

**SOCIAL SUPPORT FOR ORPHANED CHILDREN IN BUSIA TOWNSHIP:
CHALLENGES AND PROSPECTS**

BY

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DECLARATION

I declare that this work has not been previously submitted for a degree at Maseno or any other University. The work reported herein was carried out by me and all sources of information have been acknowledged.

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This work is a reflection on how I would have loved to be supported as an orphan at the age of 8 months and tries to capture realities lived by Orphaned and Vulnerable Children in our communities.

Lastly, I wish to express sincere gratitude to my respondents who provided information for the study, specifically Matayos Sub-County children's officer who availed the sampling frame and guided me to locate the beneficiaries.

DEDICATION

I dedicated this paper to my late father, Diddum Netondo (RIP), grandmother, Susana Nakhumicha (RIP), my mother, Biliah Nafula, my wife, Rose and my children, Derick and Faith for their love and support

ABSTRACT

Worldwide, there are more than 140 million children under the age of 18 years who are orphaned because of HIV/AIDS and other causes. More than 46.6 million of these children come from Sub-Saharan Africa and more than 2 million in Kenya with challenges such as poor nutrition, poor shelter and lack of access to educational facilities. Busia County is among the top five counties in Kenya with the highest HIV/AIDS prevalence rates and deaths. County statistics indicate that there are thousands of orphans particularly in Busia Township in need of assistance. There are several social support programmes that are offered by both the government and non-governmental organizations. However, it remains unclear how these programs select their beneficiaries, and more importantly, their interventions in relation to the needs and priorities of the orphans. The main objective of this study was to investigate factors that undermine social support systems for Orphans in Busia Township and to establish the prospects of such programmes in the County. Specifically, the study sought to examine methods used by organizations in identifying and selecting orphans into social support programs in Busia Township, to identify challenges faced in the delivery of social support services and to determine the social protection interventions provided to orphans in relation to their needs and priorities. The study was guided by the welfare economic theory. The study employed cross-sectional descriptive design to describe factors undermining social support programs for orphaned children in Busia Township. The study targeted a total of 916 households with registered orphans from which 260 were selected based on Krejcie & Morgan table. Multistage sampling technique was used to sample the 260 households from the target population. In addition, 7 key informants from relief organizations were selected to participate in the study. Data was collected using semi-structured interviews, focus group discussions and key informant interview guides. Descriptive statistics such as percentages were used to analyse quantitative data with qualitative analysis employed to analyse qualitative data. Findings indicate that social support systems in Busia Township are confronted with several challenges ranging from targeting process, resource constraints and poor coordination. In addition, most of the interventions provided by organizations are largely protective. The study recommends a thorough review of targeting approaches, enhancement of preventive interventions as well as provision of institutional care for those children living in the streets.

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LIST OF ABBREVIATIONS

ADB	American Development Bank
AIDS	Acquired Immune Deficiency Syndrome
CRC	Convention on Rights of the Child
CT	Cash Transfer
CT-OVC	Cash Transfer to Orphans and Vulnerable Children
DFID	Department For International Development
FAO	Food and Agricultural Organization
HIV	Human Immune Deficiency Virus
HSNP	Hunger Safety Net Program
IFAD	International Fund for Agricultural Development
KNBS	Kenya National Bureau of Statistics
MDGs	Millennium Development Goals
NGEC	National Gender and Equity Commission
NGO	Non-Governmental Organization
NSNP	National Safety Net Program
NSPP	National Social Protection Policy
OP-CT	Cash Transfer for Older Persons
OVC	Orphans and Vulnerable Children
PSNP	Productive Safety Net Programme
PMT	Proxy Means Testing
PWD-CT	Cash Transfer for People Living With Disabilities
UFS-CT	Urban Food Subsidy Cash Transfer
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Education Fund
USAID	United States Agency for International development
VCO	Voluntary Children Officer
YMCA	Young Men Christian Association

DEFINITIONS OF TERMS

Care giver	A parent or guardian who is charged with the responsibility for Child's welfare
Child	Any individual person under the age of 18 years
Discrimination	An action based on pre-existing stigma; a display of hostilities or negative behaviour towards someone or people because of existing situation.
Household	Group of people who share the same space to sleep and share common meals; and where there is caring for children below the age of 18 identified as OVC
Head of household	Individual with decision-making and/or financial management responsibilities, including children who resumed parental responsibilities once they have lost their parents.
Participation	Taking part in an activity or event
Street Children	Children who have run away from home, and live in the streets.
Orphan	Child who has lost his or her mother or father or both to death.
Social support	refers to free assistance in terms of money, food, clothing, medical care e.t.c to improve standards of living of a person who is not able to support him/herself because of various challenges such as poverty, disasters e.t.c
Vulnerable child	Child who is at increased risk or whose well-being is significantly jeopardized due to a terminally ill parent, high level of poverty, abandonment, displacement, institutionalization, or who is living in a household with orphaned children;

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Globally, there are more than 140 million children under the age of 18 years who are orphans due the Acquired Immune Deficiency Syndrome (AIDS) (United Nations Children's Fund (UNICEF), 2016), cancer, malaria and other diseases. More than 46.6 million of these children are citizens of the Sub-Saharan Africa while Kenya has more than 2 million orphans. Social support programs have become policy instruments for the fight against poverty in most countries worldwide (Department for International Development (DFID), 2011; Holmes & Barrientos, 2009).

Chinjere (2002) argued that there are two definitions of an orphan which emphasizes on the biological stages of human development. The first one is that of "a child who has lost one or both parents because of death, and is under the age of 18", and the other is that of a child who has lost a mother because of death and is under the age of 18. Bass (2012) define an orphan as a child who has lost one or both parents through death, desertion or if the parents are unable or unwilling to provide care. Defining a Vulnerable Child can be complex but focuses around three core areas (Taylor et al., 2013): Material problems, including insufficient access to money, food, clothing, shelter, health care and education; Emotional problems, including lack of care, love, support, space to grieve and containment of emotions; and Social problems, including lack of supportive peer group, of role models to follow, stigma or of guidance in difficult situations, and risks in the immediate environment.

Social protection program for the vulnerable (poor, widows, and OVC's) started in 17th century with English Elizabethan Poor Laws (Gatemo et al, 2006). This program received recognition as early as 1948 when it was listed in the Universal Declaration of Human Rights, that all people have a right to social security. Children's rights to social security were enshrined in the 1989 Convention on the Rights of the Children (CRC) (Gatemo et al, 2006). Since then, these programmes are spread worldwide. According to Inter-American Development Bank (IADB) (2010), most Latin American countries had already put in place this programs by the year 2009 (IADB, 2010). Slater (2011) observes that this programmes had a wider coverage in some of the larger countries such as Plan Familias Argentina, Bolsa

Familia in Brazil, and Oportunidades in Mexico, which helps a total of about 17 million poor families.

In Africa, there are several countries with notable social protection programs. For example, Senegal's Second Poverty Reduction Strategy Paper (SPRSP) of 2010 recognizes the need to give specific attention to improving the lives of the poor and vulnerable groups, including children by extending cash transfers which will ensure that the groups create wealth and are also shielded from risks in addition having good access to social services (Republique du Senegal, 2006). The SPRSP shows that there is awareness by policy makers about the need to reduce social and economic vulnerability and mitigate risks, which is a positive entry point for policy engagement to promote child-sensitive social protection, particularly given the government's commitment to realize the Millennium Development Goals (MDGs) by 2015 and the potential contribution of social protection to doing so. In addition, South Africa's pension scheme is the largest program for the old age which has significantly reduced the number of poor people (Barrientos et al. 2003). The scheme has also brought a positive on the health of children and their nutrition. The Productive Safety Net Program (PSNP) of the Ethiopian government has also been ranked highly in the year 2005 across Africa due to its positive contribution towards the poor (Devereux et al, 2006). The initiative has been praised for its support towards the poor and poverty reduction in the country. This work is useful for framing the objectives of this study. However, it gives information on a context that is different from my setting. South Africa is much more economically empowered than Kenya, and a study of this nature is needed to establish whether there is a link between economic performance and a country's ability to protect its most vulnerable citizens.

National Gender and Equity Commission (NGEC) report of 2014 observed that social support initiatives are being recognized as a policy plan in Africa for reducing poverty and extreme hunger as well as dealing with the HIV and AIDS pandemic. Internationally, social support systems have evolved in different ways which is indicated by variations between the well-established programs which exists in Europe and North America (Schubert & Slater, 2006) and developing countries, such as Kenya. These programs come in the form of pension schemes for the elderly people, Cash Transfers (CT) for the elderly, people living with disabilities, widows, orphans and vulnerable children, fee waiver of cost sharing in public hospitals (Binswanger & Mkhize, 2013; Slater, 2011). The main goal of these systems is to

ensure that each household can meet the basics of life such as food, clothing, shelter, healthcare and education.

In Kenya, the widely pronounced social support system is Cash Transfer program for Orphans and Vulnerable children which started in 2004 with the broad objective of strengthening household's capacities to provide a social protection system through regular cash transfers to families with Orphans and Vulnerable Children (OVC) (National Gender and Equity Commission (NGEC), 2014). This was to encourage, foster and retain these vulnerable children within their families and to encourage human capital development through their education. This is currently the largest social support (SS) programme in the country.

