EVALUATION OF ORPHANED AND VULNERABLE CHILDREN DONOR FUNDED PROJECTS:

A CASE OF BAHARI DISTRICT

BY:

SAMUEL KAMAU KANG’ETHE

D53/MSA/PT/21469/2010

A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION (PROJECT MANAGEMENT OPTION) OF KENYATTA UNIVERSITY

APRIL 2013
DECLARATION

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

Signature: ____________________________ Date: __________
Samuel Kamau Kang’ethe

D53/MSA/PT/21469/2010

This research project has been submitted for examination with my approval as university supervisor.

Signature: ____________________________ Date: __________
Mr. Francis Kanyi Kiarie

Lecturer

Department of Management Science

Kenyatta University

This research project has been submitted for examination with my approval as Chairperson of Department of Management Science.

Signature: ____________________________ Date: __________
Gladys Kimutai

Chairperson

Department of Management Science

Kenyatta University
DEDICATION

I dedicate this work to my lovely family for their support and continued prayers towards successful completion of this course. May the almighty God bless you.
ACKNOWLEDGEMENTS

This research project could not have gone this far without the contribution and support of various personalities. First and foremost, I wish to express my sincere thanks to the Kenyatta University for giving me the chance to undertake the degree and to my supervisor Mr. Francis Kiarie for having agreed to supervise this research and his guidance.

I would also like to express my sincere thanks to my beloved colleagues whose administrative support came very handy during my hard times.

I wish to express my sincere thanks and support to my family who were always there for me during this period. To you all I say God Bless You!!

Lastly, heartfelt thanks are extended to the Lord for his guidance and providence which enabled me to undertake this research project that is too involving both in time and resources.
ABSTRACT

The situation of Orphans and Vulnerable Children (OVC) in Kenya has continued to be of national and international concern. Although no comprehensive survey has been carried out, the government estimates that there are a total of 2.4 million OVCs in Kenya out of which 1.15 million are as a result of HIV/AIDS. The 2007/2008 post-election violence contributed to the aggravation of the OVC situation in Kenya.

The Government of Kenya through its Ministry of Gender, Children and Social Development developed a National Plan of Action (2007-2013) on OVC which helps to strengthen the capacity of families to protect and care for OVCs. Aside from government efforts at managing OVC concerns, Non-Governmental Organizations (at 78%) continue to top the list of agencies providing care and support to OVCs covering all physical and psychosocial needs. Other support has come from private entities, faith-based organizations, and multilateral organizations.

Community initiatives targeting OVC’s are sometimes planned without an explicit understanding of the early and intermediate steps required for long-term changes to occur; therefore, many assumptions about the change process need to be examined for program planning or evaluation planning to be most effective. Theory of Change creates an honest picture of the steps required to reach a goal.

The purpose of this study was to evaluate OVC donor funded projects in Bahari District, Kilifi County. The results from the study will be significant in understanding the magnitude of the problem and provide an opportunity for stakeholders to assess what they can influence, what impact they can have, and whether it is realistic to expect to reach their goal with the time and resources they have available.
The study involved a descriptive survey design. The target populations for purposes of this study were the management of organizations offering OVC services, key government officials and households with OVCs in Bahari district, Kilifi County. The study used a sample of fifty five (55) members from the target population who will be drawn using stratified random sampling and purposive sampling techniques. Data was then be collected from the sample using questionnaires, interviews and document analysis techniques and analyzed both quantitatively and qualitatively with the help of SPSS for presentation of frequency distributions and cross tabulations.

The study specifically sought to: 1) identify the services offered by OVC organizations in Bahari district; 2) to determine average number of meals taken in a day by OVC beneficiaries in Bahari district; 3) to obtain the percentage of school attendance by OVC beneficiaries in Bahari district; and 4) to assess access to health care services by OVC beneficiaries in Bahari district.
TABLE OF CONTENTS

DECLARATION.................................................................................................................. i
DEDICATION................................................................................................................... ii
ACKNOWLEDGEMENTS................................................................................................. iii
ABSTRACT....................................................................................................................... iv
LIST OF FIGURES........................................................................................................... ix
LIST OF TABLES............................................................................................................. x

ABBREVIATIONS AND ACRONYMMS........................................................................... xi

1.1 Statement of the Problem.........................................................................................- 3 -
1.2 Purpose of the Study...............................................................................................- 5 -
1.3 Specific Objectives.................................................................................................- 5 -
1.4 Research Questions...............................................................................................- 6 -
1.5 Significance of the Study.......................................................................................- 6 -
1.6 Scope of the Study.................................................................................................- 6 -

CHAPTER TWO: LITERATURE REVIEW.....................................................................- 8 -

2.1 Introduction.............................................................................................................- 8 -
2.1.1 Situation of OVC in Kenya..................................................................................- 8 -
2.1.2 OVC Response in Kenya ...................................................................................- 9 -
2.1.3 The Multi-Sectoral National OVC Steering Committee.................................- 10 -
2.1.4 The Draft National Policy on Orphans and Vulnerable Children, 2005...........- 10 -
2.1.5 Rapid Assessment, Analysis, and Action Planning (RAAAP).........................- 11 -
2.1.6 The Kenyan Cash Transfer Program (CTP).....................................................- 12 -
2.1.7 The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)................- 12 -
2.1.8 Total War against AIDS (TOWA)....................................................................- 12 -
2.1.9 Organizations Providing OVC Services in Kenya............................................- 13 -
2.1.10 Services Provided by the OVC Organizations...............................................- 14 -

2.2 Theoretical framework.........................................................................................- 14 -
2.2.1 Theory of Changes..........................................................................................- 14 -
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.1 Planning theory</td>
<td>15</td>
</tr>
<tr>
<td>2.2.2 Logic Model</td>
<td>15</td>
</tr>
<tr>
<td>2.3 Empirical Literature Review</td>
<td>16</td>
</tr>
<tr>
<td>2.4 Research Gap</td>
<td>19</td>
</tr>
<tr>
<td>2.5 Conceptual Framework</td>
<td>20</td>
</tr>
<tr>
<td>CHAPTER THREE: METHODOLOGY</td>
<td>22</td>
</tr>
<tr>
<td>3.0 Introduction</td>
<td>22</td>
</tr>
<tr>
<td>3.1 Research Design</td>
<td>22</td>
</tr>
<tr>
<td>3.2 Population and Sampling</td>
<td>22</td>
</tr>
<tr>
<td>3.2.1 Target Population</td>
<td>22</td>
</tr>
<tr>
<td>3.2.2 Sampling Design</td>
<td>23</td>
</tr>
<tr>
<td>3.3 Data Collection</td>
<td>24</td>
</tr>
<tr>
<td>3.3.1 Instrumentation</td>
<td>24</td>
</tr>
<tr>
<td>3.3.2 Research Procedure</td>
<td>25</td>
</tr>
<tr>
<td>3.4 Quality Control</td>
<td>25</td>
</tr>
<tr>
<td>3.5 Data Analysis</td>
<td>26</td>
</tr>
<tr>
<td>CHAPTER 4: DATA ANALYSIS AND INTERPRETATION</td>
<td>28</td>
</tr>
<tr>
<td>4.1 Introduction</td>
<td>28</td>
</tr>
<tr>
<td>4.2 General information</td>
<td>28</td>
</tr>
<tr>
<td>4.3 The Services Offered by OVC Organizations in Bahari District</td>
<td>32</td>
</tr>
<tr>
<td>4.3.1 Challenges faced by OVC organizations in providing OVC support</td>
<td>36</td>
</tr>
<tr>
<td>4.4 Average Number of Meals Taken in a Day by OVC Beneficiaries in Bahari District</td>
<td>36</td>
</tr>
<tr>
<td>4.5 Percentage of School Attendance by OVC Beneficiaries in Bahari District</td>
<td>37</td>
</tr>
<tr>
<td>4.6 Accessibility of Health Care Services by OVC Beneficiaries in Bahari District</td>
<td>39</td>
</tr>
<tr>
<td>CHAPTER 5: DISCUSSION, CONCLUSION AND RECOMMENDATIONS</td>
<td>41</td>
</tr>
<tr>
<td>5.1 Introduction</td>
<td>41</td>
</tr>
<tr>
<td>5.2 General Findings</td>
<td>41</td>
</tr>
<tr>
<td>5.2.1 Services offered by OVC organizations and government</td>
<td>42</td>
</tr>
<tr>
<td>5.2.2 Average Number of Meals Taken in a Day by an OVC</td>
<td>45</td>
</tr>
<tr>
<td>5.2.3 School Attendance by OVCs</td>
<td>47</td>
</tr>
</tbody>
</table>
5.2.4 Access to Health Care Services .............................................. - 48 -
5.3 Conclusion ........................................................................ - 49 -
5.4 Recommendations ............................................................. - 53 -
REFERENCES ............................................................................. - 55 -
APPENDIX I ................................................................................... - 58 -
Letter of Transmittal .................................................................. - 58 -
APPENDIX II .................................................................................. - 60 -
Data collection instruments – Questionnaire for OVC households ........................................................................ - 60 -
APPENDIX III .................................................................................. - 66 -
Interview Schedule for Management Staff in Organization offering OVC services ........................................ - 66 -

viii
LIST OF FIGURES

Figure 2.1: Types of Organizations Providing OVC Services in Kenya ............................................. 14
Figure 2.2: Types of Services Offered by OVC Organizations in Kenya ............................................. 11
Figure 2.3: Conceptual Framework ................................................................................................. 21
Figure 4.1: Gender of Household Respondents .................................................................................. 28
Figure 4.2: Age of Household Respondents ...................................................................................... 28
Figure 4.4: Marital Status of Household Respondents ...................................................................... 29
Figure 4.5: No. of Non-Biological Children per Household ............................................................. 32
Figure 4.6: Preference of Support Needs by Household Respondents ............................................. 33
Figure 4.7: Household that have received OVC Support .................................................................... 34
Figure 4.8: OVC Support Providers .................................................................................................. 34
Figure 4.9: Services Provided by OVC Support Organizations ....................................................... 35
Figure 4.10: Number of Meals per Day in Household ....................................................................... 36
Figure 4.11: Household Perception on Meal Nutrition Status ........................................................ 37
Figure 4.12: Percentage of School Attendance among OVCs ......................................................... 38
Figure 4.13: OVC School Progress .................................................................................................. 38
Figure 4.14: Number of Meals per Day in Household ....................................................................... 39
LIST OF TABLES

