THE IMPACT OF CHILD SPONSORSHIP ON THE WELFARE OF BENEFICIARIES: THE CASE OF IVOLA PROJECT, VIHIGA COUNTY, KENYA.

BY

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DECLARATION

This thesis is my original work and has not been presented for any other academic award in any other University or College.

Signed ……. Date ……..

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Declaration by the supervisor

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

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DEDICATION

This work is dedicated to my wife Joyce Kadeiza and our children: Sylvia Mwenesi, Gerald Kisia, Dickens Agade and Derrick Agisu

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ABBREVIATIONS AND ACRONYMS

ARA	American Relief Administration
CCF	Christian Children Fund
CFCA	Christian Foundation for Children and Aging
CIK	Compassion International-Kenya
CSP	Child Sponsorship Project
FI	Food Insecure
GDP	Gross Domestic Product
GOVT	Government
ICED	International Center for Enterprise and Sustainable Development
KNBS	Kenya National Bureau of Statistics
M.O.E.S.T	Ministry of Education Science and Technology
OVC	Orphans and Vulnerable Children
SCF	Save the Children Fund
SPSS	Statistical Package for Social Scientists
ToC	Theory of Change
UK	United Kingdom
UNDP	United Nations Development Program
USA	United States of America
WKCDD-FMP	Western Kenya Community-driven Development and Flood Mitigation Project

DEFINITION OF KEY TERMS

The following terms have been used in the study as follows:

Beneficiary: Any student who is currently enrolled in, or has exited from the Ivola CSP.

Caregiver: A parent or a guardian who takes care of a child enrolled in the Ivola CSP.

Community development: A process in which community members come together to take collective action and generate solutions to their common problems.

Host community: The area from which children who are supported by Ivola CSP are drawn. This is located within Tambua Ward of Hamisi Sub-county, in Vihiga County.

Participatory development: A development approach in which the local people are fully involved in the creation and managing of a project, program or policy that is meant to improve their lives.

Welfare: To access formal education, healthcare and food by the beneficiaries of the Ivola Child Sponsorship Project.

Child Sponsorship: A fundraising in which a charitable organization associates a donor sponsor with a particular beneficiary.

Orphan: A child whose father/mother or both have died who is a beneficiary of Ivola CSP.

Access: To allow the beneficiaries of Ivola CSP an opportunity to reach out to formal education, healthcare and food services.

ABSTRACT

Child sponsorship is one of the means by which well-wishers seek to improve standards of living of less fortunate children within affected communities. Although studies have been conducted on the benefits of Child sponsorship projects on host communities from around the world as a form of community development, there is little literature on the role played by child sponsorship projects on the welfare of beneficiaries. Specifically, no such study has been conducted on the Ivola Child Sponsorship Project despite the fact that a lot of resources have gone into the project since its initiation in 1998 in Vihiga County. Consequently, this study sought to examine the impact of Ivola Child Sponsorship Project on the welfare of beneficiaries sponsored under the project. The specific objectives pursued were three: to examine the impact of the Ivola Child Sponsorship Project on beneficiaries' access to formal education; to evaluate the impact of the project on beneficiaries' access to health-care; and to assess the impact of the project on the beneficiaries' access to food while enrolled under the project.. A sample of 330 respondents was purposively selected from a population of 415 project beneficiaries, composed of project ongoing students and alumni. Structured questionnaires, document review, beneficiary and key informant interviews and field-based observation were used to collect data. Validity was ensured through expert reviews while reliability analysis was carried out using Cronbach's alpha coefficient which revealed a value of 0.87 above threshold value. Quantitative data was analyzed using both descriptive and inferential statistics while qualitative data was transcribed, analyzed and reported. The study found that there was a positive correlation between access to formal education and child sponsorship (r=.522, p=.000), project sponsorship and access to health care (r=.801, p=.000), and project sponsorship and access to food (r=.730, p=.000). The study concluded that prior to the project many children within the project catchment area did not have access to formal education, health-care services and food due to the poverty that defined their family backgrounds. However, upon joining the Ivola Child Sponsorship Project, the beneficiaries were able to get access to formal education, health-care services and food. The study concluded that the Ivola Child Sponsorship Project played a critical role in the welfare of the beneficiaries. The study therefore recommended that Ivola project should improve more on their objectives in order to ensure more effectiveness in accessing formal education, healthcare and food by enrolled beneficiaries. Other than offering insights on the role of the child sponsorship project on beneficiaries, this study will also be of importance to the Government of Kenya for it will indicate the value of similar projects on community development throughout the country due to the success that has been registered by the Ivola Child Sponsorship Project.

CHAPTER ONE: INTRODUCTION

1.0 Background to the Study

Child sponsorship plays a major role in alleviating poverty and suffering across the world. Child sponsorship can be defined as a fundraising in which a charitable organization associates a donor sponsor with a particular child beneficiary (Wydick *et al*., 2017).

According to (Watson, 2015), some of the features of child sponsorship include regular payments by sponsors and exchange of personal information about specific children in the form of letters, cards, school reports, or updates. Child sponsorship is a fundraising phenomenon which currently links sponsors to between eight and twelve million children globally; with an annual flow of funds exceeding US$ 3.1billion.

Child sponsorship, especially the type that links a sponsor directly to the child-beneficiary has played a critical role in alleviating suffering and improving the living standards of beneficiaries. The bond between the sponsor and the beneficiary makes sponsorship an unusually lengthy and stable source of NGO income; and the sponsorship provides the sponsors with a window into the lives of people in a developing country (Eekelen, 2013). This in many cases leads to a more active interest in international development efforts, which may cause a cross-selling multiplier effect. Thus, people sponsor a child and make other donations to the same organization (Eekelen, 2013). Sponsorship benefits are designed to meet critical needs and help families build a path out of poverty.

1.1 Background on the Ivola Child Sponsorship Project

There are many people who are willing to help the needy children in the society, especially those from areas stricken by poverty. The sponsors contribute dollars monthly to NGOs' they believe can manage the funds well. Compassion International is one such NGO which gets its funding for child sponsorship projects by sending out requests asking those willing to partner with them in their effort to help the needy children to improve their welfare. The donors/sponsors send their funds to Compassion International where they are also linked with specific children they sponsor in various projects. The funds to compassion international are put in a common pool from which expenditure is done through budgeting to support the sponsored children. The project has also linked the sponsors with individual children they sponsor through the exchange of letters and cards to ease interaction.

The Ivola CSP was initiated in Tambua Ward of Hamisi Sub-county in Vihiga County the year,1998.Tambua ward has a population of 560 persons per square kilometer (KNBS, 2009), most families in Ivola area own less than an acre of land, which is rather unproductive given the agro-ecological conditions of the area. There is also a lack of financial resources to facilitate improved farming activities; hence peoples' living standards within the project area are very low. This area has high levels of poverty (KNSB, 2009) which has caused many children to suffer from hunger and attack by diseases very often. All these make it even difficult for the area's children to access formal education, healthcare and good nutrition. In this area, high incidences of HIV/AIDS have led to deaths of many parents, leaving children orphaned and a number of households remaining child-headed. Some of the child-heads of households are also HIV-positive, which exposes such children to tough conditions in leading their lives. Ivola project came about due to the challenges Children were facing in this area as a result of the aforementioned harsh conditions. These children could not be sustained in school because payment of fees and other school levies, acquisition of school uniform and other learning materials was a problem. Whenever they fell sick treatment was a problem due to lack of funds and finally, affording a day's meals was a challenge.

In terms of the project's institutional structure, The Ivola CSP is organized in a way that its operations are divided into two, namely recruitment of beneficiaries and the administration of the project. The recruitment process is restricted to Christian faith denominations only. The children are recruited at a tender age of between 4-7 years. According to the laid down criteria, total orphans are given first priority, followed by partial orphans and then needy cases from large and poor families. HIV-positive beneficiaries are given priority as well. The level of income of the families is also a criterion where families with levels of income of Ksh 3,000 and below per month are considered. Advertisement/announcement is done through church meetings and feeder schools. Schools are always advised to consider needy and bright children. The project sponsors beneficiaries up to their 22nd birthday when a well performing student is expected to have completed university formal education. Once every stakeholder has been notified, a date is set when potential beneficiaries go for selection at Ivola Center where the background information of all recommended candidates is recorded and those who meet the criteria are admitted. The process of recruitment is done in the open to assure everybody of transparency in the entire process.