1.1.1 Social Support Programmes in Kenya

High poverty rates exist in Kenya despite years of relatively strong political and economic growth. For example, the Kenyan economy grew at an average rate of 3.9% between 2000 and 2009 and at an average of 4.2% between 2009 and 2015. However, the levels of poverty have remained high during these periods (KNBS, 2009; KNBS, 2016). For instance, it was estimated that 52% of people lived on less than US \$1.25 a day in the year 2000 and this was a higher percentage as compared to those who lived below poverty line in 1990s (International Fund for Agricultural Development(IFAD),2014). According to the African Development Bank (ADB) Strategy paper of 2014-2018, Kenya's poverty level is estimated at 47.2% with a higher prevalence in rural areas (49.1%) compared to urban areas (33.7%). Poverty mostly affects vulnerable groups such as children (53.5%), who include orphans and vulnerable children (54.1%), the aged (53.2%), and those people living with disabilities (57.4%) (NGEC, 2014). Relief organizations were established in Busia to militate against the effects of high poverty levels mainly targeting vulnerable children whose number increases day by day due to deaths of their parents/guardians.

In the period before independence, social protection networking was prevalent in families and communities because of high poverty levels which resulted from several factors including but not limited to; natural disasters, malaria pandemic, environmental degradation, unemployment and breakdown of traditional safety net mechanism (Bass, 2012).The Kenya National Social Protection Policy (2011) outlines social protection policies and actions for the economically disadvantaged groups with an aim of improving their ability to manage risk

factors associated with poverty. This policy has four key areas in the provision Social protection services which are education, health, water and sanitation (Bass, 2012). This policy also looked at Social protection from the human rights perspective as entitlement to benefits that society provides to individuals and households to protect against low or declining living standards resulting from several basic risks and needs. In the past two decades, the government has put in place various economic, political as well as social development strategies and the Kenyan Constitution to protect the rights, social image, livelihoods, vulnerability to poverty and development of the most at risk populations in the country. The most predominant of these policy frameworks is the social protection with cash transfer as the fundamental component. In the year 2013, the Kenyan government through a parliamentary Act of 2013, approved a more vigorous social assistance framework which is known as the National Social Protection Policy (NSPP) that was aimed at enhancing the delivery of social programmes to the vulnerable populations. These efforts have been complemented by many development partners such as the World Bank and UNICEF and civil society groups. However, it is not clear on how the implementation of these initiatives have performed.

1.1.1.1 Social Protection for Orphans and Vulnerable Children (OVC)

The most predominant social protection program for OVC's is the Kenyan government's Cash Transfer program. This program commenced in the year 2004 with the broad objective of strengthening household's capacities to provide a social protection system through regular cash transfers to families with Orphans and Vulnerable Children (OVC). This was to encourage, foster and retain these vulnerable children within their families and to encourage human capital development through their education (NGEC, 2014). OVC is currently the largest CT programme in the country. Kenya has an estimated 2.6 million orphans and vulnerable children half of whom have resulted from the death of parents due to HIV and AIDS crisis (United States Agency for International Development (USAID), 2015). The programme started with 500 families with OVC's in Kisumu, Garissa and Kwale (NGEC, 2014). Due to increase in government funding for the program in 2009, from US \$9 million to US \$ 24million, the initiative spread to cover 47 Counties countrywide (NGEC, 2014). This program covers children below the age of 18 years where each beneficiary household receives Kshs. 4000 after every two months. Under this project, each caregiver of the beneficiary household is obligated to ensure that OVC aged between 0-5 years receive

immunization and growth monitoring and OVC's aged 6-7 years regularly attend basic education

CT-OVC is anchored on several domestic and international policies and frameworks and commitments. To be specific, the 2010 Kenya's constitution elaborates on children's rights the reason why they should be protected (Article 53). This article states that, "Every child has a right to: Free and Compulsory education, basic nutrition, shelter and health care, protection from abuse, neglect, harmful cultural practices, exploitative labour, parental care and protection" (Constitution, 2010 article 53). Earlier on in 2005, Kenya had developed a national policy frame work on orphans which enhanced CT-OVC program at its earliest stage. Apart from the CT-OVC program, there are also other local and international organizations such as United Nations Children's Fund (UNICEF), Plan International, Kenya Red Cross, safe the children and many other community based organizations who run projects to complement the government's efforts. Their projects mainly focus on improving children's health by providing food and health services, shelter and education

Busia is among top five counties in Kenya with the highest HIV prevalence rate (5.4). Busia county statistics indicates that Busia Township has the highest number of orphans as compared to other sub-counties. Orphaned children are disadvantaged in numerous ways and which are often devastating. Their lives are often characterised by economic hardships, older children are forced by the circumstances to leave school and look for jobs to take care of their young siblings. Most often they are exploited as cheap labourers (FAO, 2008). These children are less likely to be in school and are more likely to perform poorly or even drop out, compromising their abilities and prospects. Children orphaned by HIV/AIDS face a higher risk of malnutrition and stunting. They are also less likely to get medical and health care they deserve. Due to poverty, some orphans engage in prostitution, which in turn increases their risk of contracting HIV/AIDS. An assessment of OVC in Zambia in 2002 found that an average of 15% of orphans engaged in prostitution. The need to earn money was the main reason given for engaging in prostitution (FAO, 2008).

CT-OVC started in Busia County (then Busia District) in the 2009 because of the high levels of poverty and high number of orphaned and vulnerable children. The program was initiated in Butula sub-county as a pilot project but, has spread to other seven sub-counties namely,

Teso North, Teso South, Funyula, Nambale, Bundalang'i and Matayos (Busia Township). According to the statistics from Busia County commissioner's office (children's department), there are about 4300 households with registered orphans in the county (Teso North=567, Teso South=500, Funyula=650 Butula=450, Nambale= 650, Budalang'i=567 and Matayos=916 households). This implies that Majority (916) of these households are from Busia Township (in Matayos sub-county).

Busia town is a border town and attracts very many visitors as it serves as a gateway point for visitors coming in from Uganda and Central Africa and those travelling to Uganda and Central Africa. It faces the challenge of high levels of prostitution as it hosts long distance truck drivers and transient traders. This exposes residents of the township to HIV/AIDS that serves to perpetuate the HIV/AIDS cycle. This partly explains why there are many orphaned children as compared to other regions within the county. Apart from the CT-OVC program provided by children's department, other organizations/program for social protection to the vulnerable children in Busia include: Family Life Programme, Busia Compassionate Centre, Human Support Organization, Academic Model Partnership for Health, Kenya Red Cross and Innovations for Poverty Action. The approaches of these organizations to provide social safeguards to the vulnerable children is still unknown. For example, there is limited information literature on how these institutions select beneficiaries, how they determine the needed interventions and the challenges they encounter in delivery of their services.

1.2 Statement of the Problem

Most orphans in Busia Township are in critical need of basic services, and many suffer from physical and emotional distress. Even though there are several social support programs both by the government and non-governmental organizations in Busia. How these organizations select their beneficiaries, the challenges they face and more importantly, their interventions in relation to the needs and priorities of the orphans. In addition, a few of the studies done in Kenya focused mainly on evaluating the impact of Cash Transfer –Orphaned and Vulnerable Children (CT-OVC) programme while others examined challenges of Cash Transfer-Orphaned and Vulnerable Children (CT-OVC) program. Thus, there was scanty literature on the operations of these relief organizations in terms of beneficiary targeting, determination of interventions and the challenges encountered in the delivery of their services. Arising from this concern, this study sought to investigate challenges and prospects of Social protection in Kenya with Busia Township as the case study.

1.3. Objectives of the Study

The main objective of this study was to investigate factors that undermine social support systems for Orphans in Busia Township and to establish the prospects of such programmes in the County. Specifically, the study sought:

- I. To examine methods used by organizations in identifying and selecting orphans into social support programs in Busia Township;
- II. To identify challenges faced in the delivery of social support services;
- III. To determine the social protection interventions provided to orphans in relation to their needs and priorities;
- IV. To come up with policy recommendations based on the study findings.

1.4. Research Questions

- I. How are orphans identified and selected by the various intervention organizations for Social Support in Busia Township?
- II. What challenges do organizations experience in providing social support to orphans in Busia Township?
- III. What social protection interventions are provided to the orphans in relation to their needs and priorities in Busia Township?
- IV. What policy recommendations was the study to suggest based on findings?

1.5. Justification of the Study

The future of any family, community and the nation at large are its children. Children need to be nurtured, protected, supported and directed to become responsible citizens and future leaders of a nation. However, due to the impact of poverty, disease, violence, abuse and armed conflict, many children in Africa will grow up as Orphans or Vulnerable. Busia Township has a huge burden of orphaned children who encounter myriad challenges. However, there was limited literature on how these children are selected into social support programs and the challenges that this programs faces in Busia County. This study was therefore set to comprehensively understand the targeting process as well as the challenges faced by the organizations in delivery of their services.

The Kenyan government, County governments and other government representatives will benefit from the information contained in the study. More importantly, they will be able to advice the public and partners on the importance of bolstering social protection programs to assist orphans and vulnerable children. In addition, this report is useful to the Department of

children services specifically in coming up with effective strategic plans as well as advice the government accordingly to increase allocation of funds to the beneficiaries.

Finally, the findings from this study are likely to generate academic debate and interest on the place of social support programs as a social safeguard for vulnerable children. This is therefore hoped to serve as a springboard for more studies in this area on the aspects that this study did not consider.

1.6 Delimitation of the Study

The study was carried out in Busia Township (Matayos sub-county) in Busia County. In addition, the study involved a total of 260 orphaned children (both beneficiaries and non-beneficiaries). The study had focused on the targeting mechanisms, interventions and delivery challenges of social support programs in Busia Township.