Table 2.1: Logic Model ........................................................................................................... 16

Table 4.1: Employment status of respondents ...................................................................... 31

Table 4.2: Services provided by OVC Support Organizations .............................................. 35
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Treatment</td>
</tr>
<tr>
<td>CTP</td>
<td>Cash Transfer Program</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>HPI</td>
<td>Health Policy Initiative</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>ICC</td>
<td>Inter-Agency Coordinating Committee for HIV/AIDS</td>
</tr>
<tr>
<td>MOGCSD</td>
<td>Ministry of Gender, Children, and Social Development</td>
</tr>
<tr>
<td>NACC</td>
<td>National AIDS Control Council</td>
</tr>
<tr>
<td>NASCOP</td>
<td>National AIDS and STI Control Program</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
</tr>
<tr>
<td>NPA</td>
<td>National Plan of Action</td>
</tr>
<tr>
<td>NSA</td>
<td>National Strategic Application</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission</td>
</tr>
<tr>
<td>RAAAP</td>
<td>Rapid Assessment, Analysis, and Action Planning</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TOWA</td>
<td>Total War Against HIV/AIDS</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Program on HIV/AIDS</td>
</tr>
</tbody>
</table>
CHAPTER ONE: INTRODUCTION

1.0 Background of the Study

HIV/AIDS is the most serious of Africa's many public health problems, as it differs from other traditional public health challenges. The epidemic continues to expand affecting both adults and children, resulting in unique social and economic consequences. Worldwide it's estimated about 22 million people have died of AIDS; 36 million are currently infected with HIV and out of these, approximately 70% live in sub-Saharan Africa (Republic of Kenya 2009).

As the HIV epidemic continues to ravage sub-Saharan Africa, more challenges start emerging, which have significant effects on child survival growth and development. The number of orphans and children infected with HIV increases as a parallel epidemic to that of HIV infection on the adult population.

Kenya is one of the African countries with the highest prevalence of AIDS and incidence of HIV infection. According to the National AIDS Control Council and the Ministry of Health (Republic of Kenya, 2005) there are about 2.2 million Kenyans living with HIV infection. To date the estimated number of those who have died of AIDS is over 1.5 million. An estimated 180,000 died in the year 2000 and another 300,000 became infected with HIV in the year 2000. One of the worst consequences of AIDS deaths is an increase in the number of orphans.

The Kenya National AIDS Strategic Plan 2009/10-2012/13 (Republic of Kenya, 2009) state that, in 2008, there were an estimated 110,000 children (0–14 years) living with HIV and about 34,000 new child HIV infections each year. It further states that prior to the AIDS epidemic, approximately 6% of the children under the age of 15 years in East Africa were orphans. These orphans were cared for by the extended family members, and when the need arose, community
members came together to assist. However, the explosive spread of AIDS over the past 2 decades has contributed to a doubling in number of orphans.

As stated by Irwin, A and A. Winter (2009), the following are just a few of the problems children affected by AIDS and their families may experience. Psychological distress: the stress of losing a parent and sometimes being separated from brothers and sister can reduce the ability to cope. The orphaned child may lose hope in his/her future. Anxiety about safety: Children living in families affected by HIV/AIDS worry about the future. This elevated degree of anxiety may trigger behavior problems such as aggression or emotional withdrawal.

Lack of parental nurturing: denial, fear and stigma compound the stress within families dealing with AIDS. Parents may not be able to deal with their children's physical and emotional needs. Children may be unable to express their mixed feelings of grief, anger and fear. Problems with basic needs: children affected by HIV/AIDS may experience food insecurity, shortage of clothing and inability to pay for medical care. Their caregivers will need additional income.

Problems with safety and children protection: households affected by HIV/AIDS are depleted of economic resources, and the child may need to generate cash. Working for a wage exposes a child to economic and sexual risks. Girls orphaned by AIDS may be married at an early age to relieve their families of financial burden.

Less education: the chance of children affected by HIV/AIDS going to school is reduced, and those who go spend less time in school. This is attributed to the lack of money to pay school fees, and time spent taking care and sick parents and younger sibling. Stigma and Discrimination: fear of people living with HIV and AIDS is widespread, and communities react by isolating and discriminating against PWAs and their children. Fear of belief known to be having HIV and AIDS, is a powerful deterrent to people seeking voluntary testing and
counseling, disclosing HIV+ status to family members/friends and AIDS. Parents often fear informing their children of being HIV+, which tends to increase children's anxiety and fear of not knowing what is happening to their parents and how to prepare.

In this study, within the provision of the Kenya constitution, an orphan is a child (age 0-18 years) who has lost one or both parents. The study also defines a vulnerable child as one whose safety, wellbeing and development are, for various reasons, threatened. This includes children who are emotionally deprived and traumatized. OVCs are deprived of basic needs due to high levels of poverty. They are also prone to various forms of abuse and exploitation due to their vulnerable circumstances.

The exact number of organizations working on OVC min Kenya is not yet known. However, according to the on Kenya Research Situation Analysis on Orphans and Other Vulnerable Children Report (Republic of Kenya, 2004), most of the organizations providing OVC services in Kenya are non-Governmental organizations (78%). The rest include governmental (9%), private-not for profit (4%), faith-based organizations and community based organizations (4%) and multilateral organization (4%). Some of the current donor funded projects in Kenya are: The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), Kenya Cash Transfer Program (CTP), and Total War against Aids (TOWA) as discussed under the empirical literature review.

1.1 Statement of the Problem

The situation of Orphans and Vulnerable Children (OVC) in Kenya has continued to be of national and international concern. Although no comprehensive survey has been carried out, the government estimates that there are a total of 2.4 million OVCs in Kenya out of which 1.15 million are as a result of HIV AIDS (Republic of Kenya, 2005).
The Government of Kenya through its Ministry of Gender, Children and Social Development developed a National Plan of Action (2007-2013) on OVC which helps to strengthen the capacity of families to protect and care for OVCs, provide economic, psychosocial and other forms of social support, as well as mobilize and support community based responses to increase OVCs access to essential services such as food and nutrition, education, health care, housing, water and sanitation. A key aspect of the policy is the provision of a direct predictable and regular cash subsidy of Kshs 1,500 per month to households caring for OVC (Pearson, R and C. Alviar, 2007). The program is still being implemented.

Irwin and Winter (2009) noted that beside from government’s efforts at managing OVC concerns, Non-Governmental Organizations (at 78%) continue to top the list of agencies providing care and support to OVCs covering all physical and psychosocial needs. Others support has come from private entities, faith-based organizations, and multilateral organizations.

Community initiatives targeting OVC’s are sometimes planned without an explicit understanding of the early and intermediate steps required for long-term changes to occur; therefore, many assumptions about the change process need to be examined for program planning or evaluation planning to be most effective. Theory of Change creates an honest picture of the steps required to reach a goal.

In view of these efforts, there is need to evaluate OVC interventions by the various organizations in order to highlight the benefits and the challenges faced. This will tend to provide an opportunity for stakeholders to assess what they can influence, what impact they can have, and whether it is realistic to expect to reach their goal with the time and resources they have available.
1.2 Purpose of the Study

The purpose of this study is to evaluate OVC donor funded projects in Bahari District using a descriptive survey design with a view of highlighting the benefits and challenges of the initiatives. This will provide an opportunity for stakeholders to assess what they can influence, what impact they can have, and whether it is realistic to expect to reach their goal with the time and resources they have available.

In this study an orphan is a child age between 0-18 who has lost one or both of the parents and a vulnerable child as one whose safety, wellbeing and development are, for various reasons, threatened. This includes children who are emotionally deprived and traumatized. OVCs are deprived of basic needs due to high levels of poverty. They are also prone to various forms of abuse and exploitation due to their vulnerable the circumstances. The donors in the study are viewed to be offering organized support to the project that include the government and government agencies, non-governmental organizations, private entities, community based organization, faith based organizations and multilateral organizations among others.