1.2 Problem Statement

There exists, across the globe, many projects that are aimed at enhancing child sponsorship (as detailed in chapter 2 of this thesis). These projects have invariably had tremendous impact on the lives of beneficiary communities (Boon *et al*., 2013; Smith, 2008; World Bank, 2015). Never the less, not much of the reviewed literature has explored the impact of such projects on the welfare of the beneficiaries involved at the village level in the context of Kenya. Moreover, little attention has been given specifically to child sponsorship projects as an explicit aspect of local (Kenyan) community development initiatives. Quite a number of studies about child sponsorship in the USA, Europe and Asia exist such as Bruce *et al.'s* (2013) study on child sponsorship covering Europe and Asia. However, such studies have not been done on child sponsorship in Kenya especially in the rural context. In Tambua, various challenges have adversely affected children in terms of nutrition, health, formal education and their general welfare, which has resulted into hopelessness for the affected children. Compassion International – Kenya (CI-K) is the only NGO that has attempted to address these challenges in Tambua Ward. Nevertheless, in-spite of this effort by CI-K to the sponsored children by the Ivola project, the impact of the sponsorship to the beneficiaries is not known. Thus, this study sought to examine the impact of child sponsorship on the welfare of the beneficiaries under the Ivola CSP project.

1.3 Main Objective of the Study

The main objective of this study was to examine the impact of child sponsorship on the welfare of the beneficiaries under the Ivola Project, Vihiga County.

1.4 Specific Objectives

Based on the aforementioned main objective, this study was guided by the following specific objectives:

1. To examine the impact of the Ivola Child Sponsorship Project on the beneficiaries' access to formal education.
2. To evaluate the impact of the project on the beneficiaries' access to health-care.
3. To assess the impact of the project on the beneficiaries' access to food while enrolled under the project.

1.5 Research Questions

1. What is the impact of child sponsorship in helping beneficiaries of Ivola Project to access formal education?
2. What is the impact of child sponsorship in facilitating access to health-care by the beneficiaries of the Ivola Project?
3. What is the impact of child sponsorship in facilitating access to food by the beneficiaries of Ivola Project?

1.6 Significance of the Study

This study will be significant to Compassion International and Ivola CSP for it will show the kind of impact the project has had on the beneficiaries in terms of return on the funds and other resources invested in the project and therefore give conclusions on whether this project is of any help to that community. This will enable the concerned stakeholders to incorporate the lessons gained in future management of the project.

This study will as well be significant for it will document the contribution of Ivola CSP project to the beneficiaries overall welfare on formal education, health-care and food. As such, it will enable the Ivola CSP project to focus on the areas that need more attention in future.

This study will also be vital to the Government of Kenya and the County Government of Vihiga when it comes to planning. This will in turn guide policy formulation especially about areas of intervention for NGOs which are operating within the country.

The study will also produce new knowledge about the welfare of the project beneficiaries, and the host community as a whole. Thus, it will help to advance the general body of knowledge not only in the area of child sponsorship; but also in the field of community development.

1.7 Justification of the Study

This study was conducted on the Ivola CSP which is located in Tambua Ward of Hamisi Sub-county in Vihiga. This was because the project deals with children from very poor families and no study has been done on Ivola Child Sponsorship Project to evaluate its impact on the beneficiaries' access to formal education, healthcare and food. Without cash crops, and with a population of 560 persons per square kilometer (KNBS, 2009), peoples' living standards within the project area are generally low. It is an area with high levels of poverty, which has

made it difficult for many children to get good health care, nutrition and to access formal education. In this area, poverty and HIV/AIDS have led to a number of households remaining child-headed, where some of the child heads are also HIV positive. The land size is very small (less than one acre per household) and generally infertile (KNBS, 2009). Apart from the Child Sponsorship, the project also helps people in this area to improve farming by giving some of them some animals and farm inputs. The project also supplies some families with food rations and doing HIV/AIDS awareness programs among the residents.

1.8 Scope of the Study

This study was conducted from May 2016 to August 2016 and was confined to Tambua Ward of Hamisi Sub-county in Vihiga County because this is where the project has been implemented. The study targeted 415 Ivola project beneficiaries from which 330 study participants were purposely selected. In terms of the issues to be studied, the study focused on the Welfare of Ivola Child Sponsorship Project beneficiaries who in this case are the children being supported by the project. The study interrogated the beneficiaries' access to formal education, health care and food. Information was solicited from the study participants using questionnaires , observation schedule, interview schedule and document review.

1.9 Limitations of the study

Seven of the questionnaires received from the study participants were not correctly filled hence they were dropped from the sample.

Some respondents also were not willing to give information to the researcher thinking that they were being witchhunted. To resolve this, the researcher explained to them that the information gathered was specifically for research purposes and not any other purpose.

CHAPTER TWO: LITERATURE REVIEW

2.1 Overview

This section reviewed theoretical and empirical literature. The literature focused on child sponsorship projects and their role on the individual project beneficiaries. The review was done as per the objectives of the study

2.2 Empirical Literature

2.2.1 Child Sponsorship Models

Child sponsorship programs give sponsors the opportunity to reduce global poverty through recurring monthly contributions of materials and funds. Sponsorship donations are then used to provide families in need with basic resources like food, education and health care benefits. There are three basic models, although some organizations combine two or more of the basic sponsorship models to carry out their mission.

(i) Community Projects Model - Some child sponsorship organizations pool the funds from individual sponsors to help support larger community projects like the development of new schools or hospitals. These organizations also might distribute general goods like food or clothing to entire communities.

(ii) Direct Support Model - Organizations such as Compassion International connect individual sponsors with children in need, providing them and their families with resources such as food, education, health-care, vocational training and micro-loans.

(iii) Third-Party Support Model - A few organizations use the sponsorship dollars they collect to support local groups or organizations that already provide resources for people living in poverty, including schools, churches, shelters and food banks (Marketwire,2011)

2.2.2 The Ivola Child Sponsorship project model

Ivola Child Sponsorship project has adopted Direct Model of sponsorship for the administration and management of the project. This is because the sponsors channel their financial support directly to the project common pool and also at times send individual beneficiaries gifts through the project.

2.2.3 Child sponsorship as community development

Since child sponsorship currently comes in the form of community development projects, it is prudent to briefly contextualize this initiative in the broader framework of community development as a concept. Community development is a process in which community members come together to take collective action and generate solutions to common problems (Frank & Smith, 1999). Community development projects constitute the most popular approach to modern development initiatives. Most development agencies are striving to make development become community based as it is believed that community participation is the most effective way of fostering development. In Pakistan, Smith (2008) studied a community-based initiative called the Punjabi Water Management project and found that it had many socio-economic advantages to the community that were attributed to the strong community involvement in its planning and execution. Smith (2008) does not however consider the overall impact of the project on the individual beneficiaries.

Africa has also witnessed an upsurge in efforts being made to have communities own and drive community development projects that benefit children. In Ghana, as a national non-governmental organization engaged in the design and implementation of community development projects, the International Center for Enterprise and Sustainable Development (ICED) adopts a quadripartite project participation model (QPPM) that facilitates the participation of as many project stakeholders as possible (Boon, Bawole & Ahenkan 2013). (Boon *et al*., 2013) highlighted the challenges that face stakeholder-participation in such projects and some of the advantages of the QPPM approach. Nonetheless, they did not explore the impact of such projects on the respective individual beneficiaries, especially the youth.

In Kenya, the Western Kenya Community-driven Development and Flood Mitigation Project (WKCDD-FMP) is one of the many community projects that are aimed at reducing poverty and improving the standards of living in the affected communities in Western Kenya (World Bank, 2015). However, studies that have been done on the project do not examine the impact it has played in the socio-economic advancement of individual beneficiaries (World Bank, 2015).

Wydick, Glewwe and Rutledge (2013) have studied child sponsorship through Compassion International (a leading child sponsorship organization) in six countries in Europe and Asia and found it to have had a big (positive) impact on adult life outcomes - Such studies have

also been done in some African countries. In Kenya, Compassion International - Kenya (CI - K) has been running child sponsorship projects across many counties, yet there are no studies that have been conducted to ascertain the impact of such projects on the welfare of the beneficiaries. One of such projects run by CI – K is the Ivola Child Sponsorship Project (CSP).

Child sponsorship is necessary because it helps children from poor background families to access services that would otherwise have been impossible for them hence contributes to community development.