1.7 Limitations of the Study

The study focused on orphans at Busia Township in Busia County. During data collection, the researcher faced language barrier problems because few children could not speak plain English, Kiswahili or Luhya, they understood well “Sheng” (mixed languages). This was a challenge to the researcher. However, the researcher employed locals as research assistants to overcome this barrier. In addition, the orphans were wide spread which posed a risk of getting lost or using a lot of time and money in locating them. However, a researcher guide was employed to help in locating the sampled households. Furthermore, some children were nervous to give their views in that they might be de-registered from the support. However, research assistants assured them of the confidentiality of their views and this made them comfortable to share their views.

1.8 Theory

This study borrows insights and contributions from welfare economic theory.

This theory was developed by various scholars who included Adam Smith, Vilfredo Pareto, Arthur Cecil Pigou, David Ricardo, John Atkinson Hobson and Thomas Malthus (Mmasa & Mbaula, 2015). Welfare economic theory brings out the principles of allocating resources and goods optimally and its effect on social welfare and social welfare maximization. It explains situations such as liberal market which sustains efficient resource allocation.

Rutherford (2002) argues that efficient allocation of resources is only possible if it is not possible to make one or more people in a society better off without making anyone else worse off. This is what he called Pareto optimum. In a competitive market, the price/value that a community places on a certain good is the same as the price of resources forgone to produce such a good. This ensures that the society achieves allocative efficiency because the additional value that society places on another unit of the good is the same as what the society must give up in terms of resources to produce it. The proponents of this theory suggested that allocative efficiency is only possible in the absence of Pareto equilibrium. This theory has several implications to this study. The first implication is that the kind of allocation of resources where some people are made better off while others are made worse off may not necessary bring about undesirable resource allocation. The critiques have accused this theory for not applying issues of distributive justice, social equity, fairness and for not considering the general welfare of the society (Sen, 1993; Callan & Thomas, 2007; Barr, 2012). In addition, in circumstances where there is no possible alternative resource allocation to enhance the welfare of all people in the society, there is need for other strategies to ensure distribution of resources to the neediest groups in the society.

In his contributions to this theory, Mbaula (2011) outlines various factors which cause deprivation in shelter, education, health and psychological conditions which are often experienced by orphans and vulnerable children. The factors identified include worsening of values which tied people together in the society, political and economic crises. These brings about social inequality and the failure of the wider (extended) family to provide safeguards to children. In the early days, extended families protected orphans and other vulnerable children, most without seeking assistance from the public. In the current society, many people are poor due to the burden of diseases, economic crises and other social challenges, which have reduced their ability to adequately protect the most vulnerable children (Devereux & Sabates, 2004). Nevertheless, the presence of social networks which bind together communities and interventions act as a unitary platform for making the situation better (Kurfi, 2010). This theory was therefore used to analyse these social networks (social support systems) in terms of their targeting approaches towards the delivery of their services to the orphaned children.

1.9 Organization of the Study

Following this introduction, the rest of the paper is organized as follows: Chapter two provides an analysis of both theoretical and empirical literature. This chapter also presents a conceptual framework and a summary of the empirical literature which establishes research gaps for the study. Chapter three describes research methodology that was used in the study. This comprised of research design, study location and the target population, the size of the sample and the procedures used to select the sample. A description of the research instruments used and their validity and reliability is also included. The chapter further explains the procedures used in data collection, data processing and analysis methods and an elaborate explanation of ethical considerations for the study. Chapter four presents an introduction outlining what the study set out to do, and an overview of the study objectives. Section one of this chapter presents demographic characteristics of the respondents who were included in the study. The last section of the chapter presents data analysis, findings and their interpretations based on the study objectives. Finally, chapter five presents a summary of the findings, conclusion of results and recommendations for policy actions as well as suggestions for further studies.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Literature review refers to a systematic analysis of the studies related to the topic under study. Therefore, this chapter presents empirical review of the past studies related to the targeting approaches and challenges encountered in the delivery of social support programmes. Also, included in the chapter is the summary and research gaps of the study.

2.2 Empirical Review

Various researchers have studied social protection programs in different perspectives across the world. This study had sought to look at challenges and prospects of social protection programs and therefore, the related literature was reviewed in terms of these themes. Specifically, this section presents empirical literature in three thematic areas following the objectives: the processes followed in identifying and selecting orphans for the programs, challenges encountered in delivering services and the impact of social protection programs on the orphan's welfare.

2.2.1 Beneficiary Targeting Approaches

Identification and selection of beneficiaries forms an important component of social protection initiatives. The aim of such undertaking is to ensure that the most deserving category of the population gets selected into the program. In this section, the study presents a critical analysis of the commonly used methodologies by organizations in closing in on the neediest populations for social support.

2.2.1.1 Proxy Means Testing (PMT)

The first of such processes is referred to as Proxy Means Testing (PMT). In this method, the institution gathers economic and demographic characteristics of the intended beneficiaries. The collected statistics are then used to calculate a welfare index for a household which determines whether the household qualifies to get the help or not and the level of assistance needed (Pauw & Mncube, 2007). This method is advantageous because it can easily be verified, it can allay concerns over politicization or randomness of assigning benefits. The method also captures observable features. However, this method is limited in the sense that it is not sensitive to rapid changes in the welfare and it is also very expensive to carry out.

2.2.1.2 Community Targeting

The second method is community based where the power to identify beneficiaries to the program is given to the community members, leaders, or some identified intermediary agents (Conning & Kevane, 2001; Coady et al., 2004a). According to this procedure, these community agents can also be hired to do activities such as monitoring the deliverables of the social protection program. The advantages of this method are: it promotes community participation which is likely to enhance transparency, community ownership and acceptance; it reduces administration costs of identifying beneficiaries (Alatas et al., 2010). In this method, local definition of vulnerable people is based on the local conditions. However, there are also some drawbacks of this method. For example, in some communities, conflicts and divisions are likely to emerge, it is likely to impose high opportunity costs on community leader who may shift their services to the elite and its unlikely to work where community ties are weak. Furthermore, local people may have other incentives than good targeting and those responsible are likely to be pressurized to favor people such as friends and family members.

2.2.1.3 Geographical Targeting

The third method which has been employed by various social protection programs in the selection of beneficiaries is called geographical. This where all residents of a target region become eligible for the program (Pauw & Mncube, 2007). This approach is very cheap because it uses the already available information like baseline surveys of basic needs/poverty maps (Coady et al., 2004a). In addition, this method has a high degree of heterogeneity of the population and it is less likely to create conflicts in its implementation. Nevertheless, high heterogeneity of the population is susceptible to greater targeting errors since the operationalization of the system entirely depends on the accuracy of existing information. Furthermore, this method is only suitable when poverty is concentrated in a region (Pauw & Mncube, 2007).

2.2.1.4 Demographic Targeting

The fourth targeting method is based on demographic characteristics of a group of people. This method is called group targeting or categorical targeting. Pauw & Mncube (2007) argues that targeting approach selects beneficiaries based on specified and easily observable demographic features such as age, head of household (female-headed, child-headed), so that the poorest of the poor becomes eligible to benefit. This method is cheap and is politically popular but, it can be difficult in a situation where there are no vital and extensive

demographic characteristics. Group targeting works better when it is combined with other methods such as community based targeting and proxy mean targeting.

2.2.1.5 Self-Selection

Existing literature presents another targeting method where potential beneficiaries self-select themselves into the program (Pauw & Mncube, 2007). This method is applicable in a situation where social protection program is open to all as is designed in a way that it will attract only the poor population since its benefits may low to attract the non-poor. This may take an example of public works program characterized by low wages, long queues of collecting the pay or low quality of relief food. This implies that those who can command higher pays self-selects out of these schemes. The advantage of these schemes is that they don't discriminate people. However, these programs can be very expensive depending on their magnitude.

2.2.2.6 Hybrid Targeting

There is also a hybrid targeting method where several approaches are used. This method considers advantages of other selection method (Alatas et al., 2010). Studies indicate that applying this method can improve targeting outcomes (Coady et al., 2004a; Matin & Halder, 2004; Alatas et al., 2010). However, other studies have argued that hybrid methods may not always produced efficient results than application of a single method (Yusuf, 2010; Alatas et al., 2012; Stoermer et al., 2013), hence weakening the credibility of the hybrid method.

The latest study in the review of different targeting approaches in Malawi and Mozambique by Davis et al., (2012) noted that the two countries employed community based targeting mechanism although each targeted different kinds of households and employed different methodologies.

2.2.2 Challenges encountered in delivery of social protection services

Existing literature shows that social support programs across the globe face myriad challenges. Various studies have reported that most of the deserving categories of groups are left of the support in favor of the non-poor due to poor targeting strategies benefits (Coady & Parker, 2004; Hanson et al., 2007; Yusuf, 2010; Mbaula, 2011). Lack of or poor participation by the community, insufficient man power, poor intervention coordination, lack of commitment by the government are other challenges affecting social support

programs in developing countries (Mhamba, 2004; Hailu & Soares, 2008; Nyangara et al., 2009a; Nyangara et al., 2009b; Mbaula, 2011). Mbaula (2011) argues that accessibility and favoritism during identification and selecting of beneficiaries is a major problem in the implementation of these programs.