1.3 Specific Objectives

The objectives of this study are:

1. To identify the services offered by OVC organizations in Bahari district.
2. To determine average number of meals taken in a day by OVC beneficiaries in Bahari district.
3. To obtain the percentage of school attendance by OVC beneficiaries in Bahari district.
4. To assess access to health care services by OVC beneficiaries in Bahari district.
1.4 Research Questions

This study sought to answer the following questions:

i. What are the services offered by OVCs organizations in Bahari district?

ii. What is the average number of meals taken in a day by an OVC beneficiary in Bahari district?

iii. What is the percentage of school attendance by OVC beneficiaries in Bahari district?

iv. How accessible is health care service by OVC beneficiaries in Bahari district?

1.5 Significance of the Study

Providing care and support for OVC is one of the biggest challenges Kenya faces today, as the growing numbers overwhelm available resources. AIDS, fuelled by high poverty levels, is one of the main contributors to OVC incidence in Kenya. However, a number of organizations - local, national and international - have taken this burden upon themselves and have initiated, funded and supported a number of interventions in trying to address this devastating situation.

Understanding the magnitude of the problem by evaluating various OVC donor funded projects can provide crucial information and the encouragement to motivate the various OVC organizations to improve OVC interventions even further. The study will provide an opportunity for stakeholders to assess what they can influence, what impact they can have, and whether it is realistic to expect to reach their goal with the time and resources they have available.

1.6 Scope of the Study

This evaluation of OVC donor funded projects was conducted in Bahari district in Kilifi County between January 2013 and March 2013 using descriptive research design. The study was
conducted among households with OVCs, OVC organizations and government institutions. The data was collected by the researcher using questionnaires, interviews and document analysis techniques. The study sought to specifically highlight the services offered by OVC organizations in the region, the number of meals taken by an OVC in a day, the percentage of school attendance by an OVC and the accessibility to health care service by an OVC in Bahari District.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter aims at developing an overview and review literature on topical issues related to the topic of study and examines what other scholars have studied and their findings. This will form the basis of this research and highlight the research gaps which need to be filled. This section gives an overview of OVC situation in Kenya and the donor funding available to support the OVC projects. It will form a basis of this research and highlight research gaps.

2.1.1 Situation of OVC in Kenya

Kenya’s population is estimated to be 35.5 million people, of whom about 14.9 million are children below the age of 14 years, (Republic of Kenya, 2010). There are an estimated 2.4 million orphans in Kenya due to HIV and AIDS. Estimates from the current Kenya National AIDS Strategic Plan 2009/10–2012/13 (Republic of Kenya, 2007) state that, in 2008, there were an estimated 110,000 children (0–14 years) living with HIV and about 34,000 new child HIV infections each year.

Besides children who are orphaned due to HIV, an even greater number of children are considered vulnerable due to poverty, disease, abandonment, natural disasters and civil unrest such as the 2007 post-election violence, and other factors. Some 30–45 percent of orphans due to all causes have ended up in charitable children’s institutions. Another 200,000–300,000 children are estimated to be living on the streets of major cities in Kenya (Republic of Kenya, 2008).

Children of parents living with HIV and AIDS become vulnerable long before their parents die. Girls, in particular, assume caring responsibilities for ailing parents and parenting responsibilities for their siblings. They also may take on income- and sustenance-generating activities that can
put them further at risk. Deteriorating circumstances due to the family’s increasing poverty level and the impact of HIV and AIDS expose children to exploitation and abuse.

Escalating crime and social disorganization are also contributing to the increasing vulnerability of OVC in Kenya. Traditionally in Kenya, orphans are absorbed into the extended family system; however, this traditional social safety net is under severe threat due to social and economic strains. Another factor is the psycho-social trauma suffered by OVC due to losing their parents and the family responsibilities they are left to bear. Also, when children lose their parents, they often lose their inheritance rights as well.

As in many low-resource countries, systems and services to prevent and respond to child maltreatment in Kenya are weak, and many cases go unreported. Maltreatment includes child neglect, abandonment, assault, sexual abuse, child prostitution, harmful cultural practices, and exploitative labor.

HIV and AIDS have created increased demand for child care and protection networks, improved strategies, and sustainable interventions. Community interventions and policy-based responses are needed to address the short- and long-term impact of the HIV epidemic. Appropriate OVC programming and skills transfer training approaches are needed that improve the well-being of orphans and vulnerable children by increasing their access to essential services, while also supporting the social and economic empowerment of affected families and households.

2.1.2 OVC Response in Kenya

The Kenyan Government has responded by putting in place the National Plan of Action on OVC which helps to strengthen the capacity of families to protect and care for OVC, provide economic, psychosocial and other forms of social support, as well as mobilize and support...
community based responses to increase OVC access to essential services such as food and nutrition, education, health care, housing, water and sanitation.

The Department of Children Services, within the Ministry of Gender, Children and Social Development, in collaboration with the National Steering Committee on OVC developed the OVC Policy, a key aspect of which is the provision of a direct predictable and regular cash subsidy of KSH 1,500 per month to households caring for OVC, (Republic of Kenya, 2010

2.1.3 The Multi-Sectoral National OVC Steering Committee
The Kenyan government provides leadership for the OVC response. The OVC response is based in the Kenya OVC Secretariat in the Department of Children’s Services of the Ministry of Gender, Children, and Social Development (MOGCSD). The multi-sectoral National OVC Steering Committee was established to advise the government on OVC issues in policy, practice, and implementation; and to monitor OVC programming. Members include key ministries such as health, education, and finance; the National AIDS and STI Control Program (NASCOP); National AIDS Control Council (NACC); and development partners. It is chaired by the Permanent Secretary of the MOGCSD. The steering committee meets regularly to review and advise the government on OVC issues.

2.1.4 The Draft National Policy on Orphans and Vulnerable Children, 2005
Following the declaration of HIV & AIDS as a national disaster on 25th November 1999, the National AIDS Control Council, in the Kenya National HIV & AIDS Strategic Plan (KNASP) (2005/6-2009/10) underlines the need for a multi-sectoral response to the epidemic with a focus on vulnerable groups such as orphans and vulnerable children. In developing the policy, the process was underpinned by the Children’s Act No. 8 of 2001 which provides wide-ranging safeguards for the rights of children and the UN General
Assembly Special Session (UNGASS) on HIV & AIDS which committed to developing a national policy on HIV & AIDS. The policy was a result of extensive consultations with key stakeholders, government and implementers.

2.1.5 Rapid Assessment, Analysis, and Action Planning (RAAAP)
The National OVC Steering Committee carried out a Rapid Assessment, Analysis, and Action Planning (RAAAP) Process for OVC in 2004, (Republic of Kenya, 2004). Kenya was one of the first countries to carry out RAAAP. It was an effort to quantify the OVC situation, and it eventually led to the development of the National Plan of Action (NPA) for OVC, 2007–2010. The NPA includes policies and guidelines on OVC interventions in Kenya. It took several years to develop NPA, which was finally published in 2009. The policies and guidelines provide a strategic framework for the OVC response by program developers and implementers.

One of the key findings of the RAAAP assessment was that civil society organizations (CSOs) play an important role in supporting community-based responses to OVC. Nevertheless, many vulnerable children were still not being reached by current programs. These findings were the basis for establishing a comprehensive strategy that: (1) identifies OVC not being supported through NGOs and (2) provides their families, and in some cases foster families, with a cash subsidy. This strategy is referred to in the NPA for OVC. The first priority area in the plan is strengthening the capacity of families to protect and care for OVC at the household level.

The RAAAP assessment provided the background to initiate the development of a cash transfer program for OVC in 2004. There was a growing concern about the increasing number of unregulated orphanages as well as the number of children growing up in institutional care rather than a family environment. Because poverty is a driving factor for an increase in institutional care, cash transfers that help stabilize families economically were considered likely to reduce the demand for orphanages.
2.1.6 The Kenyan Cash Transfer Program (CTP)
The Kenyan Cash Transfer Program (CTP) began in 2005. Funding for the CTP comes mainly from the government, the World Bank, the United Kingdom's Department for International Development (DFID), and the United Nations Children's Fund, (Republic of Kenya, 2010). The majority of human resources of the Department of Children's Services are dedicated to the CTP, which is attempting to provide systematic support for OVC by strengthening households to take care of OVC.

The government gives each family $20 per child, which can be used for whatever families need including food, shelter, education, and health services. Since its inception, the Cash Transfer Program has been the best known and most cited program for OVC in Kenya. According to a number of studies, the CTP is a very labor-intensive program, which makes it difficult for the Department of Children's Services to provide leadership in other areas of the OVC response.

2.1.7 The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)
The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is another major source of funding for OVC and provided nearly $50 million for OVC in 2010 (Zosa-Feranil, Monahan, Kay and Krishna, 2010). With these funds, the government provides other OVC services such as free medical services for children below five years; free primary school, including scholarships for OVC; and legal support for inheritance. Approximately 60 percent of vulnerable children in Kenya receive some kind of support funded by PEPFAR. These funds support community- and family-based service provision but do not support the expansion of institutional care.

