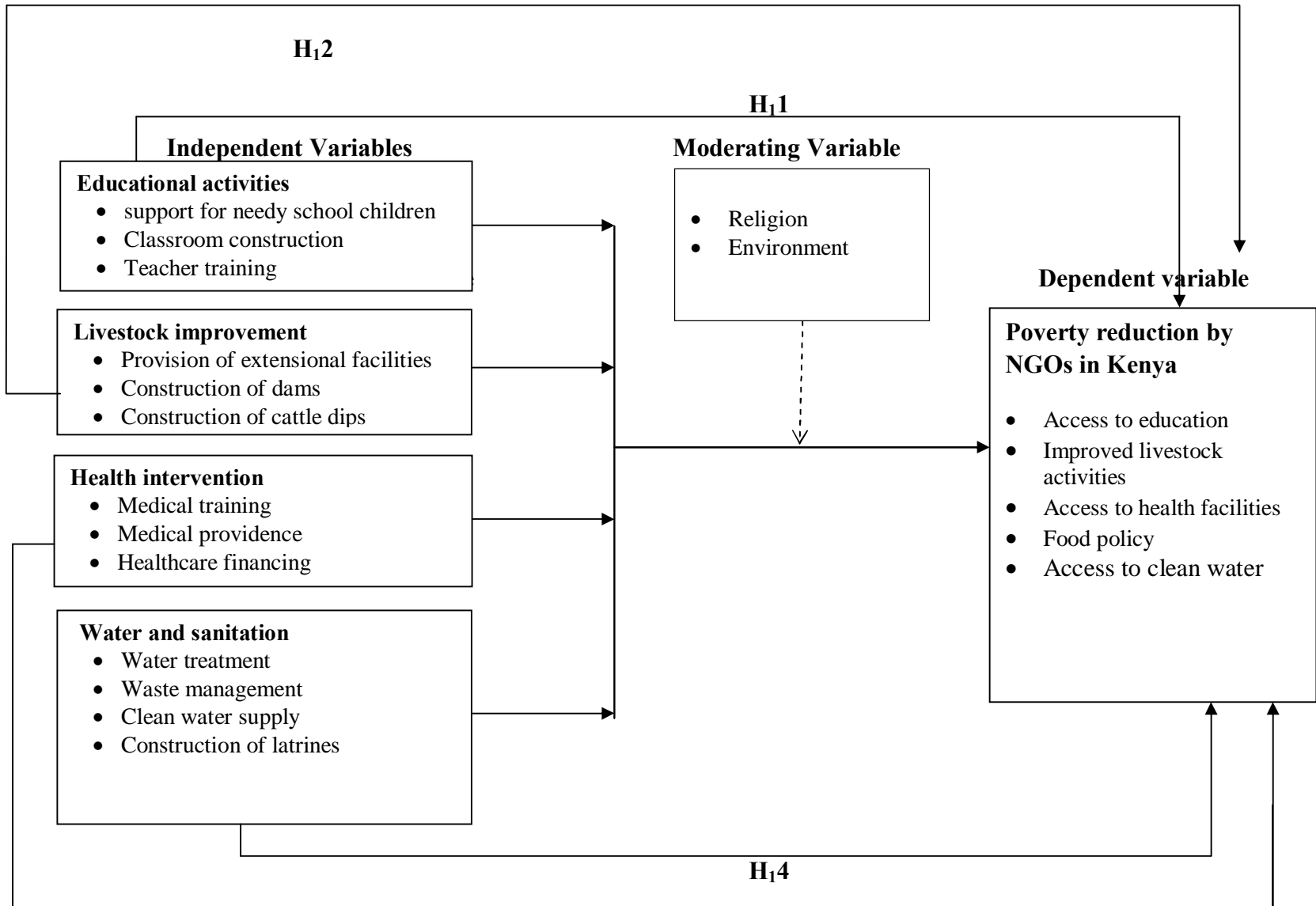


Figure 1.1 Conceptual framework



## **2.9 Knowledge Gap**

The research observed the gaps identified within the review of relevant literature. From the literature reviewed it is clear that the influence of NGOs in poverty reduction in Kilifi county, has not yet been conducted and if so it is not in the public domain.

## **2.10 Summary of Literature Reviewed**

A series of researches have been carried out in the world on poverty situation with the ever increasing numbers of poor people from time to time and from one underdeveloped country to another and worst still remains to be in the African continent. Child mortality rates are on the rise despite the fact that economies are growing. The rate at which countries are addressing the poverty through their governments is slow; a factor that has invited private bodies and organs like the NGOs and other international bodies like INGOs and World Bank. The research therefore was intended to address the issue of roles played by NGO projects that aim at reducing poverty in Kenya with an emphasis on the work done by World Vision. This chapter highlights the theoretical reviews of literatures which is guided by the objectives which are; educational role, livestock improvement role, water and sanitation role, and the health interventions role. The chapter also highlighted the conceptual framework, relationship between variables and the theological framework.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the methodology that will be used in the study. The chapter covers the research design, the target population, sampling procedures and sample size, research instruments, validity and reliability of the instruments, and data analysis. It also looks at the ethical perspectives observed through the process and operational definition of variables.

#### **3.2 The Research Design**

A descriptive survey research design was employed of which qualitative and quantitative techniques will be used. Primary and secondary data were used. Mugenda and Mugenda (2003) describes descriptive research design as a systematic, empirical inquiring into which the researcher does not have a direct control of independent variable as their manifestation has already occurred or because the inherently cannot be manipulated. The descriptive survey was chosen for the study because it allows the researchers to study phenomena that would not allow for manipulation of variables (Kombo and Tromp, 2006). Both qualitative and quantitative procedures of data collection, analysis and presentation of results were used. The data was collected through administration of semi-structured questionnaires to staff, direct beneficiaries of World Vision Kenya activities, key-informant interviews with the top management, the staff in charge of World Vision activities in Kilifi County, and by holding focus group discussions with parents, children who are beneficiaries of World Vision Kenya. A cursory examination of various records and implementation reports, minutes of meetings and evaluation results as well as project documents was also done.