A study carried out in Tanzania to assess the Most Vulnerable Children (MVC) program indicated that HIV/AIDS orphans are always favored by this program over other vulnerable children (Charwe et al., 2004). This study observed that in some rural Tanzania, 60% of children who live below poverty line were not covered by the program because they were not orphaned because of HIV/AIDS. This study further argued that inaccessibility of some geographical areas rendered some neediest orphans with no help.

Stigmatization was discovered to be a key challenge in the process of identifying beneficiaries of social protection. Studies by Kaare (2005) and Nyangara & Obiero (2009) in Kenya argued that some poor households and particularly those affected by HIV/AIDS tend to avoid being enrolled into cash transfer program for fear of being stigmatized in the community. Poor participation of beneficiaries (children) in the identification and selection process is another challenge which studies have identified. Mbaula (2011) argued that children's views are not heard during this exercise, and hence rendering them unable to express their feelings.

Studies have learned that most organizations get voluntary assistance of community leaders during the implementation of social protection programs especially, identification of the beneficiaries and home visits (Coady and Parker 2004; Nyangara, et al., 2009a, 2009b). In most cases, these leaders are not even compensated for their transport and communication expenses. This is a major challenge in identification and it often leads to under-coverage or exclusion of the program. Cash transfer program in Kenya is accused of supporting children's primary education and not secondary (Nyangara et al., 2009a). Therefore, children who can't afford mandatory payments are always blocked from enrolment. Some studies argue that it is not all selected children who get the support because of the limited financial resources.

More than 63% of the organizations in Kenya indicated that lack of adequate funding to cover program costs as a major challenge (NGEC, 2014). Other challenges faced by

organizations providing OVC support in Kenya include inadequate child protection laws and policies compounded by negative culture and attitudes towards child protection issues; maintaining quality of care; inadequate support to and participation of households caring for OVCs.

2.2.3 Social Support Interventions

Systems of Socio-economic security were introduced in Europe in the late 19th Century (the first modern social insurance programme was established in Germany in 1880 by Chancellor Von Bismark and quickly adapted by other European Countries). These were slowly implemented in most countries during the early 20th century and consolidated after the Second World War. These programmes were established as a means of improving the wellbeing of the poor, reduce inequality within society and conciliate different social demands, thus avoiding the social and political conflicts, which necessarily arose as capitalist forms of production evolved in the industrialised countries (Kabeer, 2002; Barrientos & Shepherd, 2003).

Social Security policies in developing countries aim at protecting and promoting both human and physical capital (Kabeer, 2002). Policies that protect human capital include better access to clinics and hospitals, better nutrition, better health support, health insurance policies, improved access to schools and universal primary education (Nyangara et al., 2009a). Physical capital can be protected by policies aimed at employment creation, promotion of rural development, research and incentives to encourage labour-intensive investments, better access to housing and land, improved infrastructures, reduction of remoteness of some population groups, measures to eliminate biasness against women and vulnerable groups as producers and consumers (minimum wages, measures against discrimination), improved access to capital through financial sector reforms of micro-credit schemes, implementation of employment support schemes, provision of secure ownership of key assets, crop insurance measures, etc. (Kabeer, 2002; Nyangara et al., 2009b).

Most Social Protection programs especially in developing countries are certainly concerned with reducing vulnerability and unacceptable levels of deprivation (Chinjere, 2002; Guarcello et al., 2004). The extent of poverty and destitution in most developing countries would, however, make typical post-shock social security benefits of the type implemented in the industrialised countries too costly to put in practice in poor economies. The role of social

security policies in developing countries must, consequently, be extended not only to that of a ‘safety net’, but more importantly, to ‘prevention’ against increases in deprivation and the ‘promotion’ of better chances of individual development (Guhan, 1994). In this sense, social protection policies would not only address negative outcomes of development but would also promote more equal opportunities amongst all population groups, thereby reducing the likelihood of negative outcomes. The focus of social security policies in developing countries should thus be on the reduction and mitigation of structural forms of vulnerability and on the implementation of ways of coping with all types of risk (Norton et. al, 2001; Kabeer, 2002) and be integrated within the overall development strategy of the country rather than implemented as individual programmes (Kabeer, 2002).

The Kenya’s Cash Transfer program for Orphans and Vulnerable children provides a social protection system through regular cash transfers to families with Orphans and Vulnerable Children (OVC). This is to encourage, foster and retain these vulnerable children within their families and to encourage human capital development through their education (NGEC, 2014). Kenya Research Situation Analysis on OVC Report of 2009 argued that 78% of the sampled organizations promote child protection for the OVC in form of activities against abuse and exploitation and legal protection; but just about a half provide food and nutrition services.

The Malawi’s social Cash Transfer Programme targeted ultra-poor and labour-constrained households. In addition, this study observed that in Mozambique’s *Programma Subsidio de Alimentos* (PSA) which was a food subsidy programme targeted the aged (55 years and over for women and 60 and over for men recognised as permanently unable to work and live alone or are heads of destitutes. Davis et al., (2012) further note that PSA targeted the disabled, chronically ill and the malnourished pregnant women.

2.3 Literature Overview and Research Gaps

The reviewed literature shows that there are various challenges affecting social protection programs for the vulnerable groups in especially in the developing world. Studies indicate that these programs are deficient in terms of child protection methodologies, identification and selection of the neediest children and coordination of the programs (Mhamba, 2004; Hailu & Soares, 2008; Nyangara et al., 2009a; Nyangara et al., 2009b; Mbaula, 2011). However, studies have done little on the causes of these problems with the broad program targeting approaches which include exclusion of orphans in the identification and selection

process who could suggest solutions for their tribulations and locating challenges encountered by the intervention programs in selecting the eligible beneficiaries.

In addition, there is dearth literature on how social protection programs deal with needs of orphans in Kenya. Furthermore, most of the studies in Kenya have focused only on those children orphaned due to HIV/AIDS, and hence making it difficult to find a lasting solution to the challenges. Furthermore, apart from the CT-OVC program in Kenya where beneficiaries are identified and selected through community based method, there is no information on how other organizations like UNICEF, Family life, Save the children, World Vision among others identify and select beneficiaries to their programs. Moreover, no study of this kind has been conducted in Busia County. This study therefore came in to fill these gaps existing in the literature.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents methods that were employed in conducting the study. It explains the design used, the target population, sampling technique employed, data collection methods (instruments and procedures), validity and reliability of research instruments, data analysis, and finally ethical considerations.

3.2. Research Design

The study used a descriptive cross-sectional survey design to explain identification and selection procedures of orphans into social protection programs and to describe the challenges encountered in delivering services to the beneficiaries. The choice of this design was guided by the observation of Mugenda (2008) who argued that descriptive designs are often used in studies which examines social issues existing within the communities.

3.3. The Study Area

The study was carried out in Busia Township which is part of Matayos sub-county in Busia County. Busia is among the 47 Kenyan counties situated in the vast Western region of Kenya. It borders Bungoma to the north, Kakamega to the east, Siaya to the south west and the Republic of Uganda to the west. The county covers an area of 1,694.5 Km² and lies between latitude 0° and 0°45' north and 34° 25' east (Busia County Integrated Development Plan 2013-2018). There are 7 sub-counties in Busia County (Funyula, Budalang'i, Butula, Matayos, Nambale, Teso North and Teso South) which also serve as parliamentary administrative units. Busia receives an annual rainfall of between 760mm and 2000mm. While the annual average maximum temperature ranges between 26°C and 30°C, the mean minimum temperatures oscillate between 14°C and 22 °C.

Busia county has an estimated population of 816,452 with 425,622(53.13%) females and 390,830 (47.87%) male (KNBS, 2013). Poverty level of the county stands at 64.2% (520, 230 people) against the national poverty rate which stands at 45.9% (International Monetary Fund (IMF), 2014). This county is among the top five counties with the highest HIV/AIDS prevalence rates in Kenya (MoH, 2016). The other counties include: Nairobi, Homabay, Kisumu and Siaya.

Busia Township covers an area of 22.2-kilometer square, with one location and 2 sub-locations. It is found on the border of Kenya and Uganda. The settlement patterns in Busia Township vary with dense population in the town centre of Mjini and part of Mayenje sub locations with a density of 3392 persons per kilometer square (County Development Plan 2008-2012). Busia Township is part of Matayos Sub County, with an area of 173.7, Kilometer square. Matayos Sub-County has five locations and 15 Sub-location. The statistics from the Ministry of Health in Busia County, show that the Township has the highest HIV prevalence (7.4%) and the highest deaths resulting from AIDs. According to the statistics from Busia County commissioner's office (children's department), there are about 4300 households with registered orphans in the county (Teso North=567, Teso South=500, Funyula=650 Butula=450, Nambale= 650, Budalang'i=567 and Matayos=916 households). This implies that Majority (916) of these households are from Busia Township (in Matayos sub-county).

3.4. Target Population

The study targeted all organizations/programs offering social protection services in Busia County. According to the Busia county commissioner's office, there are six (6) Non-governmental organizations providing social support to OVC. These are: Family Life Programme, Busia Compassionate Centre, Human Support Organization, Academic Model Partnership for Health, Innovations for Poverty Action and Kenya Red Cross. In addition, CT-OVC program from the Department of Children's services (Ministry of Labour, Social security and Services) was also involved in the study. Furthermore, Voluntary Children's Officers (VCO) were also involved in the study. According to the statistics provided by the children's officer, there are two VCOs in every sub-location and therefore, there were 30 VCO in Busia Township who were also targeted. Table 3.1 shows the population of households with orphaned children per sub-location.