2.1.8 Total War against AIDS (TOWA)
The World Bank, DFID, and the government provide funding through the Total War against AIDS (TOWA) project (Zosa-Feranil, Monahan, Kay and Krishna, 2010). TOWA supports a
range of services offered by NGOs to children at the community level, sometimes complementary to those provided through the CTP. Many children receive support through very small community- and family-based initiatives. According to respondents, these efforts are not included in national data collection and plans.

2.1.9 Organizations Providing OVC Services in Kenya
The exact number of organizations working on OVC in Kenya is not yet known. However, according to the Kenya Research Situation Analysis on Orphans and Other Vulnerable Children Report, most of the organizations providing OVC services in Kenya are non-Governmental organizations (78%). The rest include governmental (9%), private-not for profit (4%), faith-based organizations and community based organizations (4%) and multilateral organization (4%). Figure 2.1 presents the breakdown of the approximate percentage of organizations offering OVC services in Kenya.

Figure 2.1: Types of Organizations Providing OVC Services in Kenya

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and Nutrition</td>
<td>52%</td>
</tr>
<tr>
<td>Shelter and Care</td>
<td>57%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>78%</td>
</tr>
<tr>
<td>Health Care</td>
<td>57%</td>
</tr>
<tr>
<td>Education and Vocational Training</td>
<td>65%</td>
</tr>
</tbody>
</table>
2.1.10 Services Provided by the OVC Organizations

According to the Kenya Research Situation Analysis on Orphans and Other Vulnerable Children Report, various OVC organizations provided one or more types of care. Seventy-eight percent of organizations provide protection against abuse and exploitation and 65% provide psychosocial support and education and vocational training. Just over half of these organizations (52%) offer food and nutrition services in the form of food assistance, nutrition counseling and education, and food security support (e.g., seed supply and gardening).

**Figure 2.2: Types of services provided by OVC organizations**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Food and Nutrition</th>
<th>Shelter and Care</th>
<th>Child Protection</th>
<th>Health Care</th>
<th>Education and Vocational Training</th>
<th>Psychosocial Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>52%</td>
<td>57%</td>
<td>78%</td>
<td>57%</td>
<td>65%</td>
<td>65%</td>
</tr>
</tbody>
</table>

2.2 Theoretical framework

This section reviews theories and models that support the research project. Discussed are: theory of change, planning theory and logic model.

2.2.1 Theory of Changes

A theory of change (TOC) is a tool for developing solutions to complex social problems. A basic TOC explains how a group of early and intermediate accomplishments sets the stage for
producing long-range results. A more complete TOC articulates the assumptions about the process through which change will occur and specifies the ways in which all of the required early and intermediate outcomes related to achieving the desired long-term change will be brought about and documented as they occur (Anderson, A. 2005).

Community initiatives are sometimes planned without an explicit understanding of the early and intermediate steps required for long-term changes to occur; therefore, many assumptions about the change process need to be examined for program planning or evaluation planning to be most effective. A TOC creates an honest picture of the steps required to reach a goal. It provides an opportunity for stakeholders to assess what they can influence, what impact they can have, and whether it is realistic to expect to reach their goal with the time and resources they have available.

2.2.1 Planning theory

Planning as a method involves making conscious choices of techniques and criteria in each of these stages: 1) defining the problem to be addressed for action or policy intervention, 2) modeling and analyzing the situation for the purpose of intervention with specific policy instruments, institutional innovations or methods of social mobilization, 3) designing one or more solutions which are typically expressed in terms of futurity, space, resource requirements, implementation procedures, procedures for feedback and evaluation, and 4) ex-ante evaluation of the proposed alternative solutions (Friedmann 1987).

2.2.2 Logic Model

The Logic Model process is a tool that has been used for more than 20 years by program managers and evaluators to describe the effectiveness of their programs. The model describes logical linkages among program resources, activities, outputs, audiences, and short-,
intermediate-, and long-term outcomes related to a specific problem or situation. Once a program has been described in terms of the logic model, critical measures of performance can be identified (McLaughlin, J.A. and G.B. Jordan. 1999).

Logic models are narrative or graphical depictions of processes in real life that communicate the underlying assumptions upon which an activity is expected to lead to a specific result. Logic models illustrate a sequence of cause-and-effect relationships—a systems approach to communicate the path toward a desired result (Millar, A., R.S. Simeone, and J.T. Carnevale. 2001)

Table 2.1: Logic Model

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>The financial &amp; human resources needed to operate the program</td>
<td>Undertakings that consume time and energy</td>
<td>Units of service resulting from activities</td>
<td>Changed conditions for program participant</td>
<td>Change in organizations, communities or systems</td>
</tr>
</tbody>
</table>

2.3 Empirical Literature Review

Atana, P. et al (1999) in a study on *Are orphans at increased risk of malnutrition in Malawi?*, compared the nutritional status and health problems of village orphans, non-orphans and orphanage children, and identified factors associated with under nutrition. A cross-sectional study was conducted in three orphanages and two villages near Blantyre, Malawi. Seventy-six orphanage children, 137 village orphans and 80 village non-orphans were recruited. Anthropometric measurement was done and guardians were interviewed. In the group of children aged <5 years, the prevalence of under nutrition in orphanage children was 54.8% compared with
33.3% and 30% of village orphans and non-orphans, respectively. Sixty-four per cent of young orphanage children were stunted compared with 50% of village orphans and 46.4% of non-orphans.

The mean (SD) Z-score of height/age was significantly lower in the orphanage group, -2.75 (1.29) compared with -2.20 (1.51) and -1.61 (1.57) in the village orphan and non-orphan groups (p<0.05). Conversely, older orphanage children (>5 years) were less stunted and wasted than orphans and non-orphans in villages. Illness of children in the last month was reported to be higher in the non-orphan group, especially diarrheal disease, which occurred in 30% compared with 10.8% of village orphans and 6.6% of orphanage children. More than three children in a family being cared for by guardians was significantly associated with under nutrition. Orphanage girls were more likely to be malnourished than orphanage boys. Children who had been admitted to an orphanage for more than a year were less malnourished.

In village orphans, there was no association between under nutrition and duration of stay in extended families. Age and education of guardians were not associated with the nutritional status of children. The study concluded that young orphanage children are more likely to be undernourished and more stunted than village children. Older orphanage children seem to have better nutrition than village orphans. There was no significant difference in nutritional status between village orphans and non-orphans.

These studies support the argument that orphans and vulnerable children are at a highly prone to psychological, emotional, health, economic and social problems. These problems are aggravated even further because of the pressure on the extended family that is left with the responsibility of giving care and guidance to the OVCs. However, the studies do not show the contributions made by the donor funded OVC programs which have been introduced to offer support to the extended...
family. Thus, the study wants to determine the effectiveness of the OVC services to the wellbeing of the OVCs.

According to a research undertaken by Tonya R. T. et al (2006) on *Sexual risk behavior among South African adolescents: is orphan status a factor?*, there is concern that orphans may be at particular risk of HIV infection due to earlier age of sexual onset and higher likelihood of sexual exploitation or abuse. Utilizing data from 1,694 Black South African youth aged 14-18, of whom 31% are classified as orphaned, this analysis explored the relationship between orphan status and sexual risk. The analysis found both male and female orphans were significantly more likely to have engaged in sex as compared to non-orphans (49% vs. 39%).

After adjusting for socio-demographic variables, orphans were nearly one and half times more likely than non-orphans to have had sex. Among sexually active youth, orphans reported younger age of sexual intercourse with 23% of orphans having had sex by age 13 or younger compared to 15% of non-orphans.

In another study, Laura R. et al (2010) on *Sexual risk among orphaned adolescents: is country-level HIV prevalence an important factor?*, developed a theoretical framework for the investigation of determinants of HIV risk and used it to generate specific hypotheses regarding the effect of country-level HIV prevalence on the sexual risk experience of orphans. The study found that countries with high HIV prevalence experienced a higher prevalence of orphanhood. It also found that orphans in countries with high HIV prevalence experienced increased sexual risk, compared to non-orphans, due to pressure on the extended family network, which is primarily responsible for the care of orphans in sub-Saharan Africa, resulting in poorer standards of care and guidance.
Nomlindo, D. and Reshmna, S. (2008) in a study on *Experiences of Children Heading Households in Hammarsdale, KwaZulu-Natal, South Africa,* explored the experiences of children who are heads of households, particularly with regard to the psychological, emotional and social effects of heading a household, and access to schooling and support services. Fifteen children (females, n=9; males, n=6; age range 3 to 18) participated. Data were collected using in-depth interviews. Content analysis was employed in the qualitative analysis of the data. The findings revealed that many children from child-headed households lived in poverty, experienced psychological and emotional problems, received limited or no support from relatives and had irregular school attendance. Children heading households face ongoing challenges in relation to fulfilling their basic needs for food, clothing, shelter and security.

In view of the above studies, there is need to evaluate OVC interventions by the various organizations in order to highlight the benefits and the challenges faced. The current study is to evaluate OVC donor funded projects in Bahari District, Kilifi County. This will tend to provide the encouragement to the growth and development of the OVC interventions even further.