#### **3.3 Target Population**

According to Kothari (2004), a population is a well-defined or set of people, services, elements, and events, group of things or households that are being investigated. The target population for this study included the staff of WV in Kilifi county, the headmasters/ teachers of schools that are benefiting from the services of WV in the area,

the guardians, parents of children and the household heads of the expectant mothers who have benefited from the activities of WV in focused group discussions and the health officers of clinics/hospitals/health centres that are benefiting from the World Vision.

**Table 3.1 Target Population**

Category	Target population
World Vision Employees	235
Pupils and Teachers	4020
Health Providers	531
Households	2784
<b>Total</b>	<b>7,570</b>

The total target population for the study therefore was **7,570** individuals who have been reached by WV in the recent years as per the records.

### 3.4 The Sample Size and Sampling Procedure

This was used to describe how the sample size was determined. Random sampling was selected for selecting the sample from the population where every single item had an equal chance of being selected.

**Table 3.2: Sampling Frame**

Category	Target population	Sample	Percentage
World Vision employees	235	3	3.10%
Pupils and Teachers	4020	43	53.10%
Health providers	531	12	7.02%
Households	2784	34	36.78%
<b>Total</b>	<b>7570</b>	<b>99</b>	<b>100%</b>

Sampling means deliberately limiting the number of cases in the study. It involves a risk of study finding being not true for some of the left out cases, but this risk can often be calculated and restricted on a tolerable levels. Kochari (2006) defines a sample as a representative part of a population. In this study the most appropriate sampling technique used was the formula from Yamane (1967) which provides a simplified formula to calculate sample sizes. This formula was used to calculate the Sample sizes as shown below.

A 95% confidence level and  $P = 0.5$  are assumed for Equation. Where  $n$  is the sample size,  $N$  is the population size, and  $e$  is the level of precision.

Mathematically derived Yamane formula

$$n = \frac{N}{1 + N(e)^2}$$

Where:

$n$  = required responses

$e$  = error limit

$N$  = sample size

Source: Yamane (1967:258)

Placing information in the formula in diagram at a 95% confidence level and an error limit of 10% results in:

$$n = \frac{7,570}{1 + 7570(0.10)^2}$$

99 = responses

Night nine responses would therefore be the lowest acceptable number of responses to

Maintain a 95% confidence level and a 10% error level.

### 3.5 Methods of Data collection

The study employed both Questionnaire and interview methods of data collection. The questionnaires were designed to collect both quantitative and qualitative data from the respondents evenly. The questions consisted of both open ended and closed ended questions. Questionnaires gave respondents freedom to express their views or opinion and also to make suggestions. The questionnaires were both open and closed ended questions that sought to find out the influence of WV on the people of Kilifi County. The researcher obtained an introductory letter from University of Nairobi. Questionnaires were given to respondents and contained questions in simple and straight forward language which enables easy understanding by the respondents, after which the researcher collected the filled-in questionnaires. Some questionnaires were also emailed to some respondents who could not be reached immediately.

### **3.5.1 Pilot-testing of the Research Instrument**

A pilot study to establish the instrument's validity was carried out amongst the Project reach team with an aim of improving the use of the primary data. According to Mugenda and Mugenda (2003) pilot study allows errors to be discovered enabling effective revision as it results in determination of participants interest, discovering if the questions have meaning for the participants, checking for the participants modification of the question intent and whether what the researcher is measuring is what was intended to be measured. Initial testing of the instrument was done with respondents from the target population in Bamba sub-county which ensured that they understood the questions. The subjects of the pretest was encouraged to give suggestions concerning the instructions, clarity of the questions, and sensitivity of the questions and flow of the questionnaire. The pilot testing was done with 12 respondents who constituted 12% of the sample size which was within the range of 10% to 20% of the sample size as recommended by Baker (1994).

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

Validity is the level to which results obtained from the analysis of the data actually represent the phenomena under study. They stated that validity is improved through expert judgment.(Borg and Gall ,1983).The research tool was also verified by the lecturers at the University of Nairobi Mombasa campus.

### **3.5.3 Reliability of the instrument**

Mugenda and Mugenda (2003) define reliability as a measure of research instrument to yield consistent results or data after repeated trials. The test-retest method of assessing reliability was used. The questionnaire were administered twice to 20 individuals who were be part of the study with an interval of three days in testing the consistency in results. Correlation coefficient was used to determine the extent to which the contents of the questionnaire will be consistent in producing the same response every time the instrument is administered. From the analysis in the test retest method, a correlation value was calculated from the pilot study to determine the suitability of the research as recommended by Wiersma & Jurs (2005).