Table 3.1: Target population for households with orphans in Busia Township

Sub-location	Total Population	Percentage (%)
Lukonyi	59	6.44
Mjini	40	4.37
Muyenje	70	7.64
Nangwe	73	7.97
Karibuni	45	4.91
Maduwa	65	7.10
Burumba A	55	6.00
Burumba B	73	7.97
Kibsum	61	6.66
Mabale	79	8.62
Siteko A	55	6.00
Siteko B	90	9.83
Buyosi	43	4.69
Bulanda	60	6.55
Bwamani	48	5.24
Total	916	100

Source: Children's office (Matayos sub-county)

3.5 Sampling frame

The sampling frame for this study comprised of 916 households with orphans in Busia Township, 6 intervention organizations and 30 Volunteer Children Officers (VCOs). Sampling list was obtained from Children's office in the Busia County Commissioner's office.

3.6 Sampling Techniques and Sample Size

3.6.1 Sample Size

Based on the table of Krejcie & Morgan (1970), a target population of 916 household gives a sample size of 260 because 916 tend towards N-900 (see Appendix IV). Therefore, a sample of 260 households was sampled for the study. Both children and caregivers were targeted from all the sampled households. In addition, program managers/ implementers for the six

relief programs/organizations operating in Busia County and VCOs were also included in the study.

3.6.2 Sampling Technique

This refers to the procedure for selecting the required sample size from the population. (Frankel & Wallen, 2012). The study used multistage sampling technique in selecting the sample of households. This approach used the 15 sub-locations in Busia Township as sampling units. This sampling technique allowed for flexibility where the study employed simple random sampling approach at sub-location levels of sampling, which is indicated by Taylor et al., (2008) to be an advantage of multistage sampling.

Initially, a sampling frame of all orphaned households in all the 15 sub-locations (See Table 3.1) was accessed from Matayos sub-county children's office. Each of the household on the sampling frame was assigned a number. Small pieces of papers were then cut, and numbers written on them to reassemble the number assigned to the names of caregivers on the list of the orphaned households in each sub-location (Note that each household on this list was represented by a caregiver). These papers were then folded, and placed in a tin. The papers were then picked by blind folding, and then the caregiver on the list with the number resembling the number of the paper picked was selected to participate in the study. Hence, the selection of the household to participate was randomly done. To get the proportionate sample in each sub-location, the study used the formula expressed as:

$$\text{Sample Size} = \frac{n}{N} \times 260$$

Where n, is the total number of households with orphans in each sub-location and N, is the total number of the target population (916 in this case).

Table 3.2 shows the proportionate allocation of sample size based on the population of each of the fifteen sub- locations.

Table 3.2: Proportionate sample size

Sub-location	Target Population	Sample size	Percentage (%)
Lukonyi	59	18	6.44
Mjini	40	13	4.37
Muyenje	70	21	7.64
Nangwe	73	21	7.97
Karibuni	45	14	4.91
Maduwa	65	20	7.10
Burumba A	55	16	6.00
Burumba B	73	21	7.97
Kibsum	61	18	6.66
Mabale	79	23	8.62
Siteko A	55	18	6.00
Siteko B	90	26	9.83
Buyosi	43	14	4.69
Bulanda	60	17	6.55
Bwamani	48	18	5.24
Total	916	260	100

Source: Computation from Children's office (Matayos sub-county) statistics

The proportionate allocation of households ensured equal opportunity to each unit in the population hence good representation of the population in the study sample. In addition, the randomness with which the study units were picked, reduced selection bias which occurs due to unobserved characteristics in the target population.

3.7 Data Collection

Data was collected from 1st day of November, 2016 up to 7th day of February; 2017. This study used both qualitative and quantitative techniques to collect primary data. Quantitative data was collected using semi-structured interviews while and qualitative data on the other hand, was gathered through focus group discussions and key-informant interviews. While questionnaires contained both closed and open ended questions, the interview guides contained exclusively open ended questions to generate a more in-depth interview. Other information was collected through existing documents.

Before going to the field, the researcher obtained authorization letter from the Board of Post graduate studies at Maseno University, a research permit from the National Council of Science and Technology for carrying out this study. Research instruments were administered to the respondents after seeking oral consent from the participants. A total of 5 experienced research assistants were deployed to conduct these interviews (data collection). During data collection, notes were taken by the research assistants to ensure that every detail was captured.

3.7.1 Key Informant Interviews.

With the help of interview guides, the study conducted interviews with 6 Key informants of intervention organizations on: how they select the orphans and their needs, intervention strategies, nature of benefits and how such benefits are distributed and challenges they come across in their service delivery. One senior officer was interviewed from each organization. For the case of CT-OVC program, Matayos Sub-County Children's officer was interviewed.

3.7.2 Semi-Structured Interviews

These interviews involved households where the study collected information on their demographic and socio-economic status of Orphaned children. These interviews captured the process of identifying and selecting those to benefit, nature of benefits provided and how they were being distributed, how those benefits meet their needs against their priorities, and their opinions on how better the most vulnerable children were. The study managed to contact 180 households out of the targeted 260 households with orphaned children representing a response rate of 69.2%. In each household, orphans between ages 7-18 years were selected. This represented 69.2%. From the 180 surveyed households, 40 of them were not beneficiaries of any program. Table 3.3 shows the number of questionnaires distributed to the households and the return rate.

Table 3.3: Number of Households interviewed against the targeted

Sub-location	Targeted household	Contacted
Lukonyi	18	10
Mauko A	13	7
Mauko B	21	15
Nangwe	21	19
Karibuni	14	8
Maduwa	20	15
Burumba A	16	10
Burumba B	21	21
Kibsum	18	14
Mabale	23	12
Siteko A	18	11
Siteko B	26	8
Buyosi	14	10
Bulanda	17	9
Bwamani	18	11
Total	260	180

Source: Research data

3.7.3 Focus Group Discussions

Two Groups of between 8-10 people held discussions which were guided by the researcher. These were groups of Voluntary Children Officers (VCOs) and other volunteers dealing with orphans. These informants were selected purposefully based on their knowledge of orphans, their lives and intervention activities in their localities. These discussions enabled the study to obtain information with relation to interventions provided, procedures for identifying the orphans, organizations involved and efforts of the community to address the challenges.

3.8 Piloting

This study carried out a test study at Bulwani sub- location involving 26 households (10% of sample size). This sub-location was found suitable for piloting since its found in Funyula sub-county and thus was not part of the study sample. This study was used to determine the suitability of the data collection methods and instruments. During the piloting, challenges that

were encountered in terms of clarity of items in the data collection tools were used to improve instruments as a way of enhancing validity of data collected.

3.9 Validity and Reliability

3.9.1 Validity

Fraenkel et al. (2012) defines validity as the quality that a procedure or instrument or a tool used in research is accurate, correct, true and meaningful. Validity has to do with how accurately data collected in the study represents the variables of the study. The study sought to determine the content validity of the tools to ensure that data collected using these instruments represent adequately the variables which were being measured. The study employed construct validity method to ensure that data collection instruments captured the intended type of information. To do this, the researcher sought an assistance of his supervisor to examine each question in the tools to ascertain their validity. After examination, some questions were deleted while others were reworded for validity.

3.9.2 Reliability

Reliability estimates the degree to which a research instrument yields consistent results after repeated trials (Fraenkel et al., 2012). In this study, reliability measured by a test-retest administered to 26 households (10% of 260) from Bulwani sub-location in Funyula sub-county where similar programs are found. In this study, inter-rater/observer reliability technique was used to measure reliability of data collection instruments. This refers to the degree to which different respondents give consistent findings. The test was administered to the respondents and then repeated after 4 days. The researcher then sought an expert opinion from the supervisor who gave a similar report meaning that the responses from the two tests were consistent.

3.10 Data analysis

Since the study involved both quantitative and qualitative research, the presentation, analysis and discussions involved both descriptive and statistical analyses. Descriptive statistics such as means, frequencies and percentages were used to analyse data. Qualitative data was analysed by use of content analysis which involved categorizing of verbal data for the purpose of classification, summarization and tabulation. Then the researcher went on to identify the most common responses for each question on the questionnaire. For all questions, all possible response categories were identified and assigned a response category name. This helped the researcher to standardize data from many responses so that it can make sense and

enable him transfer raw data on a sheet where data can be read at a glance for easier analysis. In addition, qualitative data was presented as direct quotations from caregivers on how they accessed support. It also provided information on the efficiency of support and factors hampering access to support.

3.11 Ethical Standards During Study

Ethical considerations are an important aspect of qualitative research projects. At one level, ethical considerations involve getting informed consent from the research participants. Within the context of this study, the importance of this lies in that children/minors were among key participants. Hence, informed consent was sought from those who were legally responsible for their care and from the children as individuals. Verbal consent was used in this case. The researcher informed the participants that their participation was voluntary and confidentiality would be observed by using pseudonyms to protect them. Consequently, the knowledge or information they shared would be kept anonymous. The researcher also made sure that the questions that formed the data collection tool were; unambiguous, in clear and non-condescending language, included only questions that were to be used for analysis, and were exhaustive and exclusive. The researcher was responsible for quality control, such as ensuring that questionnaires were completed. The researcher discarded/destroyed information which was likely to reveal the identity of the respondent.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter presents the analysed results and discussion. The chapter is divided into two sections. Section one analyses demographic characteristics of the respondents while section two presents an analysis of the results based on the study objectives. The results are presented followed by discussion.