2.3 The Impact of Child Sponsorship in Facilitating Access to Formal Education

At the World Conference on Education for All (EFA) in 1990, most countries in Sub-Saharan Africa (SSA) decided to universalize primary education. Since the World Education Forum in Dakar in 2000, great progress has been made to achieve universal education, with the number of children out of school falling by almost half (UNESCO, 2015). A study by Eekelen (2013) has made a comparison of sponsorship programs of thirty non-governmental organizations (NGOs) in the UK, USA, Belgium, Germany, and France in the one-to-one child sponsorship programs. One-to-one child sponsorship programs are defined as programs in which individual sponsors make periodic payments that organizations transfer to the foster parents of particularly disadvantaged children. Bruce *et al*. (2013) studied child sponsorship by Compassion International in six countries in Europe and Asia and found the sponsorship to have had a positive impact on adult life outcomes. Thus there is evidence that child sponsorship projects actually improve beneficiaries' access to education.

A recent publication found that in 2011-2013, orphans and vulnerable children (OVC) aged 5 -17 years attended school to lesser extent than other children; however, female OVC were significantly more likely to attend school than male ones (Olanrewaju *et al*, 2015). The initial model provided direct support to children in orphanages. The model was replicated and modified, and over time, these sponsorship programs grew in number, size and diversity across the world according to (UNESCO, 2015). According to Eekelen (2013), child sponsorship model has grown ever since an American journalist witnessed the plight of Korean orphans, established World Vision, and introduced a sponsorship program in1953. The poorest girls in Sub Saharan Africa are most likely to never acquire primary education,

for instance, Niger and Guinea, 70% of the poorest girls have never attended primary school compared to 60% of the poorest boys.

One exception is the study by Kremer *et al* (2003), who used a randomized experiment to analyze the impacts of a Dutch child sponsorship program that funded new classroom construction and provided students a $6 uniform and $3.44 worth of textbooks. They found that even these relatively low-cost interventions induced student beneficiaries to attend school a half year longer and to advance a third of a grade further in formal education.

Child sponsorship involves monthly remittance sent from sponsors, through NGO's such as World Vision, to children sponsored in Zimbabwe. Erica Bornstein (2001), researched on child sponsorship program by World Vision in Zimbabwe. He investigated the dual consequences of child sponsorship through an analysis of two narratives of two men in their twenties. The study focused on NGOs humanitarian links with donors and recipients of aid to facilitate the process of giving and helping. The study examined the World Vision child sponsorship aspects of employees, sponsors, sponsored children, and rural communities being assisted. It demonstrated how transnational processes of giving and membership in a global Christian family contrast with Zimbabwean interpretations of humanitarian assistance and efforts to initiate a Zimbabwean child sponsorship program amidst growing local inequalities. In effect, new perceptions of economic disparity are produced by the very humanitarian efforts that strive to overcome them. Sponsorship involved rural communities that elect management committees to oversee development projects and in concert with local leadership (such as leaders and headmen) to identify the poorest families in the community.

In partnership with the private sector, Kenya was to increase funding to support Public primary schools by increasing their enrolment and retaining learners (Vision, 2030). According to Sarah Cameron, Chief Communications officer of UNICEF's Nairobi office, few countries have made a breakthrough into middle income status without the majority of their citizens having access to secondary education (Oyaro, 2008). Studies focusing on education in Kenya found that about half the children in the slums of Korogocho and Viwandani do not benefit from the free primary education implemented in Kenya since 2003 as the "poorest of the poor" actually attend "private schools for the poor" in the absence of government schools in the slum (Oketch, 2010). Wamukuru (2006) asserts that the number of students exceeded the available human and physical facilities in the 18,000 public schools.

The teacher-student ratio increased from the recommended 1:40 students per class to between 1:60 and 1:90 students per class (M.O.E.S.T, 2010).

Various studies have been carried out on child sponsorship programs and access to various services to improve access to Formal Education. Studies by (Eekelen, 2013) have made a comparison of sponsorship programs of 30 non-governmental organizations (NGOs) in the UK, USA, Belgium, Germany and France in the one-to-one child sponsorship programs, but failed to evaluate their impact on access to healthcare, nutrition and formal education of the beneficiaries.(UNESCO, 2015) established that orphans and vulnerable children (OVC) aged 5–17 years attended school to lesser extent than other children but failed to link them with healthcare and nutrition. These and other studies also did not empirically establish the association between program sponsorship and access to formal education. It was with this concern that the current study sought to examine the impact of sponsorship program on access to formal education by the Ivola Project beneficiaries.

2.4 The Effect of child Sponsorship in Facilitating access to Health-care

St Leger (2000) studies have created a model for mapping linkages between health and education agencies to improve school health. Their model provides a map for school health promotion to identify priorities and directions in school health planning and implementation. (Hallman,1999) examined how quality, price, and access to curative healthcare influence use of modern public, modern private, and traditional providers among 3,000 children aged 0 to 2 years in Cebu, Philippines. (Allensworth and Kolbe, 1987) expanded the concept by adding five more areas to the original three. They proposed that a school health program should include eight components: health education, physical education, health services, nutrition services, counseling, psychological and social services, healthy school environment, health promotion for staff and parent/community involvement. Children with disabilities may also have poorer access to health services while experiencing higher health care needs. Overall, there is a perceived lack of inclusion of children with disabilities in the development agenda.

Rehabilitative and therapeutic care has also been found to be useful for the settling of peer and caregiver violence. A group of large scale studies identified children to be exposed to physical maltreatment by staff (Attar-Schwartz *et al*., 2013), both physical and verbal victimization by peers (Attar-Schwartz & Khoury-Kassabri, 2015) as well as sexual victimization by peers (Attar-Schwartz, (2014). Younger children and particularly children

with greater levels of adjustment difficulties were found to be particularly vulnerable within these settings (Attar-Schwartz *et al*., 2015).

Ainsworth and Semali (2000) studied the impact of adult deaths on children's health in North western Tanzania. The study stresses the fact that there is very little evidence about the magnitude of the impact of adult deaths on child health through channels other than mother-to child transmission of HIV. The study uses longitudinal socio-economic data collected from households in the Kagera region of North-western Tanzania to assess the impact of the loss of adults and parents on the health of young children. In addition, (Van IJzendoorn *et al.,* 2011) propose that children exposed to institutional care can suffer from what they call 'structural neglect' which combines environmental challenges such as minimum physical resources, challenging staffing patterns and inadequacy in caregiver-child interactions all of which can impact child development.

The Intermittent Preventive Treatment of Malaria in Infants (IPTI) study initiated enrolment in March 2004 (Odhiambo *et al.,* 2010). Enrolment included infants 5–16 weeks of age presenting for their primary immunizations to one of four area clinics, Lwak Hospital, Abidha Health Center, Ongielo Health Center and Saradidi Dispensary, and who lived within 3 km of one of these clinics. Enrolment stopped in March 2006 but follow-up continued until 2 years of age. A total of 1516 infants were enrolled overall, including 403 (27%) at Lwak Hospital. Caregivers of all children attending any of the seven first-level government or community health facilities in Asembo (thereafter referred to as DSS clinics) for sick visits were interviewed by trained study staff after their child was examined and treated by clinic nurses. Caregivers were questioned about the child's health over the past 2 weeks using a standard questionnaire prompting caregivers to recall specific symptoms.

The studies above concentrated on studies on healthcare in various locations (Hallman, 1999) in Philippines, (Ainsworth and Semali, 2000) in Tanzania and (Odhiambo *et al.,* 2010) in Kenya. Rehabilitative and therapeutic care were studies by (Attar-Schwartz *et al*., 2013) and (Attar-Schwartz & Khoury-Kassabri, 2015) and (Ainsworth and Semali, 2000) correlate, they studied the impact of adult deaths on their children while (Odhiambo *et al*., 2010) studied Intermittent Preventive Treatment of Malaria in Infants (IPTI).

The studies above revealed that children with disabilities had poorer access to health services while experiencing higher health care needs. Overall, there is a perceived lack of inclusion of children with disabilities in the development agenda. Rehabilitative and therapeutic care has

been found to the setting of peer and caregiver violence. Both studies by (Attar-Schwartz *et al*., 2013), (Attar-Schwartz & Khoury-Kassabri, 2015) and (Attar-Schwartz, 2014) correlate in group of large scale studies that identified children to be exposed to physical maltreatment by staff, both physical and verbal victimization by peers as well as sexual victimization by peers. Studies by (Van IJzendoorn *et al.*, 2011) in his findings, proposed that children exposed to institutional care can suffer from what they call 'structural neglect' which combines environmental challenges such as minimum physical resources, challenging staffing patterns and inadequacy in caregiver-child interactions.

The studies above did not empirically establish the association between program sponsorship and healthcare. It was with this concern that the current study sought to evaluate the effect of sponsorship program on access to health-care by the beneficiaries of Ivola project.