### **3.6 Data Analysis and Presentations**

Quantitative data which was obtained from the open ended questions was coded to facilitate quantitative analysis while the Qualitative data with scaled types of questions will be analyzed descriptively through the 5-point Likert scale based on the various attributes provided in the questions. The coded data was then be analyzed by use of descriptive statistics comprising of frequency tables .The hypotheses was be tested by use of Chi Square. Data analysis was done using of SPSS 20.0

### **3.7 Ethical Considerations**

Singer (2008) notes that, in survey research, the breach of confidentiality and loss of privacy and the effect of such breaches are the most serious risk of harm to respondents. Such a breach may cause loss of employment, reputation, or civil or criminal suits. In this study, all participants were granted their consent during the sampling stage whereupon limited personal information was requested by the researcher to guide the administration of questionnaires. The researcher submitted a written request to World Vision Kenya (Kilifi) for permission to study .The consent was sought from all the participants (project staff and beneficiaries) before any data would be collected from them; and the purpose of the study was explained comprehensively to them. No compensation either financially or materially was given to the respondents for their participation in the study. However they were informed about the importance of participating in such studies. Their confidentiality was assured

**Table 3.3 Operational Definition of Variables**

Objective	Variable	Indicators	Level of scale	Type of analysis
To examine the extent to which education activities undertaken by NGOs reduce poverty margins in Kilifi County.	Educational interventions	Education Support for Needy Children Classrooms Construction Teacher training	Nominal Scale	Descriptive
To find out the extent to which livestock improvement interventions carried out by WV have played a role in reducing poverty in Kilifi County.	Livestock interventions	Extensional facilities Water provision for livestock	Nominal Scale	Descriptive
To investigate the extent to which health interventions play a role in reducing poverty in Kilifi County.	Health Interventions	Medicine Provision Healthcare Financing Latrine Construction	Nominal Scale	Descriptive
To find out the extent to which water and sanitation projects play a role in reducing poverty in Kilifi County.	Water and Sanitation Projects	Water Treatment Waste Management Clean Water Supply Water Tanks Providence	Nominal Scale	Descriptive

## **CHAPTER FOUR**

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

#### **4.1 Introduction**

The data collected from the field was keyed in and analyzed by simple descriptive analysis using Statistical Package for Social Scientists (SPSS) version 20.0 software. It was then presented through frequency tables and narrative analysis. This chapter presents results of the research in different sub-sections that focuses on the objectives of the study and the items questioned in the questionnaire.

#### **4.2 Questionnaire Response Rate**

Questionnaire response rate indicates the percentages of the questionnaires that were filled and returned by the respondents. Questionnaires were administered to a total population of 99 respondents, although focused interview schedules were conducted between the researcher and 10 focused group discussions of 10 individual each. The response rate was 90.90% positive, meaning that 90 questionnaires were fully filled and returned; thus valid for the study. This response rate is excellent and representative of the target population as it is adequate for analysis and reporting. A total of 9 questionnaires were not valid for the study. The returned questionnaires were the ones analysed.

#### **4.3 Demographic Characteristics and Basic Information of the Respondents**

The study wanted to find out the bio data of respondents, age and educational level as shown in the tables below:

##### **4.3.1 Gender of the Respondents**

The study found out the sex composition of the respondents as shown in the table 4.1 below.



**Table 4.1 Sex Distribution of Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Female	36	40%
Male	54	60%
<b>Total</b>	<b>90</b>	<b>100%</b>

From the table above, male gender dominated the study due to the nature of the topic of discussion. Male respondents made majority of the respondents at 60% while the female respondents who participated in the study made a 40%.

#### **4.3.2 Age Distribution of Respondents**

The study sought to find out the age brackets of the respondents in the study and the results were as shown in table 4.2;

**Table 4.2 Age Distribution of Respondents**

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
Below 20	21	23.33%
Between 20-29	15	16.67%
Between 30-39	23	25.55%
Between 40-49	20	22.22%
50 plus	11	12.22%
<b>Total</b>	<b>90</b>	<b>100%</b>

The table shows that majority of the population that participated in the study were between 30 and 39 years who attracted the response rate of 25.55%, this was followed by below 20 years that attracted 23.33%, and 40-49 years that attracted 22.22%, then over 20-29 years with 16.67% while the final above 50 years attracted 12.22%.

### 4.3.3 Educational Attainment of Respondents

The results of the education level of the study respondents is as indicated in table 4.3.

**Table 4.3 Academic Qualification of Respondents**

Attainment	Frequency	Percentage
Secondary certificate	19	21.11%
Diploma	33	36.67%
Bachelors degree	14	15.56%
Masters degree	3	3.33%
Others	21	23.33%
<b>Total</b>	<b>90</b>	<b>100%</b>

Respondents with Diploma certificate education dominated at 36.67%. They were followed by those with others at 23.33%, secondary at 21.11%, Bachelors 15.56 while masters took the least share of 3.33%.

### 4.3.4 Working Experience of the Respondents

The working experience of the respondents was as shown in the table 4.4;

**Table 4.4 Working Experience of Respondents**

<b>Work experience</b>	<b>Frequency</b>	<b>Percentage</b>
Below 2 years	24	26.66%
2-5 years	15	16.67%
6-10 years	20	22.22%
11-20 years	21	23.33%
21-30 years	4	4.44%
31 years and above	6	6.67%
<b>Total</b>	<b>90</b>	<b>100%</b>

26.66 % of the respondents were below with 2 year of work experience, 2-5 years had 16.67% of the respondents, 6-10 years were at 22.22%, 11-20 had 23.33%, 21-30 were 4.44% of the respondents and above 31 years went to respondents who made 6.67%.

#### **4.4 Findings on the Item of Education Role in Poverty Reduction in Kilifi County**

On a Likert scale of degree of measure of 1-5 where 1=strongly disagree, 2=disagree, 3=Neutral, 4=Agree, 5=Strongly Agree, the research sought to find out the rating of the role of education played by WV in relation to poverty reduction in Kilifi county and results given.