4.2 Demographic Characteristics

In this section, the study analyses demographic characteristics of the two key categories of respondents: Children and officers of intervention institutions. For the children, the characteristics studied include their age, sex, geographical location, residential area, orphan hood status, their level of education and household head relationship to the child. In addition, the occupation and monthly income of their caregivers was also analysed. These results are systematically presented.

To begin with, Figures 4.1, 4.2, 4.3 and Table 4.1 displays demographic characteristics of children contacted by the study.

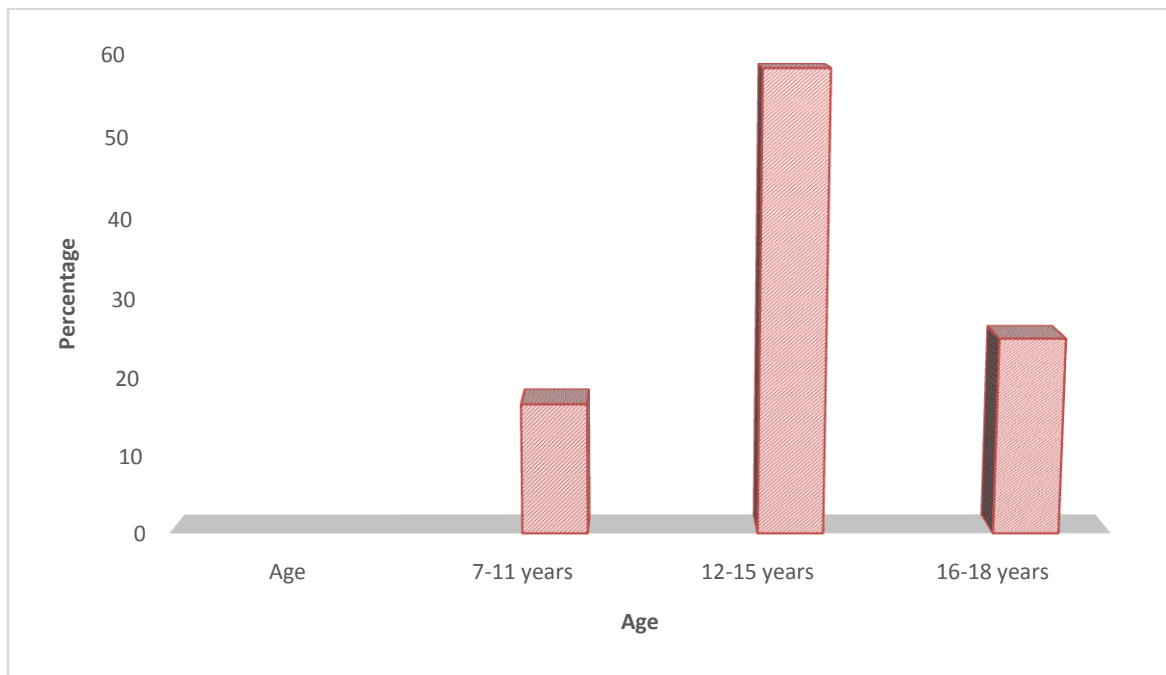


Figure 4.1: Shows the Ages of Children who participated in the study

Source: Survey data (2016/2017)

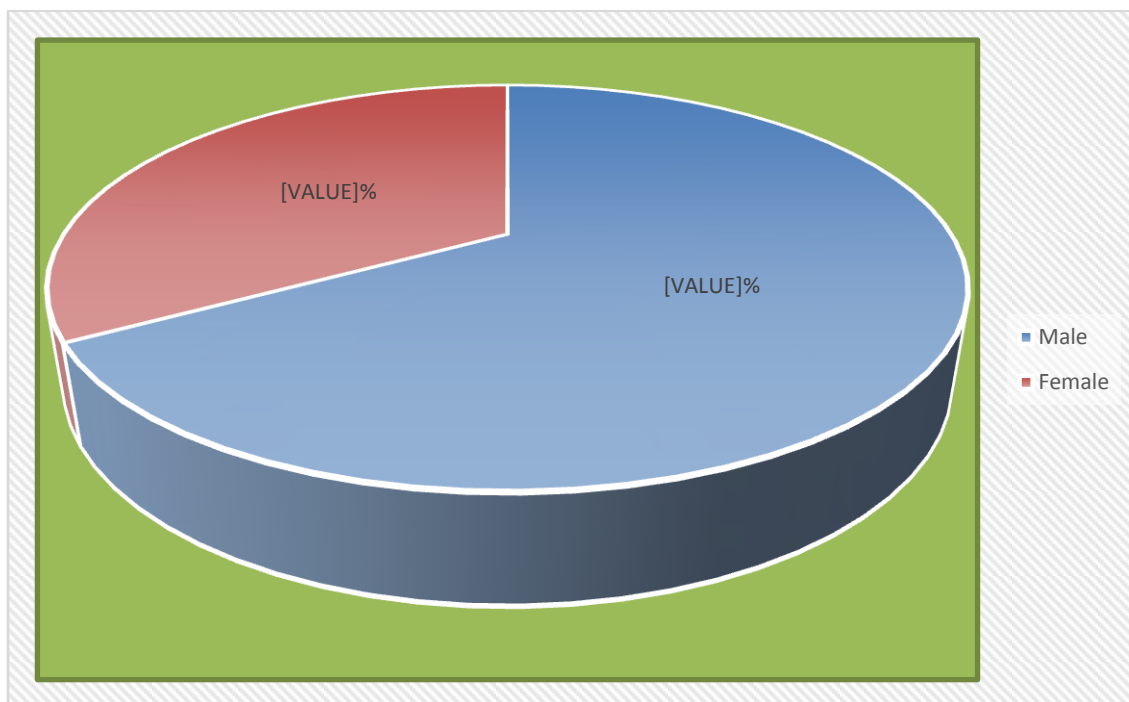


Figure 4.2: Shows the Gender of Children who participated in the Study

Source: Survey data (2016/2017)

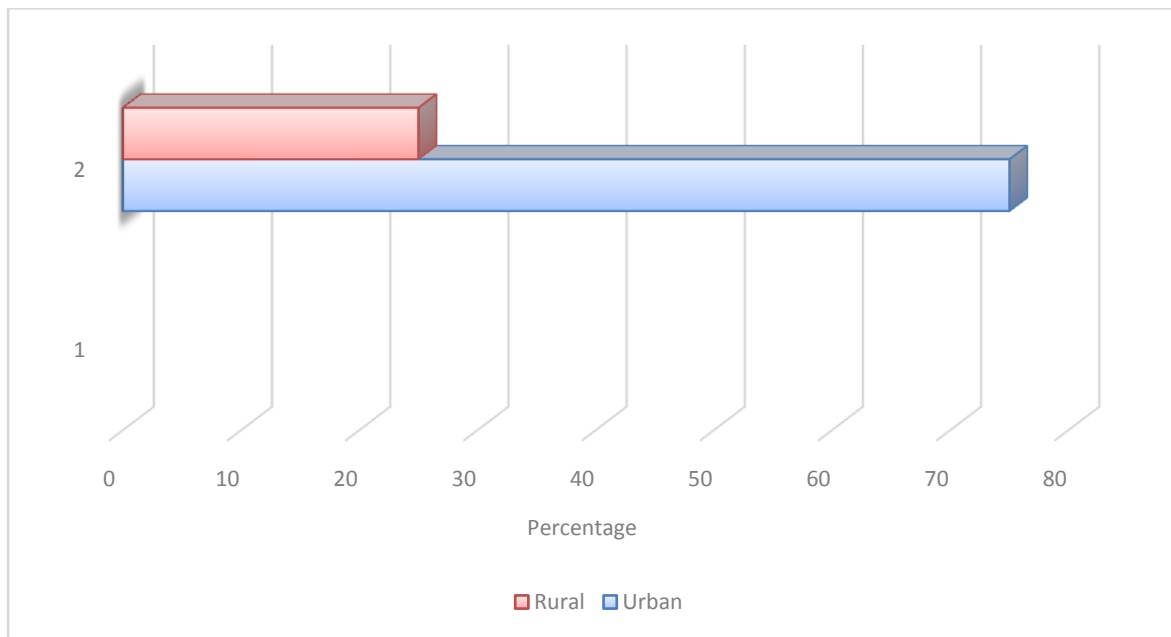


Figure 4.3: Shows the Geographical Location of children who participated in the Study

Source: Survey data (2016/2017)

Table 4.1: Residential and Orphan hood status

Variable	Frequency (N=180)	Percentage
Residential area		
At home	110	61.11
Street	10	5.56
Institution	25	13.89
At home and in the street	35	19.44
Orphan hood status		
Paternal	70	38.89
Maternal	30	16.67
Double	58	32.22
Not orphans	22	12.22

Source: Survey data (2016/2017)

Figure 4.1 indicates that majority of the orphans, 105 (58.33%) interviewed were aged 12-15 years. These results also show that 45 (25%) of the orphans contacted were aged between 16-18 years and those aged between 7- 11 years were 30(16.67%). These results imply that the study interviewed the targeted category of orphans and who were of the right age to express themselves on the issues under study (challenges and prospects of social protection program). Regarding sex of the orphans (Figure 4.2), 120 (66.67%) of those polled were male while 60 (33.33%) were female. Geographically, 135 (75%) of the orphans were from urban while 45 (25%) were from rural set up. This a confirmation that Busia Township is largely urban. The demographic results further revealed that majority of the orphaned children (110) were staying in their homes while 10 (5.56%) of those interviewed resided in the streets. The children's who were taken care off by institutions were 25 (13.89%) while those who stay both at home and in the streets, were 35 (19.44%). And finally, about orphan hood status, Table 4.1 shows that majority of the children interviewed were paternal orphans. This was represented by 70 (38.89%) of all the children polled. This was followed by double orphans at 58 (32.22%) and maternal orphans came in third at 16.67%). It was a shocking revelation to learn that out of the 180 registered orphans, 22 (12.22%) were not orphans. This implies that they could have been lies by some of these children or their guardian for selfish gain. Mmsa & Mbaula (2016) observed similar results where they found in their study that paternal orphans are often many in society.