2.5 The Influence of Child Sponsorship on Access to Food

Worldwide, about 2.2 million children die annually, with poor nutritional status as an underlying cause (Black, 2008). Studies by (Cullen and Zakeri, 2004) compared changes in food consumption of 4th graders who transitioned to middle school in 5th grade and gained access to school snack bars to changes in food consumption of 5th graders who were already in middle school. Fourth graders who transitioned to middle school consumed fewer healthy foods compared with the previous school year, but it is not clear whether this was due to the presence of older peers or the change in school food environment.

In Brazil, data from a national survey identified 37.5% of households with some level of FI.4 among households with at least 1 child under 5 years of age, the prevalence of FI.5 was 20% higher, meaning that proportionally more households with children under 5 were affected by the lack of access to food at home when compared to all Brazilian food-insecure households (Segall-Corrˆea *et al*., 2006).

In South Africa, a study among 141 children attending primary schools in the Western Cape, found that 2% of children were underweight and 19% were stunted. Learners with a lower standard of living scores were those that were more likely to purchase unhealthy food items from a food vendor for lunch rather than carry a lunchbox to school (Abrahams, 2010).

Bwibo (2003) posits that research on trends in child under-nutrition in Kenya has been hindered by the challenges of changing criteria for classifying under-nutrition, and an emphasis in the literature on international comparisons of countries' situations. The high

levels of stunting among children above 12 months and the increasing trend in stunting among girls aged 12–23 months indicates the seriousness of stunting, which seems to manifest itself at the onset of complimentary feeding. Studies have shown that foods used to compliment breastfeeding in Kenya are of low nutritive value.

The studies above concentrate on food access in different locations. Findings by (Cullen and Zakeri, 2014), Brazil (Segall-Corrˆea *et al*., 2006), South Africa (Abrahams, 2010) correlate with (Bwibo, 2003) findings that most children had issues in accessing food leading to underweight among the children. The available empirical literature did not reveal whether child sponsorship programmes help children to access food. It is because of this reason that the current study sought to assess the influence of child sponsorship programme on access to food by the beneficiaries of Ivola project in Vihiga County.

2.6 Theoretical Framework

This study was guided by the theory of change. According to Dale and Sorensen (1975), theory of change (ToC) was formulated by Lewin (1947) as a framework to investigate conditions in the successful application of management science. Since then, it has been widely used in management to implement change. Such a change as witnessed in the current study was associated with children transitioning from their previous worst state of life to a better standard of living through access to formal education, healthcare and food.

On critical analysis (Anheier *et al*, 2005) sees the theory of change as an approach that represents beliefs about what is needed by the target population and what strategies will enable them to meet those needs. In essence, ToC establishes a context for considering the connection between a system's mission, strategies and actual outcomes, while creating links between who is being served, the strategies or activities that are being implemented, and the desired outcomes. According to Anheier *et al*. (2005), ToC has two broad components. The first one is the conceptualizing and operationalizing the three core frames of the theory which define the populations (who you are serving), the strategies (what strategies you believe will accomplish desired outcomes) and the outcomes (what you intend to accomplish). The second component of the theory of change involves building an understanding of the relationships among the three core elements and expressing those relationships clearly. This is because the theory of change is defined by the three core elements and the relationship that exists between them.

2.6.1 The Change Process

Lewin (1947) in his theory of change conceptualized the present condition or level of activity of system as a dynamic social equilibrium, meaning, a state of balance maintained by active driving and resisting social forces. Change then consists of altering the driving and resisting forces thereby facilitating the movement of the system to a new level of equilibrium. Lewin (ibid) conceptualized change as a process with three phases: The first phase is unfreezing behavior that increases the receptivity of the client system to a possible change in the distribution and balance of social forces. Secondly, altering the magnitude, direction, or number of driving and resisting forces, consequently shifting the equilibrium to a new level. Finally, reinforcing the new distribution of forces, thereby maintaining and stabilizing the new social equilibrium. Lewin also suggested that although common sense might lean towards increasing driving forces to induce change, in many instances this might arouse an equal and opposite increase in resisting forces, the net effect being no change and greater tension than before.

The ToC helps project stakeholders to identify and deal with the three core components of ToC for effective change. It also explains how to move stakeholders from being passive collectors and reporters of information to active users of information for system planning and service delivery. Moreover, ToC helps system and program staff to better understand the kind of evaluation information they need to make day-to-day decisions. The Theory of Change helps the evaluator to develop research questions that focus measurement on changes that can occur given the particular strategies that are operative at the system, program, and client level. Because it facilitates in understanding the link between strategies and the achievement of outcomes, the theory of change facilitates the integration of data from broader evaluation and accreditation requirements into local evaluation efforts.

In a nutshell, the theory of change is a useful tool for the management of projects or programs since projects or programs endeavor to cause positive change in peoples' lives. The theory gives a technique of progressing from project problem, through strategies and resources to be applied, to eventual outcomes. The theory of change was used to evaluate how the Ivola CSP has changed the beneficiaries' lives.

2.7 The Conceptual Framework

According to Anheier *et al*. (2005), Theory of Change has two broad components. The first one is the conceptualizing and operationalizing the three core frames of the theory which define the populations (who you are serving), the strategies (what strategies you believe will accomplish desired outcomes) and the outcomes (what you intend to accomplish). In this case in relation to our conceptual framework the three core frames are: beneficiaries (population), providing access to formal education, food and healthcare (strategies) and finally improved well being of the beneficiaries (outcome). The second component of the theory of change involves building an understanding of the relationships among the three core elements and expressing those relationships clearly. This is because the theory of change is defined by the three core elements and the relationship that exists between them just as shown in figure 1 where the relationship between the Project and the Welfare of the Beneficiaries is illustrated by the conceptual framework.

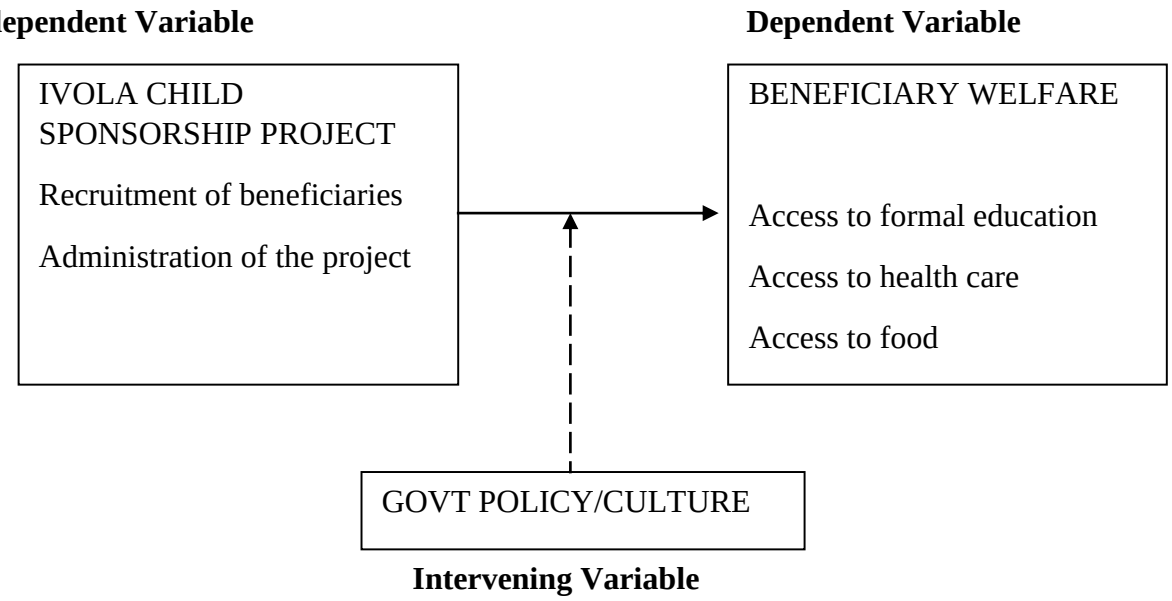


Figure 1: Conceptual Framework

Source: Adopted from Bas Swaen (2015)

The Independent variable is the Ivola project which recruits the beneficiaries into the project and does the administration and management of the sponsorship project. The research project objectives are interrogating the beneficiaries' access to formal education, healthcare and food which rely on the Independent variable to be achieved.

It is only after recruitment into the project that the beneficiaries have access to formal education, healthcare and food. Good administration will ensure the beneficiaries access

these benefits, hence the direction of the arrow. The intervening variables (government policy and culture) are factors which may affect the project in achieving its objectives but in this case, they are not part of the study.