**Table 4.5 Rating of Education Role in Poverty Reduction in Kilifi County**

<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
WV has been in the fore front in supporting the education of the 46needy children through various activities like donating books, paying school fees and giving food.	4	5	15	20	46
WV has helped to build several classrooms across the county.	4	3	6	15	62

From the responses gotten in the study, 4 of the respondents strongly disagreed with the idea that WV has been supporting education of the needy children, 5 respondents disagreed, 15 were Neutral, 20 agreed while 46 strongly agreed that WV has done very much in supporting needy children by providing school fees, food and many more. In relation to classrooms building, 4 respondents strongly agreed that WV has been building classrooms in schools, 3 disagreed, 6 were Neutral, 25 agreed while 52 strongly agreed with the idea. When asked to give their reasons as to why they give answers in the above, 79% of the respondents gave reasons like; a number of classrooms have been renovated and built in the county, children have been given basic school fees and food to sustain them in schools.

In an interview with the 10 focused groups that asked, "in your own views, do you think that WV and other NGOs operating in Kilifi County have made any efforts as far as education is concerned with the aim of reducing the persistent poverty situation in the area?" 85% of the groups' responses were in favour of the idea by arguing that WV has given basic money for purchase of books and other learning materials for the pupils of various schools in Maryango, Midoina, Kabelengani, Marafa, and many others. Construction projects were also said to be supported and this was favoured by 8 out of the 10 groups.

#### **4.5 Results on livestock improvement Role in Poverty Reduction in Kilifi County**

The respondents were asked a number of questions in relation to economic empowerment and different results given as follows.

##### **4.5.1 Position of NGOs' On the second objective that sought to investigate the extent to which Livestock improvement Activities by NGOs play a role in reducing poverty in Kilifi county**

The respondents were asked whether NGOs in the region have done enough in improvement of Livestock in the county and the following results given.

**Table 4.6 Support on Livestock improvement activities**

<b>Structural Difference</b>	<b>Frequency</b>	<b>Percentage</b>
YES	<b>60</b>	<b>66.67%</b>
NO	<b>23</b>	<b>17.03%</b>
NOT SURE	<b>7</b>	<b>7.77%</b>
<b>Total</b>	<b>90</b>	<b>100%</b>

60 respondents who represented 66.67% had the general view that WV had done some work towards improvement of livestock in the county, 17% said no to the suggestion while the remaining 7.77% were not aware of the activities of WV.

#### **4.5.2 Rating of Livestock improvement Role in Poverty Reduction in Kilifi County**

On a Likert scale of degree of measure of 1-5 where 1=strongly disagree, 2=disagree, 3=Neutral, 4=Agree, 5=Strongly Agree, the research sought to find out the rating of the role of Livestock improvement played by WV in relation to poverty reduction in Kilifi county and results given.

**Table 4.7 Rating of Livestock improvement Role in Poverty Reduction in Kilifi County**

<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
World Vision has played a role in provision of extension Facilities to livestock farmers	<b>8</b>	<b>8</b>	<b>10</b>	<b>26</b>	<b>38</b>
World Vision has played a role in construction of Dams	<b>12</b>	<b>10</b>	<b>18</b>	<b>18</b>	<b>32</b>
World Vision has played a role in construction and rehabilitation Of cattle dips	<b>8</b>	<b>15</b>	<b>22</b>	<b>19</b>	<b>26</b>

From the responses in a rating, 8 respondents Strongly Disagreed with the idea that WV has played a role in provision of extension Facilities to livestock farmers, 8 Disagreed, 10 were Neutral, 26 Agreed, while the majority at 38 Strongly Agreed. In regard to the WV playing a role in construction of Dams in Provision of water to livestock, 12 respondents strongly disagreed, 10 disagreed, 18 were neutral, 18 agreed, while the majority at 32 strongly agreed. WV playing a role in construction and rehabilitation of cattle dips attracted responses as follows: 8 respondents strongly disagreed, 15 disagreed, 22 were neutral, 19 agreed, while the majority at 26 strongly agreed.

In an interview with the various focused group discussions, 7 groups supported the idea that WV in Kilifi county has played a role on livestock Improvement together with other NGOs in supporting various activities.

#### **4.6 Item on Role on Health Interventions in Poverty Reduction in Kilifi County**

Respondents were asked to rate in a scale of 1-5 on the following health factors as carried out by WV where: Strongly Disagree = 1, disagree = 2, neutral =3, agree =4 strongly agree =5 and results were given in table 4.8

**Table 4.8; Degree of Support on Health Interventions in Relation to Poverty Reduction in Kilifi County**

<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Medical Training services have been done effectively by WV in the county	14	14	26	16	20
WV has been on the front in Medicine Provision in the county	15	8	10	24	33
WV has been on the forefront in Healthcare Financing in the hospitals	9	13	18	22	28
Latrines Construction has been done by WV to preventing diseases outbreak	9	8	10	23	40

From the study, 14 respondents strongly disagreed with the idea that WV has been offering Medical Training services to the local community and training the local labour, 14 disagreed, 26 were neutral, 16 agreed, while the majority at 20 strongly agreed. In regard to Medicine Provision in the county, 15 respondents strongly disagreed, 8

disagreed, 10 were neutral, 24 agreed, while the majority at 33 strongly agreed. On the factor that read, WV has been on the forefront in Healthcare Financing in the county hospitals, 10 respondents strongly disagreed, 12 disagreed, 18 were neutral, 22 agreed, while the majority at 28 strongly agreed and lastly on construction of Latrines in disease prevention, 8 respondents strongly disagreed, 9 disagreed, 10 were neutral, 23 agreed while a majority at 40 strongly agreed.

From the interview that had a question requiring the groups to discuss the relevance of NGOs in relation to Health Interventions to the locals indicated that all the 9 groups were in agreement that WV just like any other NGO in the area had made remarkable strides in taking care of the health of the disadvantaged mothers, children and the unborn through various MCH programmes for example the case of at Bamba district hospital.