### 2.4 Research Gap

For the studies reviewed above, data was collected for other African countries. In this study, data will be collected from Bahari district, Kilifi County in Kenya to determine and describe the effectiveness of OVC donor funded project on the wellbeing of OVCs using a descriptive survey design with a view of highlighting the benefits and challenges of the initiatives. The study will also provide an opportunity for stakeholders to assess what they can influence, what impact they can have, and whether it is realistic to expect to reach their goal with the time and resources they have available.
Mugenda and Mugenda (2003), defines a conceptual framework as a hypothesized model identifying the concepts under study and their relationships. In this framework, the OVC interventions are seen to improve the growth and development the OVCs because of the services being offered by the OVC organizations. These services include but are not limited to food and
3.0 Introduction

This chapter presents the research methods that will be employed in this study. The methods discussed include the research design, sampling techniques, data collection and data analysis techniques that will be used in the study.

3.1 Research Design

The study used the descriptive survey design. The design involved the investigation of populations by selecting samples to analyze and discover occurrences. The design was used to evaluate the project interventions on the wellbeing of the OVCs. The study used this design because it provided a deeper understanding of the research problem. It was also convenient to the study due to its cost-effectiveness and ability to rapidly collect data.

3.2 Population and Sampling

This section reviews the target population and sampling design that were used to evaluate the study.

3.2.1 Target Population

The target populations for purposes of this study were households with OVCs and the management of organizations offering OVC services, in Bahari district in Kilifi County. Estimates from the Bahari District Children Department showed that there are about 2000 OVCs households in Bahari District and 500 OVCs households in Bahari district in Kilifi County. All the 500 households participated in the study. Mugenda and Mugenda (2003), state that, the target
population should have some observable characteristics, to which the study intends to generalize the results of the study.

3.2.2 Sampling Design

In this study, the sample consisted of five (5) key informant interviewees drawn from the management of organizations in the area responsible for offering OVC services. The sample also consisted of fifty (50) respondents drawn from the households with OVCs around Bahari district. This gave a total of fifty five (55) participants in the study. This number was chosen considering the objectives to be met by the study and the economic and time constraints of the study.

The selection of the respondents to be included in the study sample was done through stratified random sampling and purposive sampling techniques. A stratified random sample is a useful blend of randomization and categorization, which enables both quantitative and qualitative process of research to be undertaken (Cohen, 2003). In this study, the 500 OVCs households were divided into two groups according to gender (250 boys and 250 girls).

From each stratum, 10% which is equal to 25 households were sampled randomly. This agrees with Kerlinger (1986) who notes that a sample size of between 10% and 30% will be a good representation of the entire population. Simple random sampling ensured that each member of the target population had an equal and independent chance of being included in the sample. This will ensure that the results obtained will be representative of the target population.

Purposive sampling technique was used to select the five (5) key informant interviewees from among the management of the OVC organizations in the area. Purposive sampling is a technique that allows the study to decide the members to include in the sample based on their typicality and usefulness to the study. The study has settled for this technique because it allows for selection of
nutrition, education and health care. Others include; shelter and care, vocational training, and psychosocial support.

For this study, these services are considered as the independent variables while the wellbeing of the OVCs is the dependent variable which is affected by the OVC services offered. Government policies and guidelines on OVCs are the intervening variables in that the policies and guidelines ensure the service provider meet certain qualities e.g. provision of balanced diets, quality education, proper shelter, legal support for vulnerable children, and quality services at health facilities.
members in the target population with key or crucial information that assisted the study to understand and describe the phenomenon effectively.

3.3 Data Collection

This section discusses instruments and the research procedure used in obtaining data to evaluate the donor funded projects in Bahari District.

3.3.1 Instrumentation

Questionnaires, interviews and document analysis was used as the main tools for collecting data in this study. The selection of these instruments have been guided by the nature of data to be collected, the time available as well as by the objectives of the study. The overall aim of the study was to determine and describe the effectiveness and impacts of the OVC interventions on the wellbeing of the OVCs. The study was mainly concerned with the facts, views, opinions perceptions, feelings and attitudes about the phenomenon under study. Such information is best collected using the three instruments.

Document analysis is the critical examination of public or private recorded information related to the issue under investigation (W. Yuko and D. Onen). This technique was used to collect factual data about the magnitude of the OVC problem, the OVC services offered, and the number of OVCs accessing the OVC services. The study used this technique because of its convenience in terms of time and the nature of the data needed.

The study administered a semi-structured interview instrument among some key informants. Interview involves a person to person verbal communication in which the researcher asks questions intended to elicit information or views and opinions (W. Yuko and D. Onen). This enabled the study to collect information that cannot be directly observed or are difficult to put down in writing. The technique was also be used to obtain historical information.
information collected using this technique was useful for a fuller explanation of the phenomenon under investigation.

Questionnaires were used since the study is concerned also with variables that cannot be directly observed such as views, opinions, perceptions and feelings of the respondents. A questionnaire is a collection of questions to which the respondent is expected to react in writing. The study chose to use this technique because of the need to collect a lot of information over a short period time. The target population is also largely literate and is unlikely to have difficulties responding to questionnaire items.

3.3.2 Research Procedure

There were structured questionnaires covering the various aspects covered in the study design document prepared. The questionnaires were administered by hired enumerators for five (5) days to 50 respondents to gather the required quantitative data and a bit of qualitative data since there were several open-ended questions in the questionnaire.

Key informant interviews were used to gather in-depth information on the subject matter of the study. The focus was on respondents such as the management of organizations offering OVC services. The key informant interviews were done using a pre-prepared interview guide which was earlier approved by the research supervisor.

3.4 Quality Control

Validity shows whether the items measure what they are designed to measure (Borg and Gall, 1989). Pre-testing was conducted to assist in determining accuracy, clarity and suitability of the research instruments. Borg and Gall (1989) notes that two to three cases are sufficient for some pilot studies. For this study, a sample of five was sufficient to conduct the pre-test. The purpose
of the pre-test was to assist the studies identify the items which could be inadequate and
necessary corrections were then made, and ambiguous questions reframed.

Content validity was examined to ensure the instruments would answer all the research questions
(Borg and Gall, 1996). Based on the analysis of the pre-test results, the researcher made
corrections, adjustments and additions to some research instruments.

The study will also take into consideration the reliability of the instruments i.e. the dependability,
consistency or trustworthiness of an instrument. The test items will be divided into two halves
with items matched on content and difficulty and the scores of the two halves will be scored
separately. If an instrument is reliable the scores on the two halves will have high association
(Cohen, Manion and Morrison, 2007). From the results of the pre-test the two scores of each
respondent will be computed separately. The Pearson Product Moment Correlation coefficient
will be used.

3.5 Data Analysis
All the questionnaires and interview schedules completed each day were checked for
completeness at two levels: One by the enumerators and then the researcher. This ensured that
many anomalies detected are corrected while still in the field. Certain questions in the
instruments will be designed to give very closely related information. Technically, this was done
deliberately in order to be able to assess the consistency of the responses.

All the questionnaires from the field were collected for further processing. They were edited and
coded. The coded data was further be edited to search for illegal codes, omissions, logical
inconsistencies and any error found were referenced back to the original data forms
(questionnaires) and the necessary corrections made. Primary data collected was analyzed using
Statistical Package for Social Scientists (SPSS Version 17) to give frequency distributions and
cross tabulations of key variables. The results were presented using tables, graphs and charts for ease of understanding.
CHAPTER 4: DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This study evaluated OVC donor funded projects in Bahari District in Kilifi County using a descriptive survey design with a view of highlighting the benefits and challenges of the initiatives. Primary data collected was analyzed using Statistical Package for Social Scientists (SPSS Version 17) to give frequency distributions and cross tabulations of key variables. The results were presented using tables, graphs and charts for ease of understanding.

4.2 General information

From the interviews carried out among the organizations offering OVC services the researcher found out that the magnitude of OVC situation in Bahari district is not alarming but it is on an upward trend. This is mainly attributed from poverty situation among many households and the deaths caused by HIV/AIDS, Tuberculosis and accidents. The general profile of the Household respondents is as presented below.

Figure 4.1: Gender of the Household Respondents

- 28 -
The figure above indicates that out of the 55 respondents, majority of the household respondents (60%) were female and (40%) were male.

**Figure 4.2: Age of the Household Respondents**

The figure above shows that all the household respondents were adults above 20 years. This shows that at least the OVCs are handled by mature guardians. On the same it is seen that majority of these are within the bracket of working class i.e. between the age of 20-60 years.
The figure above shows that a majority of the respondents at least attended primary school, 48% closely followed by respondents who had not attended any form of formal schooling, 38%. None of the respondents has had access to tertiary.

Figure 4.4: Marital Status of the Household respondents
The figure above shows the respondent marital status where majority of the respondents were either: single 26%, divorced 6% or widowed 30%. The rest were married 38%.

### Table 4.1: Employment status of respondents

<table>
<thead>
<tr>
<th>No of Children per household</th>
<th>FORMAL</th>
<th>INFORMAL</th>
<th>NOT EMPLOYED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>ABOVE 4</td>
<td>0</td>
<td>13</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>18</td>
<td>32</td>
<td>50</td>
</tr>
</tbody>
</table>

The table above shows the relationship between the total numbers of children per household against employment status of the household respondents. It is clear that majority of the children are under the care of informal and non-employed household respondents. This implies that these household require a lot of support as they are self-supporting or have no stable source of income.
The figure above shows the total number of non-biological children per household. It appears that half of the household only host biological children while the others are distributed evenly among the other categories. From the same it is clear that ten out of fifty households can be able to sustain at least a single child but with the increasing numbers very few households are able to support the non-biological children.