2.8 Knowledge Gap

The reviewed literature shows that studies have been conducted on the subject of child sponsorship. These studies focus much more on the impact of the sponsorship on the general welfare of the beneficiaries. Studies by (Eekelen, 2013) on one-to-one child sponsorship in thirty Non-Governmental Organizations in USA, UK, Belgium, Germany and France do not explore the impact of these initiatives on the individual beneficiaries, making it difficult to assess the net worth of the interventions on the beneficiaries. Locally, the outcome of Ivola CSP has not been studied and thus, it is difficult to know the worth of this project to the beneficiaries.

CHAPTER THREE: METHODOLOGY

3.1 Overview

This chapter presents the research methodology. This entails the research design, study area, study population, sample size, sampling techniques, data collection methods, tools, analysis methods, instrument validation and reliability test, and the ethical considerations considered.

3.2 Research Design

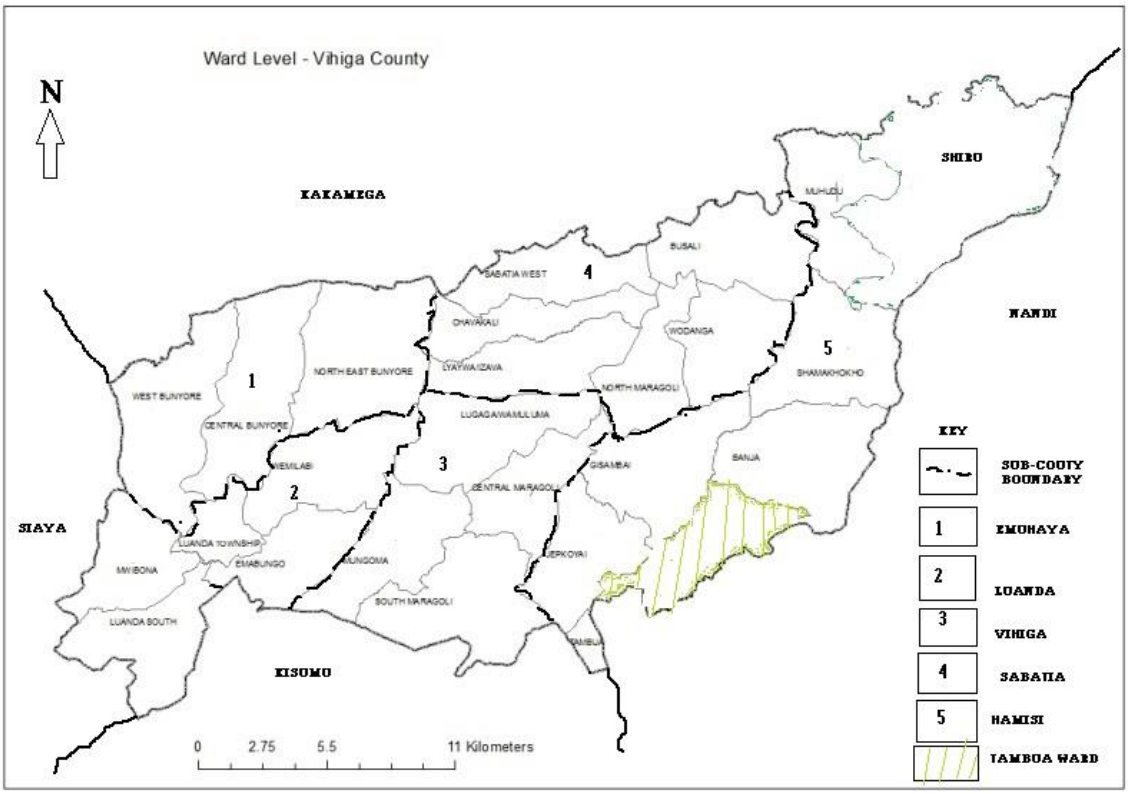
The study applied case study, descriptive survey and correlation research designs. A case study is an in-depth examination of a single phenomenon such as a person, a family, an institution, an event, a process or a project (Yin, 2009). This design was appropriate for it helped to yield in-depth data about the impact of the Ivola CSP on the beneficiaries. Descriptive survey research was adopted as well.

Orodho, (2003) states that descriptive survey is a method of collecting information by interviews or administering a questionnaire to a sample of individuals to determine research statistics of a problem and justify current situation or condition. Correlation design was used in measuring the association between the study variables; that's to study whether an increase or decrease in the sponsorship would have an effect on the variables.

3.3 Study Area

This study was conducted in Tambua Ward, which comprises of the catchment from which the children supported by the project are drawn. Tambua Ward is located in Hamisi Sub-County, Vihiga County in Kenya. It has a population of approximately 18,689 people. The land area of approximately 21.80 square kilometers. The ward comprises of Gimarakwa, Ivola, Givudemesi, Mwembe and Gamalenga sub-locations in Hamisi Sub-county of Vihiga County, which is one of the most densely populated counties of Kenya (KNBS, 2009) . The land holding is less than one acre per household resulting to high levels of poverty.

Figure 2: Map of Vihiga County Showing the Location of Tambua Ward



Source: County Department of Physical Planning Vihiga County.

A total of 18% of Vihiga County residents have no formal education. Hamisi constituency has the highest share of residents with no formal education at 20% of the total county population (Exploring Kenya's Inequality, 2013). Poverty is prevalent in Hamisi due to unproductive small scale pieces of land. Malaria and the spread of HIV/AIDS are also prevalent in the area. The population of Vihiga County is 560 persons per square kilometer against a national population density of 300 persons per square kilometer (KNBS, 2009). Thus, the choice of the Ivola area was attributed to low education levels, high poverty levels and high prevalence to HIV/AIDS within the study area.

3.4 Study Population

A study population is the total number of subjects over which study findings can be generalized (Kothari, 2005). In this study, the population consisted of 415 project beneficiaries comprising of 350 on-going beneficiaries, and 65 project alumni who have so far benefited from the project. The 350 on-going students are those enrolled in various public primary and secondary schools as well as tertiary institutions and universities. The unit of

analysis for this study was the project beneficiaries, both on-going and alumni. There were 48 children from study population who are orphaned children. Those with single parents were 178 in number. Children living with HIV/AIDS were 53, while 136 of children come from families which are extremely poor.

3.5 Sample Size and Sampling Technique

From the aforementioned population of the study that entailed 415 project beneficiaries, a sample of 337 was therefore drawn from the population of the study. The study adopted Krejcie and Morgan (1970) Table for Determining Sample Size-see appendix VII. The result of Table 1 for sampling frame is presented as shown.

Table 1: Sampling Framework

Beneficiary category	N	n	%
Orphaned children	48	44	91.7
Single parent children	178	129	72.5
HIV- positive children	53	42	79.2
Children from extremely poor families	136	122	90.0
Total	415	337	82.9

Source: Field data (2016)

From Table 1 as shown above, a total sample size of 337 respondents was achieved, which was 82.9% of the total number of beneficiaries. Each category of the respondents was scientifically sampled using Krejcie and Morgan (1970) revised formula as shown in Appendix VII.

3.6 Methods of Data Collection

This study applied methods that enhanced both quantitative and qualitative data collection and these were structured questionnaires, document review, key informant interviews, and field-based observation.

i. Structured Questionnaires

A questionnaire is a written instruction(s) addressed to a study participant/respondent in search of information. It consists of items that a respondent should react to in written. A questionnaire gathers information from a large group within a short period of time. There are advantages and disadvantages. One advantage is that there is chance for biasness from the

interviewer because the content is on paper. One disadvantage is that the interviewer has no chance to ask the respondent for more information apart from what is on the paper. The questionnaire used in this study comprised of questions that targeted the project beneficiaries (ongoing and alumni) to get their views concerning the dependant variables; access to formal education, healthcare and food. A five point Likert type scale was used for sections 2-4 to measure the respondents' perception on certain statements about the project; where 1 represented strongly disagree, 2 represented disagree, 3 represented Neutral, 4 represented Agree and 5 represented strongly agree see appendix 1. The five point type likert scale was used to help the respondents to easily choose an option that supported their opinion from the statements or questions that they were to respond to. The scale measured their attitude by measuring the extent to which they agreed or disagreed with these statements or questions. The findings were then analyzed using descriptive statistics mainly Mean and Standard Deviations. The first section sought data on demographic characteristics of the respondents and their interaction with the project.