#### **4.7 Water and Sanitation Role in Poverty Reduction in Kilifi County**

Respondents were required to give information as per the relevance of WV in relation to water and sanitation provision in the area and results were as in the tables below.

##### **4.7.1 Activities of WV**

When asked whether they thought that WV was doing enough in ensuring that water and sanitation services reach the poor people in the county, they gave the responses as follows:

**Table 4.9 WV Activities in Water and Sanitation**

<b>Structural Difference</b>	<b>Frequency</b>	<b>Percentage</b>
YES	68	75.55%
NO	22	24.45%
<b>Total</b>	<b>90</b>	<b>100%</b>

The responses were that, 75.55% representing 68 respondents were for the idea that WV was undertaking activities that were geared towards improving the water and sanitation situation in the county while 24.45% percent went against.

#### 4.7.2 Rating of Water and Sanitation Activities

When asked to rate the activities in relation to water and sanitation, the following results were arrived at:

**Table 4.10 Likert Scale Rating of Water and Sanitation Activities in Relation to Poverty Reduction in Kilifi County**

<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Water Treatment in the area has been done by WV to reach the poor	18	12	15	20	25
Waste Management and control is WV's undertaking	10	6	14	27	33
Clean Water Supply has been done to the deserving people by WV	8	7	16	25	24
Water Tanks Provision has been agenda of WV in water harvesting	5	11	10	26	38

From the study, 18 respondents strongly disagreed with the idea that Water Treatment in the area has been effectively done by WV to reach the poor, 12 disagreed, 15 were neutral, 20 agreed, while 25 strongly agreed. In relation to Waste Management and control as an undertaking that WV participates in, 10 respondents strongly disagreed, 6 disagreed, 14 were neutral, 27 agreed, while the majority at 33 strongly agreed. On the factor that asked whether Clean Water Supply was done to the deserving people by WV in the area, 8 respondents strongly disagreed, 7 disagreed, 16 were neutral, 25 agreed, while 24 strongly agreed and finally, the issue on whether Water Tanks Provision has been a core agenda of WV in water harvesting attracted responses as follows; 5 respondents strongly disagreed, 11 disagreed, 10 were neutral, 26 agreed, while the majority at 38 strongly agreed.

#### 4.8 Testing the First Hypothesis Using Chi-Square

H<sub>1</sub>. NGO education programmes play a significant role in reducing poverty in Kilifi County.



**Table 4.11 Showing Observed and Expected Responses on Education Programmes in Relation to Poverty Reduction in Kilifi County**

Scale	1	2	3	4	5
Observed (O)	4	5	15	20	46
Expected (E)	90	90	90	90	90

**Table 4.12 Showing Chi-Square Testing for the First Hypothesis**

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
4	90	-86	7396	82.2
5	90	-85	7275	80.3
15	90	-75	5625	62.5
20	90	-70	4900	54.4
46	90	-44	1936	21.5

$$\hat{U} (O-E)^2/E = 300.9$$

$2C=300.9 > 2_{0.05} = 9.488$  at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 300.9 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, NGO education programmes play a significant role in reducing poverty in Kilifi County.

#### 4.9 Testing of the Second Hypothesis

**H<sub>12</sub>:** livestock improvement activities implemented by NGOS have played a role in reducing poverty margins in Kilifi County.

**Table 4.13 Showing Observed and Expected Responses on Livestock Improvement Activities in Relation to Poverty Reduction in Kilifi County**

Scale	1	2	3	4	5
Observed (O)	8	8	10	26	38
Expected (E)	90	90	90	90	90

**Table 4.14 Showing Chi-Square Testing for the Second Hypothesis**

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
8	90	-82	6724	74.7
8	90	-82	6724	74.7
10	90	-80	6400	71.1
26	90	-64	4096	45.5
38	90	- 52	2704	30.0
				$\hat{U} (O-E)^2/E = 296.0$

$2C = 296.0 > 2 = 9.488$  at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 342.61 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, Livestock improvement activities implemented by NGOs play a significant role in reducing poverty in Kilifi County.

#### 4.10 Testing of Third Hypothesis on the Health Provision

**H<sub>13</sub>:** Health interventions by NGOs have played a remarkable role in reducing poverty margins in Kilifi County.

**Table 4.15 Showing Observed and Expected Responses for Health intervention roles in Poverty Reduction in Kilifi**

**H<sub>13</sub>:** Health interventions by NGOs have played a remarkable role in reducing poverty margins in Kilifi County.

**Table 4.15 Showing Observed and Expected Responses for Health intervention roles in Poverty Reduction in Kilifi County**

Scale	1	2	3	4	5
Observed (O)	14	14	26	16	20
Expected (E)	90	90	90	90	90

**Table 4.16 Showing Chi-Square Testing for the Third Hypothesis**

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
14	90	-76	5776	64.2
14	90	-76	5776	64.2
26	90	-64	4096	45.5
16	90	-84	7056	78.4
20	90	-70	4900	54.4
				$\hat{U} (O-E)^2/E = 306.7$

$2C = 306.7 > 2 = 9.488$  at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 289.0 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, Water and sanitation interventions roles implemented by NGOs play a significant role in reducing poverty in Kilifi County.

#### 4.11 Testing of Fourth Hypothesis

**H<sub>14</sub>.** Water and sanitation activities implemented by NGOs play a remarkable role in reducing poverty in Kilifi County.