4.3 The Services Offered by OVC Organizations in Bahari District

The first objective of this study was to determine the kind of services offered by OVC organization in Bahari District. To achieve this objective households within the area were asked to respond to several statements intended to describe their preferences about the various OVC services. The researcher also interviewed management staff of the OVC organizations within the area to obtain information about the services they offer. The results obtained are summarized in the figures below.
The results in figure 4.6 above suggest that education, 27% was the most preferred support need followed by skills training, 25% financial, 23% medical, 17% psychosocial, 7% and shelter 1% among the households in Bahari district. This is an indication that education is the priority need among the OVCs in the area. This could explain the response by OVC organizations as indicated in figure 4.9.
The results of the figure above indicate that majority (64%) of the households do not receive OVC support. This result suggests that more needs to be done by the organizations providing OVC services in their coverage.

**Figure 4.8: OVC Support Providers**

- Guardians: 19%
- Other Relatives: 9%
- CBO: 5%
- NGO: 19%
- FBO: 48%
- Government: 0%
The figure above shows that the NGOs (48%) in the area are the biggest OVC support providers while the Government is seen as the least contributor of the same. The CBOs and FBOs seem to have equal contribution (19%) while the guardians (9%) and other relatives (5%) have also been seen to help in service provision.

Figure 4.9: Services Provided by OVC Support Organizations

<table>
<thead>
<tr>
<th>Category</th>
<th>Financial</th>
<th>Education</th>
<th>Medical</th>
<th>Nutrition</th>
<th>Shelter</th>
<th>Psychosocial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentages (%)</td>
<td>8</td>
<td>42</td>
<td>25</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

The results in above table and figure show that educational support, 42% is provided by majority of the organizations in the area followed by medical support, 25% and the rest at 8%. These show that the organizations are only responsive to one priority need of the community as indicated in figure 4.6. The other kinds of support have sparingly been provided.
4.3.1 Challenges faced by OVC organizations in providing OVC support

The major challenges experienced by the OVC service providers in Bahari district are:

1. Stigmatization of beneficiaries
2. Financial constrains by service providers
3. Limited resources versus large vulnerable populations
4. Great expectations from the beneficiaries
5. Corruption among the officer

4.4 Average Number of Meals Taken in a Day by OVC Beneficiaries in Bahari District

The second objective of this study was to determine the average number of meals taken in a day by OVC beneficiaries in Bahari district. To achieve this objective the researcher asked the household respondent to provide information about the number of meals taken in a day and whether the meals were nutritious. The results are as shown below.

Figure 4.10: The Number of Meals per Day in a Household
Figure above indicates that majority of the OVC enjoy two meals (44%) while 42% take three meals in a day and 14% enjoyed a single meal in a day. Therefore this is an indication that meals are not a major problem.

Figure 4.11: Household Perceptions on Meal Nutrition Status

The results in figure 5.1 above indicate that as much as meals may not be a problem to the OVCs as seen in figure 5.0, 68% of the respondents had a negative perception regarding need for taking a balanced diet.

4.5 Percentage of School Attendance by OVC Beneficiaries in Bahari District.

The third objective of this study was to obtain the percentage School Attendance by OVC Beneficiaries in Bahari District. The researcher was able to achieve this by obtaining data indicating whether they attended school and their performance. The results are as shown in the figures below.
The figure above shows that nearly every OVC beneficiary (96%) attended school. This is supported by the fact that education is the most provided service by the OVC organizations as seen in figure 4.9. Also introduction of free primary education greatly contributed to the high attendance of school.

Figure 4.13: OVC School Progress
The figure above indicates that majority of the OVC beneficiaries are performing above average in Bahari district. This still can be supported by figure 4.9 where education is the most provided support.

4.6 Accessibility of Health Care Services by OVC Beneficiaries in Bahari District

The fourth objective of this study was to assess the accessibility of Health Care Services by OVC Beneficiaries in Bahari District. The results of this are as summarized in Figure 5.4.

**Figure 4:14: OVC Accessibility to Health Care services**

![Pie chart showing accessibility to health care services]

The figure above indicates that majority of the OVC beneficiaries (72%) have no access to health care services. This shows that even if medical support is one of the services that is provided by majority of the organizations, many OVC beneficiaries have not been able to access the service. This could be attributed to poor health seeking behavior by the community, financial constrain
by service providers, corruption among officers implementing the projects and limited resources versus large vulnerable populations that require support.
CHAPTER 5: DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

These chapter aims at discussing the findings of this study, drawing conclusions and recommending areas of future studies for other scholars. These study evaluated OVC donor funded projects in Bahari District in Kilifi County using a descriptive survey design with a view of providing an opportunity for stakeholders to assess what they can influence, what impact they can have, and whether it is realistic to expect to reach their goal with the time and resources they have available.

5.2 General Findings

In this study, the sample consisted of five (5) key informant interviewees drawn from the management of organizations in the area responsible for offering OVC services. The sample also consisted of fifty (50) respondents drawn from the households with OVCs around Bahari district giving a total of fifty five (55) participants in the study.

From the interviews carried out among the organizations offering OVC services the researcher found out that the magnitude of OVC situation in Bahari district is not alarming but it is on an upward trend. This is mainly attributed to poverty among many households and the deaths of parent and bread winners. Leading causes of death were listed as: HIV/AIDS, tuberculosis and accidents. Majority of the household respondents (60%) were female and (40%) were male. All the household respondents were adults above 20 years; these shows that at least the OVCs are handled by mature guardians. On the same it is seen that majority of these are within the bracket of working class i.e. between the age of 20-60 years.
The findings also indicate that majority of the respondents at 48% attended primary school, closely followed by respondents who had not attended any form of formal schooling at 38%. None of the respondents has had access to tertiary education. It is clear that majority of the children are under the care of informal employed (32%) and non-employed (64%) household respondents.

These findings imply that these household require a lot of support as they are self-supporting or have no stable source of income. It was also noted that ten out of fifty households can be able to sustain at least a single child but with the increasing numbers very few households are able to support the non-biological children.

5.2.1 Services offered by OVC organizations and government

The first objective was to identify the services offered by OVC organizations in Bahari district. Data analysis and interpretation of responses from the 55 respondents revealed the following major findings under the objective. It revealed that education was the most preferred support need at 27%, followed by skills training 25%, financial 23%, medical 17%, psychosocial 7% and shelter 1% among the households in Bahari district. This is an indication that education is the priority need among the OVCs in the area.

The findings indicate that majority 64% of the households do not receive OVC support as opposed to 36% who receive support from government and other OVC organizations. These results suggest that more needs to be done by the organizations providing OVC services in their coverage. The findings further show that the NGOs in the area are the biggest OVC support providers at 48% while the Government, 5% is seen as the least contributor of the same. The CBOs and FBOs seem to have equal contribution of 19% while the guardians 9% and other
relatives have also been seen to help in service provision. This finding is true to the literature review that shows that NGO’s fund 78% of OVC projects.

The study clearly shows that educational support, 42% is provided by majority of the organizations in the area followed by medical care, 25% while financial support, nutritional support, shelter and psychosocial support are at 8% each.

The findings also show that provision of these services by government and organization has challenges. The major challenges experienced by the OVC service providers in Bahari district are: stigmatization of beneficiaries, financial constraints, limited resources, great expectations from the beneficiaries and corruption among the officers.

These findings indicate that the key areas namely: education, skills training, medical care, shelter, psychosocial and financial support that would contribute to the wellbeing of an OVC are supported. The top 3 priorities of most respondents are: education 27%, skills training 25% and financial support 23%. These owe to the fact that OVC households are eager to embrace opportunities that will enable them to provide food, shelter and other basic necessities.

Education is viewed as an opportunity for employment, skills training is viewed as an opportunity for income generation and financial support is viewed as an opportunity to provide capital to start income generating activities. The main reason is to escape poverty hence reduce vulnerability.

Previous studies have linked poverty to vulnerability of orphaned children. A good example is study by Nomlindo, D. and Reshmna, S. (2008) on Experiences of Children Heading Households in Hammarsdale, KwaZulu-Natal, South Africa. The study explored the experiences of children who are heads of households, particularly with regard to the psychological, emotional and social effects of heading a household, and access to schooling and support services.
The findings revealed that many children from child-headed households lived in poverty, experienced psychological and emotional problems, received limited or no support from relatives and had irregular school attendance. Children heading households face ongoing challenges in relation to fulfilling their basic needs for food, clothing, shelter and security.

However, there is a gap in needs assessment and service provision by government and OVC organizations. Services provided, other than education do not match with the priorities of the beneficiaries. Findings from this study indicate that skills’ training is not being supported by any service provider and financial support receives a minimal 8%. These owes to a gap in needs assessment at the initial project phase.