ii. Document review

This method was used to gather information from documents at the Ivola CSP centre including the project admission records, student medical records and student class progress records. These documents provided the relevant data about the beneficiaries regarding the role of the project on their welfare. The document review checklist was the tool that was used in this data collection method.

iii. Interviews

An interview is a form of communication verbally where one person or group of persons ask the other group questions to gather information or opinions about an issue. Key-informant interviews were conducted on the beneficiaries and other stakeholders who include caregivers, project staff, church leaders, local leaders and teachers. The purpose of using interviews was to collect detailed information which would otherwise not be possible to collect using other methods. The data that was collected focused on the background history of beneficiaries before joining the Project, how they got enrolled in the Project, their experiences and challenges while in the project, the interventions they got in three key areas mainly role of the CSP on the beneficiaries' access to formal education, access to medical care and access to food. Interview guides were used to collect the data. These were semi-

structured interviews in which there was an interview schedule with guiding questions. These questions were used to elicit responses from the respondents

iv. Observation

An observation is a data collection method by which one gathers knowledge of the researched phenomenon through making observations of the phenomena as and when it occurs. This method was used to triangulate the data obtained through the other methods namely document review, questionnaires and interviews. In other words, it was used to confirm the information collected via these methods since it involves physically verifying information already collected. The information that was collected using this method included the kind of activities that the students undergo in the project, the feeding program and the kind of meals they get, and the facilities that they have under the project. The tool that was used alongside the observation method was the observation schedule. Using this observation schedule, the researcher listed issues which were then marked as having been observed or not observed in the field.

3.7 Data Analysis Techniques

For quantitative data, SPSS package was used. The data was collected and analyzed as per the objectives of the study. Frequency counts, percentages, means and standard deviations were sought as descriptive statistics. Pearson product moment correlation was used to establish the associations among the variables of interest. For qualitative data, the initial steps of data analysis involved data crosschecking for accuracy and completeness then thematic analysis method was used to analyze it. Thematic analysis helped in identifying themes and patterns emerging from the qualitative data that were important as collected from interviews. The emergent themes were then used to arrive at various conclusions about the study objectives.

3.8 Validity of Research Instruments

Validity explains how well the collected data covers the actual area of investigation (Ghauri and Gronhaug, 2005). Content validity was ensured by constructing the tools for the study to cover all the aspects on Ivola Child Sponsorship Project that adequately address the research objectives and giving them to expert reviewers to ascertain this. This way, the researcher ensured that the tools measured what they were intended to measure.

3.9 Reliability of Research Instruments

Reliability concerns the extent to which a measurement of a phenomenon provides stable and consist result (Carmines and Zeller, 1979). The researcher also subjected the questionnaire and interview guide to expert opinion to ensure that they are capable of yielding consistent data every time they are applied. Pilot-testing was then done by subjecting the questionnaire and interview guide to the beneficiaries of Kima CSP in Emuhaya Sub-County within Vihiga County, a similar project to Ivola CSP to assess the applicability and acceptability of the research tools. Cronbach's alpha coefficient was used to establish a reliability of 0.87 on 30 respondents that participated in a pilot study, which ensured that the instrument was reliable.

3.10 Ethical Considerations

Prior to conducting this study, the researcher sought permission from the university and also maintained confidentiality at all times and did not reveal the identity of other subjects used in the study or their information to parties not related to the study. In this case, names of the respondents were not referred to; instead, they were given identification numbers for confidentiality reasons. Respondents participated voluntarily and their informed consent was sought before involving them in the study. Another aspect of ethics that was considered was the privacy of the respondents. Information that is considered confidential was processed carefully including non-disclosure of individual comments and opinions.

CHAPTER FOUR: DISCUSSION OF FINDINGS

4.1. Overview

This chapter presents the study findings and discussion as per the objectives. The objectives of the study were:-

To examine the impact of the Ivola Child Sponsorship Project on beneficiaries' access to formal education, to evaluate the effect of the project beneficiaries' access to health-care and to assess the influence of the project on the beneficiaries' access to food while enrolled under the project. Descriptive statistics specifically means standard deviations together with correlation were used as statistical tools for quantitative data. For qualitative data, themes were derived from interviewees' responses, analysed and presented as quotes. The findings are presented in tables as detailed subsequently starting with response return rate, demographic characteristics of respondents, overview of Ivola project and finally findings as per the objectives of the study.

Response return

A total of 337 questionnaires were administered personally by the researcher to the sampled Ivola project beneficiaries (ongoing and alumni) to participate in the study. From this total, data was recovered from all the 337 respondents but 7 did not adequately fill the questionnaires hence dropped.

4.2 Demographic Characteristics of the Respondents

The respondents' demographic characteristics included: gender, age and educational level. The details of the selected respondents are given in table 2 below which provide more information about them.

Table 2: Interviewees' year of enrolment in the project, age and their level of education

Interviewee	Enrolment Year	Age In Years	Class/Level
1	2007	16	Class 7
2	2007	16	Form 2
3	2006	19	University 2nd Year
4	2006	15	Class 8
5	2012	10	Class 4
6	2006	17	Form 4
7	2012	12	Class 4
8	2003	19	University 1st Year
9	2006	16	Grade 1 Dress making
10	1998	24	Diploma in Computer
11	2001	21	Diploma in Records Management.
12	1998	24	Accountant
13	2000	20	Diploma in Social work
14	2012	14	Class 6

Source: Field data (2016)

The beneficiaries in the above table were purposively selected because their interview responses were likely to yield the desired results for qualitative analysis of their background information before joining the project which quantitative data could not provide. However, it should be noted that they were part of the 330 respondents. Other than these beneficiaries, the researcher also interviewed the Project Director, area chief, a project teacher, a pastor and a caregiver whose opinions corroborated the information given by the beneficiaries. These

were interviewed because as the key informants, they had the first hand and detailed information about the Ivola CSP.

Table 3: Demographic Characteristics of the Respondents

Character	Category	Frequency	%
Gender	Male	200	60.6
	Female	130	39.4
Age	10-15 years	137	41.5
	16-20 years	102	30.9
	21-25 years	17	5.2
	26-30 years	51	15.5
	over 31 years	23	7.0
Education	Primary level	156	47.3
	Secondary level	111	33.6
	College	20	6.1
	University	23	7.0
	Trade-test grades	20	6.1

Source: Field data (2016)

Table 3 above shows the demographic characteristics of the respondents. The dominating gender were male at 200 (60.6%) while 130 (39.4%) of the rest were female. This shows that the project recruited both gender for the purpose of mainstreaming. The age of the respondent is also a determining factor of the authenticity of the respondent's feedback. The findings revealed that majority of the respondents 137 (41.5%) were of the age group 10-15 years, followed by 102 (30.9%) of age 16-20 years. Coming next were 17(5.2%) respondents of age 21-25 years, then 51(15.5%) respondents of age 26-30, and finally 23(7.0%) respondents of age above 31 years. The above summary table further revealed that majority of the respondents had primary level education, 156 (47.3%), 111 (33.6%) had secondary level education whereas only 20 (6.1%) of the respondents had college training. Furthermore, 23

(7.0%) of the respondents had university training and 20 (6.1%) of them had acquired trade-test certificates. Therefore, with the majority of the respondents having primary level education and of ages of 10-15 years, it means that the findings from the study are from targeted respondents.

4.3 An Overview of Ivola Child Sponsorship Project

(i) The recruitment process

The recruitment process is based on Christian inter-denomination churches. Beneficiaries are recruited at a tender age of between 4-7 years. The criteria for recruitment are children from poor family background. Total orphans are given first priority, followed by children with single parents and then needy cases from large and poor families. HIV-positive beneficiaries are given priority as well. The level of income of the families is also a criteria where families with levels of income of Kshs. 3,000 and below per month are considered. Advertisement/announcement is done through church meetings and feeder schools. Schools are always advised to consider bright and needy children. The project sponsors beneficiaries up to their 22nd birthday when a well performing student is expected to have completed university formal education. Once every stakeholder has been notified, a date is set when potential beneficiaries go for selection at Ivola center where the background information of all recommended candidates is recorded and those who meet the criteria are admitted.

In addition to the findings from the respondents, findings from document guides were obtained. For the period between 2003 and 2016, the numbers recruited into the project is shown in Table 4 and figure 3. Unfortunately, recruitment records from the inception of the Project in 1998 to 2002 years were not available because of poor record keeping by the project for the initial years.