**Table 4.17 Showing Observed and Expected Responses on Water and Sanitation Role in Poverty Reduction in Kilifi County**

Scale	1	2	3	4	5
Observed (O)	18	12	15	20	25
Expected (E)	90	90	90	90	90

**Table 4.18 Showing Chi-Square Testing for the Fourth Hypothesis**

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
18	90	-72	5184	57.6
12	90	-78	6084	67.6
15	90	-75	5625	62.5
20	90	-70	4900	54.4
25	90	-65	4225	46.9

$$\hat{U} (O-E)^2/E = 289.0$$

$2C = 289.0 > 2 = 9.488$  at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 289.0 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, Water and sanitation interventions roles implemented by NGOs play a significant role in reducing poverty in Kilifi County.

## CHAPTER FIVE

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

#### 5.1 Introduction

This chapter presents the summary of the study findings, discussions, conclusions and recommendation of the research. The chapter also contains suggestions of related studies that may be carried out in the future.

#### 5.2 Summary of Findings

The purpose of this study was to examine the influence of NGOs on poverty reduction among local communities in Kilifi county, Kenya. With specific emphasis on projects implemented by World Vision international. From the analysis and review of the research data and additional data gathered through interviews and questionnaires filled, a number of issues became apparent.

In relation to the first objective that sought to examine the extent to which educational activities undertaken by NGOs reduce poverty margins in Kilifi County responses were as follows: 4 of the respondents strongly disagreed with the idea that WV has been supporting education of the needy children, 5 respondents disagreed, 15 were Neutral, 20 agreed while 46 strongly agreed that WV has done very much in supporting needy children by providing school fees, food and many more. In relation to classrooms building, 4 respondents strongly agreed that WV has been building classrooms in schools, 3 disagreed, 6 were Neutral, 25 agreed while 52 strongly agreed with the idea. When asked to give their reasons as to why they give answers in the above, 79% of the respondents gave reasons like; a number of classrooms have been renovated and built in the county in Bamba and Marafa. School children have been given basic school fees and food to sustain them in schools too.

As per the second objective which sought to find out the extent to which Livestock improvement interventions carried out by NGOs have played a role in reducing poverty

in Kilifi County, it had responses as follows :8 respondents Strongly Disagreed with the idea that WV has played a role in provision of extension Facilities to livestock farmers, 8 Disagreed, 10 were Neutral, 26 Agreed, while the majority at 38 Strongly Agreed. In regard to the WV playing a role in construction of Dams in Provision of water to livestock, 12 respondents strongly disagreed, 10 disagreed, 18 were neutral, 18 agreed, while the majority at 32 strongly agreed. WV playing a role in construction and rehabilitation of cattle dips attracted responses as follows: 8 respondents strongly disagreed, 15 disagreed, 22 were neutral, 19 agreed, while the majority at 26 strongly agreed.

In an interview with the various focused group discussions, 7 groups supported the idea that WV in Kilifi county has played a role on livestock Improvement together with other NGOs in supporting various activities.

On the third objective that sought to investigate the extent to which health interventions by NGOs play a role in reducing poverty in Kilifi county, 14 respondents strongly disagreed with the idea that WV has been offering Medical Training services to the local community and training the local labour, 14 disagreed, 26 were neutral, 16 agreed, while the majority at 20 strongly agreed. In regard to Medicine Provision in the county, 15 respondents strongly disagreed, 8 disagreed, 10 were neutral, 24 agreed, while the majority at 33 strongly agreed. On the factor that read, WV has been on the forefront in Healthcare Financing in the county hospitals, 10 respondents strongly disagreed, 12 disagreed, 18 were neutral, 22 agreed, while the majority at 28 strongly agreed and lastly on construction of Latrines in disease prevention, 8 respondents strongly disagreed, 9 disagreed, 10 were neutral, 23 agreed while a majority at 40 strongly agreed.

From the interview that had a question requiring the groups to discuss the relevance of NGOs in relation to Health Interventions to the locals indicated that all the 9 groups were in agreement that WV just like any other NGO in the area had made remarkable strides in taking care of the health of the disadvantaged mothers, children and the unborn through various MCH programmes for example the case of at Bamba district hospital.

On the fourth objective that sought to find out the extent to which water and sanitation projects implemented by NGOs play a role in reducing poverty in Kilifi County,

responses were as follows: 18 respondents strongly disagreed with the idea that Water Treatment in the area has been effectively done by WV to reach the poor, 12 disagreed, 15 were neutral, 20 agreed, while 25 strongly agreed. In relation to Waste Management and control as an undertaking that WV participates in, 10 respondents strongly disagreed, 6 disagreed, 14 were neutral, 27 agreed, while the majority at 33 strongly agreed. On the factor that asked whether Clean Water Supply was done to the deserving people by WV in the area, 8 respondents strongly disagreed, 7 disagreed, 16 were neutral, 25 agreed, while 24 strongly agreed and finally, the issue on whether Water Tanks Provision has been a core agenda of WV in water harvesting attracted responses as follows; 5 respondents strongly disagreed, 11 disagreed, 10 were neutral, 26 agreed, while the majority at 38 strongly agreed.

### **5.3 Discussion of Findings**

From the preliminaries of the study, results show that there is a great relationship between contributions made by NGO projects in Kilifi County and poverty reduction among the beneficiaries more specifically when focusing on World Vision. From the findings on the support on education by World Vision as a strategy of poverty reduction has done very much in supporting needy children by providing school fees, food and other items.