Planning theory as a method involves making conscious choices of techniques and criteria in each of these stages by: 1) defining the problem to be addressed for action or policy intervention, 2) modeling and analyzing the situation for the purpose of intervention with specific policy instruments, institutional innovations or methods of social mobilization, 3) designing one or more solutions which are typically expressed in terms of futurity, space, resource requirements, implementation procedures, procedures for feedback and evaluation, and 4) ex-ante evaluation of the proposed alternative solutions. Service providers have to adopt the planning theory to bridge the gap in provision of services and the priorities of the beneficiaries.

Only 36% of the respondents as opposed to 64% received any form of support from the government or other organizations. Out of the 36% respondents who are supported, a majority are supported by NGO’s 48%, while 19% are supported by FBO’s and a similar percentage by CBO’s. The rest are either being supported by guardians or the government. These owe to the difficulties experienced by service providers. These challenges include but not limited to: stigmatization of beneficiaries, financial constrain by service providers, corruption among
officers implementing the projects, limited resources versus large vulnerable populations that require support and great expectation from the community.

Findings clearly show that NGO’s have taken a lead role in supporting OVC’s followed by FBO’s and CBO’s. Despite very good policies being drafted by the government of Kenya, and having a Ministry of Gender and Social Services, the government appears to take a laid back role in service provision at 5%. It must however be noted that all service providers in the district have to get registered and approved by the government. The coordination of service provision is done by the District Children Officer.

5.2.2 Average Number of Meals Taken in a Day by an OVC

The second objective was to determine average number of meals taken in a day by OVC beneficiaries in Bahari district. Data analysis and interpretation of responses from the 55 respondents revealed the following major findings under the objective. It revealed that majority of the OVC enjoy two meals (50%) and three meals (47%) in a day; while 16% enjoyed a single meal in a day.

These findings indicate that meals are not a major problem. From the study findings of preference of support needs by household respondents (figure 4.6) food support did not feature among the needs. Study further shows that service providers support nutrition at 8%. This support could be a contribution to a majority of the beneficiaries enjoying two to three meals in a day. Bahari district has a rural set up with vast lands available for farming. Most of the families own small farms for planting food for household consumption. These could explain why majority of the families enjoy two to three meals a day. For the families that only have a single meal a day, poverty could be the major reason.
Another finding revealed under objective two, is the nutritional value from the meals. It was clear from the study that OVC households had a poor perception of meal nutritious status. Only 32% of the respondents took a balanced diet while 68% of the respondents did not consider balanced diet as an important factor to consider. These owe to the fact that the population in the study area lack knowledge on importance of balanced diet.

Nutrition support is not aggressively supported by service providers at as it is at 8% funding. This is one of the gaps in service provision as the well-being of OVC is an all-round process that touches on the key pillars namely: education, medical care, shelter and nutrition. Inadequate support for nutrition will in one way or another slow the achievement of an all-round orphaned and vulnerable child.

Previous studies that touched on OVC and nutrition include: Ratana, P. et al (1999) in a study on Are orphans at increased risk of malnutrition in Malawi?. Compared the nutritional status and health problems of village orphans, non-orphans and orphanage children, and identified factors associated with under nutrition. The study concluded that young orphanage children are more likely to be undernourished and more stunted than village children. Older orphanage children seem to have better nutrition than village orphans.

There was no significant difference in nutritional status between village orphans and non-orphans. These studies support the argument that orphans and vulnerable children are at a highly prone to psychological, emotional, health, economic and social problems. These problems are aggravated even further because of the pressure on the extended family that is left with the responsibility of giving care and guidance to the OVCs.

Community initiatives are sometimes planned without an explicit understanding of the early and intermediate steps required for long-term changes to occur; therefore, many assumptions about
the change process need to be examined for program planning or evaluation planning to be most effective. Theory of Change creates an honest picture of the steps required to reach a goal. It provides an opportunity for stakeholders to assess what they can influence, what impact they can have, and whether it is realistic to expect to reach their goal with the time and resources they have available.

It might be necessary for government and service providers to use Theory of Change for an all-inclusive planning to reach the goal of improving the well-being of OVC’s. This will address issues of underfunding important components like nutrition programs.

5.2.3 School Attendance by OVCs

The third objective was to obtain the percentage of school attendance by OVC beneficiaries in Bahari district. Data analysis and interpretation of responses from the 55 respondents revealed the following major findings under the objective. It revealed that nearly every OVC beneficiary (96%) attended school. These is supported by the fact that education is the most preferred, 27% by respondents and also the most provided service, 42% by the OVC organizations as seen in figure 4.6 and 4.9 respectively. Introduction of free primary education in the past 10 years by the government greatly contributed to the high attendance in school.

Data analysis and interpretation of responses also revealed that majority of the OVC beneficiaries are performing above average in Bahari district; 21% performing very well, 31% doing well and 17% performing fairly. The remaining performed poorly and very poorly at 6% and 25% respectively. These still can be supported by figure 4.6 and 4.9 clearly indicating that education is the most preferred support and at the same time the most supported.

These findings indicate that the population of Bahari district has a high regard to education. This owe to the fact that education is considered as an opportunity to escape from poverty. Education
improves the chances of employment whether formal or informal; hence ability to generate income for OVC households and consequently provide basic need like food, clothing and shelter. Previous studies that link education to the well-being of OVC’s include Nomlindo, D. and Reshmna, S. (2008) in a study on Experiences of Children Heading Households in Hammarsdale, KwaZulu-Natal, South Africa, explored the experiences of children who are heads of households, particularly with regard to access to schooling and support services. The findings revealed that many children from child-headed households lived in poverty, experienced psychological and emotional problems, received limited or no support from relatives and had irregular school attendance. Children heading households face ongoing challenges in relation to fulfilling their basic needs for food, clothing, shelter and security.

The Logic Model process is a tool that has been used for more than 20 years by program managers and evaluators to describe the effectiveness of their programs. The model describes logical linkages among program resources, activities, outputs, audiences, and short-, intermediate, and long-term outcomes related to a specific problem or situation. Logic models illustrate a sequence of cause-and-effect relationships—a systems approach to communicate the path toward a desired result. In these context, the input (financial and human resource) channeled into education has resulted in positive outputs of 96% school attendance. The outcome (changed condition for project beneficiaries) and impact (change in the community) is a gap for future studies to conduct.

5.2.4 Access to Health Care Services

The fourth objective was to assess access to health care services by OVC beneficiaries in Bahari district. Data analysis and interpretation of responses from the 55 respondents revealed the
following major findings under the objective. It revealed that majority of the OVC beneficiaries (72%) have no access to health care services. These findings indicate even if medical support is one of the services that is provided by majority of the organizations, many OVC beneficiaries have not been able to access the service.

These could be attributed to poor health seeking behavior by the community, financial constrain by service providers, corruption among officers implementing the projects and limited resources versus large vulnerable populations that require support.

Laura R. et al (2010) conducted a study on Sexual risk among orphaned adolescents: is country-level HIV prevalence an important factor?. The study developed a theoretical framework for the investigation of determinants of HIV risk and used it to generate specific hypotheses regarding the effect of country-level HIV prevalence on the sexual risk experience of orphans. The study found that countries with high HIV prevalence experienced a higher prevalence of orphanhood.

It also found that orphans in countries with high HIV prevalence experienced increased sexual risk, compared to non-orphans, due to pressure on the extended family network, which is primarily responsible for the care of orphans in sub-Saharan Africa, resulting in poorer standards of care and guidance. It is therefore clear that access to proper medical care is essential to the well-being and survival of OVC’s.

5.3 Conclusion

The study specifically sought to: 1) identify the services offered by OVC organizations in Bahari district; 2) to determine average number of meals taken in a day by OVC beneficiaries in Bahari district; 3) to obtain the percentage of school attendance by OVC beneficiaries in Bahari district; 4) to assess access to health care services by OVC beneficiaries in Bahari district.
The results suggest that more needs to be done by the organizations providing OVC services in their coverage. It is clear that educational support 42% is provided by majority of the organizations in the area followed by medical care 25% while financial support, nutritional support, shelter and psychosocial support are at 8% each. The findings also show that provision of these services by government and organization has challenges. The major challenges experienced by the OVC service providers in Bahari district are: stigmatization of beneficiaries, financial constraints, limited resources, great expectations from the beneficiaries and corruption among the officers.

It was shown that majority of the OVC enjoy two meals (50%) and 47% take three meals in a day while 16% enjoyed a single meal in a day. These findings indicate meals are not a major problem. From the study findings of preference of support needs by household respondents (figure 4.6) food support did not feature among the needs. Study further shows that service providers support nutrition at 8%. This support could be a contribution to a majority of the beneficiaries enjoying two to three meals in a day. Bahari district has a rural set up with availability of lands for farming. Most of the families own small farms that the plant food for household consumption. These could explain why majority of the families enjoy two to three meals a day. For the families 16% that only have a single meal a day, poverty could be the leading factor.

Another finding revealed under objective two is the nutritional value from the meals. It was clear from the study that OVC households had a poor perception of meal nutritious status as only 32% of the respondents took a balanced diet while 68% of the respondents did not consider balanced diet as an important factor. Nearly every OVC beneficiary 96% attended school. These is supported by the fact that education is the most preferred (27%) by respondents and also the
most provided service (42%) by the OVC organizations as seen in figure 4.6 and 4.9 respectively. Introduction of free primary education in the past 10 years by the government greatly contributed to the high attendance in school.