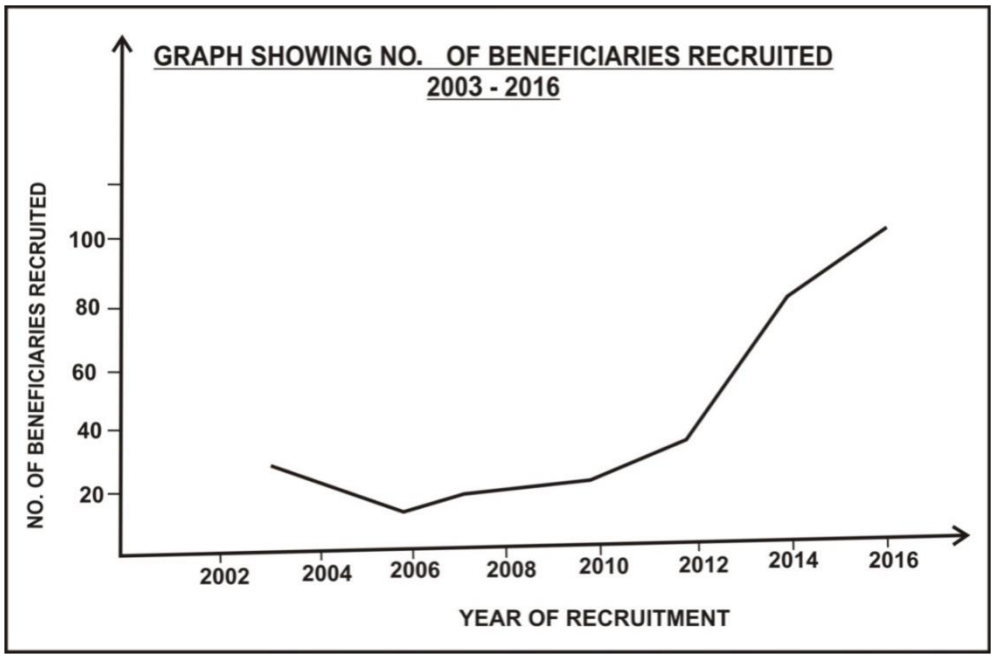
Table 4: Project Beneficiaries Enrolment

Year	Number Enrolled
2003	26
2006	17
2007	20
2010	32
2012	39
2014	83
2016	96

Source: Field data (2016)

The findings from the data presented in Table 4 were also analyzed and a line graph was drawn as shown in figure 3.

Figure 3: Graph of Project Enrolment



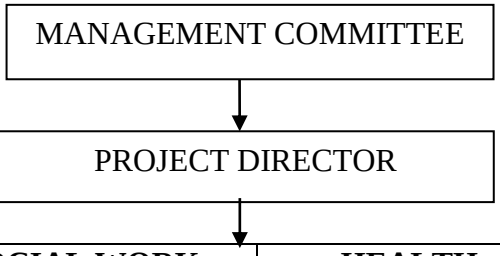
Source: SPSS output (2016)

The graph shows a drop in recruitment from 2003-2006 because Compassion International-Kenya did not receive enough funds from sponsors for recruitment of high numbers in the Project. To the contrary, there was a steady rise in the numbers recruited between 2007- 2016 for the Ivola CSP because the number of sponsors increased hence more funds more available.

(ii) The administrative structure of Ivola Project

The administration of the project is very critical, in order for the project to deliver on its mandate, it has been organized in such a way that the sponsor Compassion International-Kenya has delegated its functions to Ivola Child Sponsorship Project which has a management committee that deals with the running of the project. The Project Director does the day-to-day running of the project as advised by Compassion International Kenya and the management committee of the project.

ORGANOGRAM OF IVOLA CHILD SPONSORSHIP PROJECT



ACCOUNTS	SOCIAL WORK	HEALTH	EDUCATION
1. Incharge of finance 2. Deals with purchases 3. Pays fees and other levies to schools 4. Settles all project bills. 5. Buys beneficiaries school uniform, home clothes and other utilities. 6. Prepares budgets and financial statements.	1. General welfare of the beneficiaries 2. Ensures fair distribution of food rations 3. Ensures gifts from sponsors reach their beneficiaries 4. Visits homes of beneficiaries and makes periodic recommendations	1. General healthcare of beneficiaries. 2. Organizes for screening of beneficiaries. 3. Arrange for treatment of sick beneficiaries 4 .Ensures medical bills are settled. 5. Incharge of project health clinic 6. Incharge of hygiene 7. Recommends food supplements.	1. Monitors beneficiaries' school attendance. 2. Ensures school payments for beneficiaries are made (Fees & Other Levies). 3. Recommends learning materials. 4. Distributes school uniform. 5. Monitors academic progress of beneficiaries 6. Deals with communication between beneficiaries and sponsors

Figure 4: Organogram of Ivola Child Sponsorship

Source: Field data (2016)

(iii) Challenges facing the Ivola child sponsorship project

a) Beneficiaries Drop-out from the project

After the review of the project admission registers and the information obtained from the Project Director, the researcher noted that some beneficiaries had exited the project prematurely on the following grounds; five having attained the mandatory 22nd birthday, two

for faith exclusion, two girls with parental obligation and ten for failure to fulfill project requirement of attending weekend sessions. Their respective cases are elaborated below.

The two children who were recruited from the Muslim faith compromised the objectives of the project; that all recruits must be of Christian faith. When the researcher had an interview with the affected beneficiaries and their parents it came out clearly their parents did not reveal their true religious faith for fear of being excluded from the project. However, it is not fair for the project to discriminate against deserving children just because they are not Christian. This act negates the purpose for which the project was implemented in this area.

The two girls with parental obligation got pregnant while in class eight. When the two girls were visited by the researcher, they blamed their parents whom they accused for abandoning them in the homes without food for as much as three weeks. The girls complained their parents never provided them with important requirements such as the sanitary towels. This shows the two beneficiaries dropped out due to parental negligence, failure to counsel and provide for their daughters. On further interview with the project director, he reported there are some roles to be played by the beneficiaries' caregivers which is not the project responsibility.

Ten beneficiaries exited for failure to fulfill project requirement of attending weekend sessions. It is compulsory for all the beneficiaries to visit the project centre on weekends and any child who fails to attend is guilty and is automatically removed from the project sponsorship. The project director reported they found out the parents to three of those children belong to the Seventh Day Adventist church which is far away from their home and whenever they go there to worship they come back on Sundays. Five of those children reported how their parents force them to remain at home doing cleaning and washing and the remaining two reported that they are always send to visit relatives to solicit for food.

The caregivers of five children who dropped out for attaining the 22nd births day informed the researcher the children were not performing well in school and had repeated classes severally hence age caught up with them before completing their educational pursuit.

b) Fundraising

The discussion the researcher had with the project director revealed the project experiences financial constraints in meeting its budgetary obligations of providing beneficiaries with food, paying fees for them and even paying medical bills. This is because the money the sponsors raise is not sufficient to finance all the requirements. In fact, there are even a few beneficiaries who have been enrolled in the project but Compassion hasn't secured sponsors to pair them with.

c) Selection of One beneficiary per household

As much as the Ivola CSP is appreciated for supporting one child from each household most families have more than three children. This leaves the other children to continue suffering. Hence the need for the project to review its policies in order to consider more children from deserving households.

d) Poor record keeping

There was no record of the beneficiaries admission during the initial years of the project between 1998-2001 and this leaves gaps when important decisions are being made affecting all beneficiaries.

4.3.1 (a) The impact of child sponsorship in facilitating access to formal education by beneficiaries

The first objective of the study sought to examine the impact of child sponsorship on access to formal education by beneficiaries of Ivola Project in Vihiga County. The attributes that were looked at included: criteria for recruiting beneficiaries to the project, beneficiaries' provision of school uniform, payment of school fees and school absenteeism. In order to achieve the objective, two steps were adopted. First, respondents gave their feedback on a five point likert scale on attributes of formal education. The scale was reverse coded so that Strongly Disagree (SD) represented a score of 1, Disagree (D)-2, Neutral (N)-3, Agree (A)-4 and Strongly Agree (SA) a score of 5 see appendix I section II. These results were analyzed and presented using means and standard deviations. The findings are presented as shown in table 5.