UNICEF, UNESCO, Plan International, Elimu Yetu and other organizations that were found not only to be penetrating the abandoned regions but to have given a lot of hope to school going children who could otherwise be left out by the government Free Primary Education programme. The Kenya Government Official Gazette for example carried a report in 2012 citing the major achievements of the NARC and later PNU government led by Hon. Mwai Kibaki to be the free primary and subsidized secondary education; that saw the primary enrolment rise by about 4.81 million students between 2003-2011 in both primary and secondary schools and, the rise of the public universities from the normal 7 to about 23 in the country. This was attributed to the good will and links between the Kibaki government and CSOs/NGOs both at the local and international levels who provided school pulling factors like; provision of school fees to substitute what the government allocates to the primary schools, food to give the children energy in areas like Turkana, Ukambani, Kilifi etc., provision of school shoes and uniforms to the



needy children, provision of sanitary towels for girls and many more activities( GOK, 2012; World Bank, 2013)

The second objective sought to find out the extent to which Livestock improvement interventions carried out by NGOs have played a role in reducing poverty in Kilifi County and it had responses like: 5 respondents strongly disagreed with the idea that WV has been offering digging of water pans in provision of water for livestock, provision of extension facilities to the local community and training the farmers on improvement of local breeds. 8 disagreed, 10 were neutral, 26 agreed, while the majority at 38 strongly agreed meaning WV has greatly influenced livestock activities in Kilifi county.

As per the third objective that sought to investigate the extent to which health interventions by NGOs play a role in reducing poverty in Kilifi County, 6 respondents strongly disagreed with the idea that PI has been offering Medical Training services to the local community and training the local labour, 7 disagreed, 10 were neutral, 27 agreed, while the majority at 40 strongly agreed. From the interview that had a question requiring the groups to discuss the relevance of NGOs in relation to Health Interventions to the locals indicated that all the 10 groups were in agreement that Plan just like any other NGO in the area had made remarkable strides in taking care of the health of the disadvantaged mothers, children and the unborn through various MCH programmes.

According to Srinivas, (2012),In Kenya, over 157 NGOs have worked endlessly in improving both health and nutrition in homes and in hospitals.Through involvement in activities such as buying school going children towels and tissue papers and to the rest of over 7.8 million people improved access to clean drinking water ,through sinking of over 1.6 million wells in dry ASALs,186 rural sanitation centres and 2500 latrines.In Kenya,until until 2009, 84% children were given vaccination and women given training on hygiene by World Vision, WHO, PI, USAID and many INGOs/NGOs. (Harsh, Mbatia & Shrum, 2010).

In relation to the fourth objective that sought to find out the extent to which water and sanitation projects implemented by NGOs play a role in reducing poverty in Kilifi County, responses were as follows:18 respondents strongly disagreed with the idea that Water Treatment in the area has been effectively done by WV to reach the poor, 12

disagreed, 15 were neutral, 20 agreed, while 25 strongly agreed. In relation to Waste Management and control is an undertaking that WV is participating in, 10 respondents strongly disagreed, 6 disagreed, 14 were neutral, 27 agreed, while the majority at 33 strongly agreed.

Water and sanitation are essential for every child's survival. Every year, WV helps communities build school latrines, community water points and helps to establish organizations to ensure the continued management and maintenance of water points. CARE International for example operating in the country's disadvantaged regions builds and maintains clean water systems and latrines, and provides education about hygiene and water-borne illnesses. These programmes aim to reduce the risk of water-related diseases and increase the earning potential of households by saving time otherwise spent fetching water. Last year, CARE and Plan helped more than 3.3 million people access safe drinking water and sanitation systems, develop governance mechanisms for management of water systems, and improve hygiene practices (GOK, 2012). Poor sanitation causes disease and can kill. Plan is pioneering a radical new approach – Community-Led Total Sanitation (CLTS), which educates communities about the importance of sanitation and helps them to construct and maintain their own latrines. This approach gives individual community members the confidence to enforce a total ban on open defecation in their villages (WHO 2010).

#### **5.4 Recommendations**

This research established that NGOs play vital roles in poverty reduction despite the challenges that they face ranging from poor infrastructure, cultural differences, financial constraints, rejection/ unwillingness to participate from the community and even political interferences among others. It is important that NGOs engage the community in all its operations as it is the community that will bear the consequences and even more community participation. The community should own the projects and in fact should be the ones to make the decisions concerning any developments. NGOs should also ensure that most of the opportunities especially jobs are given to the community members.

Based on the findings of the study (from the respondents in the field and the literature), the researcher recommends that NGOs should be involved as major stakeholders in the

education systems in the country from planning, policies formulation, execution of major plans, Monitoring and evaluation and many more since they have been performing major activities as far as education support for needy children is concerned and classrooms construction across the country.

The study also recommends that both the county government and the national government should come up with strategies that involve various NGO projects/initiatives that are aimed at empowering the local communities through various activities like entrepreneurships and jobs creation in order to reduce the poverty levels among the citizens.

During the field survey, the researcher realized that most of the people were not aware of the existing NGOs and if they knew of the NGOs they did not know the services offered by the organizations. This therefore calls for the sensitization to the community about the various NGOs in their locality and the role they play. This will reduce the gap between the NGOs and community and in fact lead to acceptance and willingness for participation. The communities will also be able to join hands with the NGOs in undertaking various activities geared towards reducing poverty and even provide indigenous knowledge that will equip the NGOs with the ways of handling issues.

It is important that the NGOs spread evenly to remote or to very interior places to increase contact with their area of operation/with community members. It is evident from the activities carried out that most NGOs do not conduct training to the communities they work with. It is important that the NGOs train the community members in areas like agriculture which is a major source of income in most developing countries. This can help increase the agricultural production that can generate more income and of course lead to solving of food insecurity.

The ever rising populations have also resulted overutilization of resources and scramble for limited resources among communities. For instance, over-cultivation due to reduced land has led to reduced soil fertility hence low food production. NGOs need to conduct trainings on the reproductive issues and the importance of doing family planning to control the rapid population growth. Other areas which also require training include climate change effects such as floods and droughts / desertification, environmental

conservation and even the importance agro-forestry due to the nature of the region among others.