Data analysis and interpretation of responses also revealed that majority of the OVC beneficiaries are performing above average in Bahari district with 21% performing very well, 31% doing well and 17% performing fairly. The remaining performed poorly and very poorly at 6% and 25% respectively. These still can be supported by figure 4.6 and 4.9 clearly indicating that education is the most preferred support and at the same time the most supported. Majority of the OVC beneficiaries (72%) have no access to health care services. These findings indicate that even if medical support is one of the services that is provided by majority of the organizations, many OVC beneficiaries have not been able to access the service.

In view of these findings, the study concludes that indeed there are service providers in Bahari district ranging from NGO’s, FBO’s, CBO’s and government. They support a range of services namely education support, medical care, nutrition support and psychosocial support. There is however a gap in needs fulfillment because findings clearly indicated that the respondents prioritized shelter, skills training and financial support. The findings also show nutrition support received minimal support among the services being offered. However a majority of the respondents took two to three meals a day.

Study also shows that a majority of respondents had a negative perception on the importance of balanced diet. These showed a gap in support of nutrition programs and lack of formation on importance of balanced diet. These findings further showed majority of the OVC’s attend school and perform above average. This was attributed to massive support in education by service providers. Positive attitude towards education as an opportunity to get out of poverty and free
primary education are other contributing factors that further increased school attendance by the respondents. These finding clearly shows a causal effect in input versus output in that, organizations and government support education the most and in return, it has the most satisfying results as applied by the logic model.

Study clearly indicated that access to health care was low. These owed to poor health seeking behavior of the community and challenges faced by service providers’ key among them being: financial constrains, corruption from officers implementing the programs and stigmatization of beneficiaries. These means the study findings clearly pointed out the challenges being faced by service providers. These however did not deter them from providing the services; it in fact provides an opportunity for service providers to plan better and understand the beneficiaries uniqueness.

The study also pointed out the gaps in needs assessment whereby respondent’s priorities differed with service providers priorities. An interesting finding to note is the high percentage of education uptake at 96%. These owed to the fact that the respondents prioritized education as a need and the service providers massively supported education at 27%. This goes to show that, if the needs of the OVC beneficiaries are properly assessed and met, there are high chances of satisfactory results. The opposite is true with medical support which was rated low 17% among the needs of the respondents yet that was the second most supported service. It has a very low uptake of 28% because of the communities’ poor health seeking behavior and perhaps alternative medicine. These relationships are the conclusions of the study.
5.4 Recommendations

The study revealed that there are gaps in needs assessment whereby respondent’s priorities differed with service providers priorities. An interesting finding to note is the high percentage of education uptake at 96%. These owed to the fact that the respondents prioritized education as leading need and the service providers massively supported education at 27%. This goes to show that, if the needs of the OVC beneficiaries are properly assessed and met, there are high chances of satisfactory results. The opposite is true with medical support which was rated low 17% among the needs of the respondents yet that was the second most supported service. It has a very low uptake of 28% because of the communities’ poor health seeking behavior and perhaps use of alternative medicine.

The study findings clearly pointed out the challenges being faced by service providers. These however did not deter them from providing the services; it in fact provides an opportunity to plan better and understand the beneficiaries’ unique needs.

It is against this background that the recommendations below are made. Despite its limitation, this study enabled understanding of the magnitude of the OVC problem and provide an opportunity for stakeholders to assess what they can influence, what impact they can have, and whether it is realistic to expect to reach their goal with the time and resources they have available.

1) Basing generalizations of the findings of this study, the researcher recommends that service providers improve on the needs assessment of the OVC beneficiaries; thereafter use the findings to priorities support of services. The government needs to take an active role in OVC service provision as opposed to the current laid back role.
2) It is also the recommendation of the study that nutrition programs support should be increased. These will consequently improve information on the importance of balanced diet on the well-being of OVC’s.

3) From the findings and conclusions, the study recommends that service providers adopt the strategy used to support education. It was the most prioritized need and also the most supported. These shows that if the service providers have precise understanding of needs, and thereafter support those needs, there is going to be more satisfactory results.

4) The study further recommends that there be massive campaigns and awareness by service providers that will target to improve health seeking behavior of the community towards medical care. Once the beneficiaries are made aware on the importance of medical support in relation to the overall wellbeing of OVC’s, there is high possibility that uptake of medical care will increase.

Further research should be carried out to investigate the outcome, that is, changed condition for OVC project beneficiaries and impact of OVC funded projects. These will enable government and organizations to quantify the change in the lives of project beneficiaries and the community as a whole.
REFERENCES


Dear Sir/Madam,

RE: ACADEMIC RESEARCH

I am a student at Kenyatta University. I am currently doing a Research study to fulfill the requirements of the Award of Master in Business Administration on the Evaluation of OVC Donor Funded Projects: A Case of Bahari District.
You have been selected to participate in this study and I would highly appreciate if you assisted me by responding to all questions in the attached questionnaire as completely, correctly and honestly as possible. Your response will be treated with utmost confidentiality and will be used only for research purposes of this study only.

Thank you in advance for your co-operation.

Yours faithfully,

Samuel Kamau Kang’ethe,

APPENDIX II

Data collection instruments – Questionnaire for OVC households

Hello my name is Samuel Kamau Kang’ethe. Am currently pursuing my Masters Degree in Business Administration at the Kenyatta University.

I am conducting a study to evaluate OVC donor funded projects in Bahari district. Participation in the study is voluntary. Whatever information you provide will be treated with confidentiality and will not be used for any other purpose other than the objectives of this study.

Signature of interviewer: ____________________________

Date: ____________________________

Seek to proceed: Can I proceed?

Instruction: Please tick (✓) the appropriate answer.
SECTION 1: HOUSEHOLD PROFILE: (TO BE FILLED BY THE GUARDIAN/ SINGLE PARENT)

What is your gender?

Male ( )       Female ( )

How old are you now? .................................................. (Please give the answer in years)

Have you ever attended formal school?

Yes ( )        No ( )

What is the highest level of school you completed?

Primary ( )
Secondary ( )
College/University ( )
Don’t Know ( )

What is your marital status?

Single ( )
Married ( )
Divorced ( )
Widowed/Widower ( )

Others.................................................................
How many children under the age of 18 live in this house?

Total number of boys

Total number of girls

How many of these children are your biological children?

Total number of boys

Total number of girls

1. How many of these children have you taken in?

Total number of boys

Total number of girls

2. Are you employed?

Yes ( ) No ( )

3. If yes: Formal ( ) informal ( ) self ( )

SECTION 2: PERCEPTIONS OF GUARDIANS/PARENT ON OVC AND RELATED ISSUES

4. In the past 6 months, have you seen an increase in the number of orphans and children in-need living in your neighborhood?

Yes ( ) No ( ) Don’t know ( )

5. What are the main reasons that children are being orphaned and becoming vulnerable in your area?
Poverty  
Accidental deaths  
HIV/AIDS  
Tuberculosis  
Others  

6. In the past 6 months, have you seen an increase in the number of families taking care of orphaned children in your neighbourhood? 
Yes  
No  
Don’t know  

7. What are the biggest needs for orphaned and vulnerable children that you think should be given immediate attention in the area? 
Financial support  
Educational support  
Skills training  
Medical support  
Socio-emotional support  
Adjustment to new home  
Others  

SECTION 3: EVALUATION OF OVC SERVICES 

8. Have any of your children received any support? 
Yes  
No  

9. If so, by whom? 
Guardian  

Other relatives ( )
CBOs ( )
NGO ( )
Government ( )
Church ( )
Others

10. Do you have access to credit opportunities?
Yes ( )  No ( )

11. Do the children have minor problems getting along, argue or fights with others?
Yes ( )  No ( )

12. Do the children frequently displays disobedient behaviour towards adults
Yes ( )  No ( )

13. Are your children happy and contented?
Yes ( )  No ( )

14. Do the children attend clinic regularly?
Yes ( )  No ( )

15. Do the children seem to be abused or neglected or engage in inappropriate work or are exploited in other ways?
Yes ( )  No ( )

16. Do the children display serious problems with learning and development?
Yes ( )  No ( )

17. How are the children progressing in school?
Very well ( )
Well ( )
Fair ( )
Poorly ( )
Very poorly ( )

18. Do the children possess marketable vocational skills?
   Yes ( ) No ( )

19. Do the children have comfortable and safe place to stay?
   Yes ( ) No ( )

20. Is there a permanent loving adult in the home most of the time?
   Yes ( ) No ( )

21. How many meals do your children take in a day? .................

22. Are the meals nutritious?
   Yes ( ) No ( )

Thanks for giving me your time and taking part in this exercise.
APPENDIX III

Interview Schedule for Management Staff in Organization offering OVC services

1. In your opinion what is the magnitude of the OVC situation in Bahari District?

2. Could you provide me with the statistical facts with regard to the OVC population in the area that your organization serves?

3. What are the services that are currently being offered by your organizations in response to the OVC needs in Bahari district?

4. What are the benefits accruing from the OVC organizations in Bahari district while undertaking their initiatives?

5. What are the challenges faced by your organization in your effort to support OVC cases in Bahari district?