4.3 Findings of the Study

The general objective of this study was to determine challenges of the social support programs for orphans in Busia Township. This was aimed at establishing the prospects of these programs in Busia County and Kenya at large. To do this, the study set three specific objectives which were: to examine the approaches used by organizations in identifying and selecting orphans into social support programs in Busia Township, to identify challenges faced in the delivery of social support services, and to determine the social protection interventions provided to orphans in relation to their needs and priorities. This section presents results and discussion of each objective systematically.

4.3.1 Identification and Selection of Orphans into Support Programs

Objective 1 of the study had sought to determine what strategies are employed by the intervention organization in the identification and selection of orphans into social support programs in Busia Township. Interviews contacted with officials of the social support

programs and VCOs indicated several differences and a few similarities in the process of identifying the beneficiaries of the social support programs.

First, the study sought to find out the identification process employed by the Department of children services (government program). Interviews were with Matayos sub-county children's officer who is in-charge of the government sponsored CT-OVC program, the VCOs and the children. These interviews identified other institutions dealing with vulnerable children and the vulnerability indicators which were: severe poverty, non-completion of primary school, chronic diseases among these children like HIV/AIDS, child-headed households, sexual abuse of children, pregnancies among the adolescents, child labour and less than three (3) meals in a day. The Sub-county children's officer revealed that the targeting process is community based where VCOs are selected in every village/sub-location to help in the identification and selection of the most vulnerable orphans into the project. The officer added that "This was in line with the government's guidelines for this program which we have to follow to the later." He further noted "the work of VCOs was to first announce in public Barazas about this program for eligible households to apply. After application, they go out to interview households with such children by looking at their socio-economic backgrounds and then select the most vulnerable in collaboration with my office."

Interview with children revealed a low participation rate of children in the process. Table 4.7 presents children participation as well as their identification status.

Table 4.7: Children’s participation and their identification status

Extent of participation	Frequency	%
Attending meetings and not given a chance to speak	20	11.11
Interviewed at home by VCOs	10	5.56
Interviewed on the street	5	2.78
Not involved in the identification exercise	145	80.56
Identification status		
Identified	95	52.78
Not identified	60	33.33
Don’t know	25	13.89
Children involvement in selecting their representatives (VCOs)		
Involved	20	13.07
Not involved	133	86.93

Source: Survey data (2016/2017)

These results show that both the government and non-governmental support systems in Busia Township do not give children a significant chance to participate in the identification process. Similar results were also advanced by Mbaula (2011).

On the other hand, it was revealed that the identification strategies by the civil society groups differs slightly with that employed by the government agency. A summary of identification strategies is summarized in Table 4.8.

Table 4.8: Identification Strategy

Strategy	Frequency	%
Street Scouting	3	42.86
Interviews with the locals	1	14.29
Community targeting	2	28.56
Referrals by other organizations/people	1	14.29
Total	7	100

Source: Survey data (2016/2017)

Table 4.8 show that majority, 3(42.86%) of relief organizations use street scouting by their staff to determine vulnerable children who could benefit from their programmes. According to the results, 2 (28.56) of the organizations interviewed use community targeting to identify

beneficiaries, 1 organization out the 7-interviewed said that vulnerable children are referred to them by schools, community leaders and other local community based organizations. Furthermore, 14.29% of the organization interviewed, interview the locals to select beneficiaries. These means that these organizations use different identification strategies. From these result, the study can infer that majority of these organization use ineffective identification strategies (street scouting). One may not effectively identify vulnerable children just by scouting on the street.

Furthermore, key informant interview with these organization most of the NGO's do not follow the national guideline (community-based approach) which is perceived to be effective in terms of costs and efficient (Conning & Kevane, 2001; Coady et al., 2004a). An interview with officials of these entities revealed that their identification strategies were highly influenced by resources at their disposal and their objectives. In fact, an official from Family Life Program Stated that "it is too expensive to follow national guidelines for us. We don't have money to conduct such exercises. In addition, the laid down procedure is too lengthy, it takes too much time and there are also too many vulnerable children in this town."

4.3.2 Challenges Encountered in Delivery of Social Support Services

The aim of objective 2 of the study was to investigate challenges which undermine the delivery of social support to the orphaned children in Busia Township. The interview with both the children and the organizations revealed that challenges affecting social support systems in Busia Township were related to targeting problems, institutional factors and resource constraints. Majority of the children cited untimely and inadequate provisions by the organizational as major challenges. For example, most children (36.11%) were very much concerned with the delay in cash disbursement with respect to CT-OVC program. They said that on many occasions, they are send away from school due to these delays. The Khs 4000 paid to their households after 2 months was also cited as too little. Majority of the children also cited non-participation in the identification of their needs as a big problem (see Table 4.9). They noted that several intervention organizations focus on training them on their rights, and providing schooling materials when they have other pressing challenges such as food, clothing, healthcare and shelter. In fact, one child said that ".....I am thankful for my donor for giving me school needs such as books, pens and sometimes school fees.....but ... most of the time I go to school on an empty stomach...and even when I fall ill...I don't have money for hospital because my grandmother is always ill.."

Some Children (40) who were being sponsored cited that they are being stigmatised by other community members and these affected them psychologically (see Table 4.9). For instance, they were being referred to as “Watoto wa Misaada” (Children who rely on hand outs). Similar Studies by Kaare (2005) and Nyangara & Obiero (2009) in Kenya argued that some poor households and particularly those affected by HIV/AIDS tend to avoid being enrolled into cash transfer program for fear of being stigmatized in the community.

Table 4.9: Challenges encountered by children in receiving social support

Challenge	Frequency	%
Insufficient support provided	55	30.56
Delayed support	65	36.11
Stigmatization	40	22.22
Low quality provisions	20	11.11
Total	180	100

Source: Survey data (2016/2017)

On the other hand, an interview with organizations revealed several challenges ranging from economic, human and social factors. These factors identified include: Lack of enough resources to catch up with the growing number of vulnerable children, dependency on donor support which is always erratic, poor identification approaches due to financial constraints and duplication of welfare services due to lack of coordination among the organizations. In addition, the representatives of these organizations noted that increasing levels of poverty, poor community participation, and lack of voluntary attitude among the community members were other key challenges of the social support system in Busia Township. Program officer from the Kenya Red Cross noted, “if there was some attitude of voluntarism.....where community members come out to help us in identifying the needy cases and even distributing the supplies to them.....we could be able to support many needy children.... because our operation costs will drastically go down.... but here...you have to pay for someone to render any service.”

4.3.3 Support (interventions) provided to the children in Busia Township

The third objective of the study was to establish the interventions being provided by the organizations against the priority requirements of the orphans. Respondents for this question who comprised of children, VCOs and intervention organizations were asked to list the services which each organization was offering. The results of this interview are presented in Table 4.10

Table 4.10: Social support provided by organizations

Intervention	Frequency	%
School fees and school supplies	2	28.57
Feeding, shelter and home supplies	2	28.57
Medical care	2	28.57
Championing children rights	1	14.29
Total	7	100

Source: Survey data (2016/2017)

The results from Table 4.10 indicate that all the seven organizations surveyed were providing protective support services. These services include: school fees and school writing material, uniforms, food, shelter (roof, mosquito nets, mattresses, bed sheets and blankets), ordinary clothes for those children who are out-of-school, and curative health care.

The findings also show that only 2 organization, representing 28.57% of those interviewed were providing school fees and other school supplies, 2(28.57)of other organizations provided feeding, shelter and other home supplies to the vulnerable children while other 2 (28.57% of the organizations provided medical services to vulnerable children. Only 1organization admitted to champion the rights of vulnerable children.

The second part of the third objective was to determine support provided against the needs of the children. An interview with children revealed that out of 180 who were interviewed, 140 (72.22%) of them got support while the remaining 40 (27.78%) did not receive any support from the intervention organizations. Out of 160 children who didn't have school material, 105 were supported while the remaining did not. Out of 120 children who were food insecure, 80 of them were supported. The results also indicate that out of 98 children who

lived in poor housing, none of them received support. This is because, there was no organization from among those surveyed which was involved in improving housing conditions. Table 4.11 notes that only 60 children received assistance in the last four months at the time of this interview, while half, 50% of the children interviewed received the support two years ago, from the time this investigation. These findings are also consistent with Mmsa & Mbaula (2016).

Table 4.11: The last time children received support

Last time to get support	Frequency	%
Four months ago,	60	33.33
One year ago,	15	8.33
Two years ago,	90	50
More than two years ago,	15	8.33
Total	180	100

Source: Survey data (2016/2017)

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the findings of the study in relation to the objectives. It later makes substantive conclusions based on explored problems and prospects for social support systems for orphaned children in Busia Township, Busia County, Kenya and thereafter major recommendations are made. Later, suggestions are made for further areas of study.