It is important that NGOs come up with more economic diversifications to supplement people's incomes. It is important also that the NGOs engage in various activities apart from their major (main purpose) activities. This can include green houses, poultry, piggery, fishponds and provision of small loan scheme to allow people borrow money on a small interest among others. This research also found out that the staff were not enough due to financial challenges hence to reach all the community members proves hard. Training in this case is very important. The NGOs can train community members for services extension purposes. The trained members can be used to reach the other community members who may not have the benefit of accessing the offices and any other important information.

In the study area especially those areas that were away from the main roads did not have good infrastructure. The roads were impassable. At the same time, the interior areas did not have tapped clean water and electricity. It would be of great importance and benefit if the government collaborated with the NGOs and developed or put in place the infrastructure. This will lead to all members being accessed and will also attract more NGOs to want to establish in rural areas. This will also attract more small and medium sized business which will of course boost the economy in the area.

### **5.5 Suggestions for Further Research**

- a) This study has been carried out in Kilifi county. A similar study could be carried out in the other counties and the whole Country at large.
- b) A research can be done in the county to assess the challenges facing various projects implementation by the NGOs operating in the county.
- c) Finally, a study can be done to examine the influence of politics in NGOs projects implementation in Kilifi County.

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**APPENDICES**

**APPENDIX I**

**LETTER OF TRANSMITTAL OF DATA COLLECTION INSTRUMENTS**

Mogoa Darwin Gwaro,  
P.O Box 1514-80200  
Malindi,  
20<sup>th</sup> October 2016

Dear Respondent,

**RE: REQUEST TO PROVIDE RESEARCH INFORMATION**

I am a Masterø student at the School of Continuing and Distance Education at the University of Nairobi currently conducting a research study on *the influence of non-governmental organization projects in poverty reduction in Kilifi county, Kenya, A case of world vision.*

You have been selected as one of the respondents to assist in providing the requisite data and information for this undertaking. I kindly request you to spare a few minutes and answer a few questions. The information obtained will be used for academic purposes only, and will be treated with utmost confidentiality. Your identity will be anonymous and your name shall not be recorded.

Kindly respond to all the questions honestly and truthfully.

Yours faithfully,

MOGOA DARWIN GWARO.

**APPENDIX II**  
**DATA COLLECTION QUESTIONNAIRE**

**SECTION A: Background Information for Respondents (Tick where appropriate (√))**

- Your gender  
 Male  Female
- Your age (in years)  
 Below 20  Between 20-29  Between 30-39  Between 40-49  50 plus
- Level of education  
 K.C.S.E  Diploma  Bachelor's Degree  Master's Degree  others
- Working experience  
 Below 2 years  2-5 years  6-10 years  11-20 years  21-30 years  
 31 years and above (for employees only)

**SECTION B: General Questionnaire for Teachers, Project Staff, Chiefs and Literate Household Heads.**

**Items on Education Role**

5. Below are numbers of activities carried out by World Vision in Kilifi County to help reduce the poverty levels in the county, indicate your position using a scale of:

**Strongly disagree = 1, Disagree = 2, Neutral =3, Agree =4 Strongly Agree =5**

Factor	1	2	3	4	5
World Vision has been in the fore front in supporting the education of the needy children through various activities like donating Books, paying School fees and giving food.					
World Vision has helped to build several classrooms across the county					
World Vision has helped in staff training					

6. Give your reasons for the answers in 5 above

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

**Role on Livestock Improvement**

7. Do you think that NGOs in the region have done enough in improvement of Livestock in the county?

Yes ( )

No ( )

Somehow ( )

8. Indicate your position using a scale of:

**Strongly Disagree = 1, Disagree = 2, Neutral =3, Agree =4 Strongly Agree =5**

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<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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World Vision has played a role in provision of extension

Facilities to livestock farmers

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World Vision has played a role in construction of Dams in

Provision of water to livestock

---

World Vision has played a role in construction and rehabilitation

Of cattle dips

---

**Role on Health Interventions**

9. Using a scale of 1-5, the following health factors as carried out by Plan where:

**Strongly Disagree = 1, Disagree = 2, Neutral =3, Agree =4 Strongly Agree =5**

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<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Medical Training services have been done effectively by WV in the county

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WV has been on the front in Medicine Provision in the county

---

WV has been on the forefront in Healthcare Financing in the county hospitals

---

Latrines Construction has been done by WV to preventing diseases outbreak

---

**Water and Sanitation Role**

10. Do you think that World Vision is doing enough in ensuring that water and sanitation services reach the poor people in the county?

Yes ( )                      No ( ).

11. On a scale of 1 to 5, rate the extent of agreement with the following factors:

**Strongly Disagree = 1, Disagree = 2, Neutral =3, Agree =4, Strongly Agree =5**

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<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Water Treatment in the area has been effectively done by WV to reach the poor

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Waste Management and control is an undertaking that WV is participating in

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Clean Water Supply has been done to the deserving people by WV in the area

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Water Tanks Provision has been a core agenda of WV in water harvesting

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### **APPENDIX 3**

#### **INTERVIEW GUIDE FOR FOCUSED GROUP DISCUSSIONS**

1. In your own views, do you think that World Vision and other NGOs operating in Kilifi County  
Have made any efforts as far as education is concerned with the aim of reducing the  
Persistent poverty situation in the area?
  
2. Support your answer in 1 above while giving relevant reasons accompanied by examples.
  
3. Without any biasness, discuss the way you rate NGOs in Kilifi county on their role of  
livestock Improvement.
  
4. Discuss of the relevance of NGOs in relation to Health Interventions to the locals.
  
5. With relevance examples, state whether NGOs are playing the following roles in the  
County
  - Water and Sanitation Role