5.2 Summary of the Study Findings

This study was carried out at Busia Township of the Busia County in the vast Western Kenya. The study targeted a total of 916 registered households with orphaned children out of which 260 were sampled for interview. The aim of this study was to determine factors undermining social support systems and their prospects in the county. To achieve this, three specific objectives were formed: to examine the approaches used by organizations in identifying and selecting orphans into social support programs in Busia Township, to identify challenges faced in the delivery of social support services, and to determine the social protection interventions provided to orphans in relation to their needs and priorities.

Demographic survey results indicate that more male orphans were interviewed than female and that majority, 75% of the orphans who were conducted stay in urban set ups. In addition, a huge number of orphaned children (70%) are paternal with majority of them, 61.11%) living at home as opposed to the streets. Furthermore, the findings argue that most of the children are in primary schools, and that limited scholastic support is the main key which leads to school dropouts among the orphaned children. Moreover, majority of their caregivers do not have enough financial muscles to cater for necessary supplies because most of them are casual laborers.

It was discovered that intervention organizations in Busia Township applied a mixture of methodologies in targeting beneficiaries such as community-based, proxy means and demographic targeting. Majority of the children are not involved in identification and selection process of beneficiaries and even the identification of their needs. Most of the challenges encountered in service delivery were largely associated with resource constraints, organizational problems and high demands of the ever-increasing population of orphans in

the town. For instance, most NGO's argued that application of national guidelines in the targeting process was very expensive and time consuming. Furthermore, findings show that most of the interventions which are provided to the orphans in Busia Township are largely protective. There is no coordination framework among these organizations for the delivery of their services to the children. This was evidenced by duplication of intervention strategies (efforts).

5.3 Conclusion

The aim of social support systems for orphans and other vulnerable categories is to empower them to reduce levels of dependency and poverty in the society. From the results of this study, these support services in Busia Township experience some challenges which require urgent remedies. First, the targeting process was poorly done under resource constraints and there is also lack of coordination among the organization, the reason why they were offering similar interventions. Therefore, enhancing the coordination will be very important for the future of social protection in Busia Township because this could as well reduce the number of vulnerable children being supported by different organization when others are excluded. There is need to improve preventive social support as most organizations in Busia Township concentrate on implementing protective initiatives

5.4. Recommendations

The study makes two sets of recommendations; for practice and for further research.

5.3.1. Recommendations for Practice

Based on the findings under each objective, the study recommends the following:

- That, beneficiary identification approaches used need to be revised to make them easily applicable and for the right outcomes. This should involve training of the facilitators and involvement of all stakeholders.
- A part from, protective measures, there is need to establish income generating ventures for these children (households) for sustainability. This could also benefit other household members and hence reduce poverty levels.
- A well governed information management system be established for the purposes of identifying beneficiary orphans and other stakeholders. This could help in reducing cases of duplication and cheating in the identification process.

5.4.2. Suggestions for Further Research

- This study focused only on orphans in Busia Township and because children's demographics vary across regions, its findings may not be generalised. Therefore, a more comprehensive study needs to be done with an expanded geographical coverage;
- A comprehensive assessment of organization's best approaches of identifying intervention strategies is inevitable to verify viability for scaling up.

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APPENDICES

Appendix I: Semi Structured Interviews for households with Orphaned Children

Social Support Systems for Orphans and Vulnerable Children in Busia Township

Hello. My name is....., a student at Maseno University pursuing Master of Arts in Social Development and Management. I am conducting an academic study on the challenges and prospects of social support programs at Busia Township. The findings will be used to generate a report which could be used by the government and other development agencies to enhance the provision of social support services in Kenya. The interview will take about 20 minutes. All the answers you give will be confidential and your participation is completely voluntary. However, I hope you will participate since your views are important in the success of this study.

Enumerator's name _____ Date of interview ___ / ___ /2017

Starting time: ____: ____ Household no _____

No	Variable label	Variables
1.	County	
2	Su-County	
3.	Location	
4.	Sub-location/village	
5	Phone number (optional)	

Part A: Demographic information (tick as appropriate)

6	Name of the child (optional)
7	Sex (<i>tick</i>)	A. Male [] B. Female []
8	Gender of the household head	A. Male [] B. Female []
9	Relationship to the Household Head (who do you stay with (<i>tick</i>))	A. Mother only [] B. Farther only [] C. All parents [] D. Grandmother only []

		<p>E. Grandfather only[<input type="checkbox"/>]</p> <p>F. All grandparents[<input type="checkbox"/>]</p> <p>G. Sibling [<input type="checkbox"/>]</p> <p>H. Friend[<input type="checkbox"/>]</p> <p>I. Step mother [<input type="checkbox"/>]</p> <p>J. No relationship [<input type="checkbox"/>]</p>
10	Orphan hood Status (<i>tick</i>)	<p>A. Paternal [<input type="checkbox"/>]</p> <p>B. Maternal [<input type="checkbox"/>]</p> <p>C. Double[<input type="checkbox"/>]</p> <p>D. Not Orphan [<input type="checkbox"/>]</p>
11	Level of Education (<i>tick</i>)	<p>A. Not enrolled [<input type="checkbox"/>]</p> <p>B. Primary drop out[<input type="checkbox"/>]</p> <p>C. In primary school [<input type="checkbox"/>]</p> <p>D. Secondary drop out [<input type="checkbox"/>]</p> <p>E. In secondary school [<input type="checkbox"/>]</p> <p>F. Completed primary school [<input type="checkbox"/>]</p> <p>G. Completed secondary school [<input type="checkbox"/>]</p>
12	Reasons for school drop out	<p>A. Lack of school supplies [<input type="checkbox"/>]</p> <p>B. Abandonment[<input type="checkbox"/>]</p> <p>C. Punishment (physical abuse)[<input type="checkbox"/>]</p> <p>D. Pregnancy [<input type="checkbox"/>]</p> <p>E. Stigmatization/discrimination [<input type="checkbox"/>]</p> <p>F. Illness of caregiver [<input type="checkbox"/>]</p> <p>G. Drug abuse [<input type="checkbox"/>]</p> <p>H. Labour for wages [<input type="checkbox"/>]</p> <p>I. Child chronic illness [<input type="checkbox"/>]</p>
13	Main occupation of the household head (care giver)	<p>A. Petty business [<input type="checkbox"/>]</p> <p>B. Casual labour [<input type="checkbox"/>]</p> <p>C. Civil Servant [<input type="checkbox"/>]</p> <p>D. Peasant farming [<input type="checkbox"/>]</p> <p>E. Fishing [<input type="checkbox"/>]</p> <p>F. None [<input type="checkbox"/>]</p>

14	Geographical location	A. Rural [] B. Urban []
15	Residential area (where the child stays)	C. Home [] D. On the street [] E. Institution [] F. At home and in the street []

Part B: Social support program

16. Have you been approached by any organization for support? A=Yes [] B=No []

17. Which one (if yes in 16?)

A. Kenya Red Cross []

B. Innovation for Poverty Action []

C. Family Life []

D. Busia Compassionate Centre []

E. Human Support Organization []

F. Department of children services []

G. Academic Model Partnership for Health []

18. Were you interviewed? A=Yes [] B=No []

19. Who approached/interviewed you?

A. VCO []

B. Others (Specify []

D. Social Worker []

20. Were you selected? A=Yes [] B=No [] B= I don't know []

21. Are orphans involved in identification and selection of their needs by their sponsors?

A=Yes [] B=No []

22. Are they given a chance to talk about their needs? A=Yes [] B=No []

23. Are they given a chance to talk about their needs (if Yes in 22)? A=Yes [] B=No []

24. What kind of assistance are you given?

A= Scholastic [] B= shelter []

C= Food [] D= medical care []

E =Clothing [] F= Others []

25. When was the last time you received the support

A= four months age [] B= one year ago []

C= Two years ago [] D= More than two years ago []

26. which one among the following challenges have you experienced with the support you get?

A= Delay [] B= Insufficient support []

C= low quality support [] D= Stigmatization []

27. Do you have any other comment?

Thanks for your invaluable information

Appendix II: Interview Guide for Organizations

1. Name of Organization.....
2. Your position.....
3. Your education level
 - A. Post graduate []
 - B. Graduate []
 - C. Undergraduate []
 - D. Diploma []
4. How long have you been working for this organization in Busia county?
 - A. Less than a year []
 - B. Two years []
 - C. Three years []
 - D. Others (specify)..... []
5. How long has your organization been operating in Busia County?
6. What intervention strategies do you offer to the vulnerable children?
7. How do you select the beneficiaries?
8. Are you aware of the national guidelines for selecting beneficiaries?
9. Do you adhere to such guidelines?
10. How do you determine the needs of these beneficiaries?
11. Do you involve the beneficiaries in the identification of their needs?
12. What challenges do you face as an organization in delivering services to these vulnerable children?
13. What policy interventions do you think need to be put in place to enhance social support programs in Kenya?

Thanks for your invaluable information

Appendix III: Focus Group Discussion Guide (Voluntary Children Officers)

1. What are your roles as VCOs?
2. To what extent is the community involved in identification of needs of the beneficiaries?
3. Which mechanisms do intervention organizations employ in targeting the beneficiaries?
4. What challenges do organizations face in delivering services to these vulnerable children?
5. What policy interventions do you think need to be put in place to enhance social support programs in Kenya?
6. Do you have any other comments?

Thanks for your invaluable information

Appendix IV: A Table for determining Sample size from a given population

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size.

S is sample size.