Table 5: Extent of Access to Formal Education

Statements on access to formal education	f (%) SD	f (%) D	f (%) N	f (%) A	f (%) SA	M	STD
There is a proper criteria for recruiting beneficiaries from poor families to join school.	1(0.3)	37(11.0)	10(3.0)	129(38.3)	160(47.5)	2.70	.903
Children join the project at an early age to be helped to access formal education.	42(12.5)	88(26.1)	18(5.3)	93(27.6)	96(28.5)	3.07	.881
Beneficiaries have been provided with school uniform to access formal education	64(19.0)	43(12.8)	58(17.2)	103(30.6)	69(200.5)	3.20	1.105
The project pays fees for all beneficiaries	50(14.8)	71(21.1)	39(11.6)	104(30.9)	73(21.7)	3.02	.968
No school absenteeism upon joining the project.	46(13.6)	32(9.5)	34(10.1)	106(31.5)	119(35.3)	3.14	.901
All project beneficiaries are entitled to education assistance.	7(2.1)	37(11.0)	73(21.7)	95(28.2)	125(37.1)	3.00	1.070
Priority to access education is given to beneficiaries who are orphans, those with HIV and those from single parents	25(7.4)	51(15.1)	32(9.5)	93(27.6)	136(40.4)	3.29	1.108
Overall mean and standard deviation						3.16	1.210

Key: M-Mean response, STD-Standard Deviation.

Source: SPSS output (2016)

The findings in Table 5 above show various indicators of access to formal education as revealed by the study respondents at Ivola Project. From the findings, it is clear that there is a proper criteria for recruiting beneficiaries from poor families as indicated by majority of the respondents, 160 (47.5%) who strongly agree and 129 (38.3%) of the respondents who agree that there is a proper criteria for recruiting beneficiaries from poor families to join school with a mean and standard deviation (M=2.70, STD=.903) respectively. The findings also indicate that children join the project at an early age to be helped to access formal education as shown from majority of the respondents, 96 (28.5%) who strongly agree and 93 (27.6%) who agree with the statement. Also supported by a mean and standard deviation, (M=3.07, STD=.881). This is an aspect of access to formal education at an early age by beneficiaries of Ivola project is in alignment with the objective of the study.

In addition to that, majority of the respondents, 103(30.6%) agree while 69(20.5%) of the respondents strongly agree that beneficiaries have been provided with school uniform to access formal education (M=3.20, STD=1.10. Thus children access to formal education is a reality and it was exercised on needy children. Furthermore, the findings from majority of the respondents, 104(30.9%), who agree and 73(21.7%) who strongly agree shows that the project pays fees for all beneficiaries. This is supported by a mean and standard deviation of (M=3.02, STD=.968) respectively. Other factors such as no school absenteeism upon joining the project with a mean (M=3.14), Orphans and HIV status beneficiaries with a mean of (M=3.29) were also found to be beneficiaries of access to formal education.

The main aim of this analysis was to establish whether access to formal education was associated with sponsorship program. Therefore Pearson product moment correlation was carried out and the results presented as shown in Table 6.

Table 6: Correlation between Project Sponsorship and Access to Formal Education

		child sponsorship program	access to formal education
Sponsorship program	Pearson Correlation	1	.522**
	Sig. (2-tailed)		.000
	N	330	330
Access to formal education	Pearson Correlation	.522**	1
	Sig. (2-tailed)	.000	
	N	330	330

**. Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS output (2016)

The findings in Table 6 above shows that there is a significantly strong positive correlation between access to formal education and child sponsorship as shown by (r=.522, p=.000; r =Pearson correlation coefficient, p=probability but SPSS instead of using the term probability, uses significance and abbreviates it as sig. This means that as child sponsorship program improves, there is an improvement in access to formal education. Thus it can be concluded that the Ivola sponsorship program has a positive impact on the beneficiaries' access to formal education.

Findings from the qualitative analysis were also presented. Various findings were made with regard to the impact of child sponsorship in facilitating access to formal education by beneficiaries of Ivola Project. The main objective that drives the formal education component of the project is to provide funding for fees and other school levies to enable children from poor families access formal education. The project also seeks to provide school uniform and a feeding program to make the children comfortable while in class. The project also aims at imparting spiritual and moral knowledge as well as life skills that should help in molding an all-round person. Findings from the interviews with respondents however revealed some challenges of access to formal education by beneficiaries prior to joining the project, the interventions that are being undertaken to address the challenges, and the role of Ivola CSP in facilitating access to formal education by beneficiaries as detailed hereafter.

The study found out that the beneficiaries of Ivola CSP came from family backgrounds where it was difficult to get the basic necessities of life and the aforementioned challenges compounded the problem and made it difficult for most of the children from poor families to access formal education. The respondents gave accounts of their own difficult lives and this was confirmed by the project director who indicated that the main criteria for a child to join the project was a family background in which it was difficult to get basic life necessities.

The children from Ivola who joined the sponsorship program had very poor housing. Their houses were grass thatched, the walls were made of mud, and the floors were smeared with cow dung. In fact, during the rainy season, the roofs had severe leakages which affected their health and studies.

4.3.2 (b) Thematic analysis in respect of access to formal education

In this section, the data the researcher collected from respondents was sieved into themes which were analyzed and presented below in form of quotes. The presentations provide respondents background information on their worst situation before joining the sponsorship programme and the positive changes they realized after being enrolled in the project.

i. Poor housing

The beneficiaries came from homes where houses had leaking grass thatched roofs, mud walls and floors smeared with cow dung as evidenced by the quote below:-

> We stayed in a three roomed grass thatched house, mud walled and the floor smeared with cow dung. Sometimes when it rained with storm, we were exposed and had to move to our grandfather's house. ***(Interviewee 10)***

ii. Lack of home clothes, shoes and beddings

These children suffered poor family background. They had no clothes for use at home, no shoes; the lucky ones shared sandals and had no mattress to sleep on. A child who was lucky to have an old tattered school uniform also used it as home clothes because they had nothing else to change. This is supported by the following quote:-

> My mother was not employed and only relied on casual labour which was not guaranteed. Home clothing, beddings, shoes and other basic necessities were very hard to get with the kind of income our mother got from the casual labour. Food was also an issue, the income from our mother's work was very little and when things got

very tough we used to visit our grandmother who was considerate and offered us some food. ***(Interviewee 4)***

iii. Means of transport

The children rarely travelled from their homes to far places. Occasionally when they travelled, they walked long distances because they had no money to pay fare to board vehicles as demonstrated in the following quote:-

> Means of transport at that time was by walking and sometimes boarding a bicycle. I never boarded a vehicle at that time because there was no money. ***(Interviewee 1)***

iv. Poverty

In Kenya 46% of people live below the poverty line (GOK – UNICEF, 2014-2015). Poverty was the major challenge to good livelihood in Ivola area. It hurts the children who are born in this area so much. Poverty hinders children in this area from accessing formal education, healthcare and food. As a result of these difficulties, most children in this area don't enjoy their childhood life.

One of the respondents narrated her challenges to the researcher that reflected a very difficult life for her and the mother. The respondent informed the researcher that she was recruited into the project in the year 2012 while undergoing Early Childhood Development Education (ECDE). The respondent is an orphan from Mugangu area of Kinu village. The father died and left them with the mother who depended on casual labour from which she was paid Kenya Shillings 150 per day. This was what was used for food, school needs, health and other family requirements which was clearly insufficient. This is supported by the quotes below:-

> My mother was always sick and we had no money at home to pay in school. I was always chased from school for lack of school fees, porridge flour and uniform. I stayed at home playing with my friends. ***(Interviewee 5)***

> By the time I was joining the project, we were a family of five children. My mother was the only parent available after the demise of our father. Life was very tough because my mother relied on casual labour wages to meet family needs. We had a very small portion of land which was rocky and unproductive. Food was a big problem and sometimes we went on a single meal per day. We all shared a piece of

mattress and had no bed in our house. Our house was grass thatched, mud walled and mud floored with no space for private studying ***(Interviewee 8).***

v. Rewards

The best performers are rewarded for their effort in class and encouraged to work harder. They are given gifts individually at the end of each school term at a special ceremony organized by the Project Director. The quote below demonstrates it:-

> Am working hard because the reward system of best performance is what I can't afford to miss. In first term, I was position 3 out of 45 students with a score of 600 marks out of a total of 1100. My Sponsor rewarded me with a laptop which was handed to me by the project Director at a colorful ceremony at the project center. At the end of every term, I present my progress report in order for next term fees to be paid by my sponsor. ***(Interviewee 1)***

The church pastor corroborated the information by confirming that respondent 1 above was unable to attend school. His parents who were his church members died and left them total orphans. The pastor further said that the church tried to support them with food though it was not enough but he is happy now they receive food rations from the project. He confirmed that the aunt to this respondent who had taken up their parental responsibility disappeared and the respondent could hardly attend school until the project recruited him. The church is happy with the academic progress of the respondent who lost his parents while at nursery level and now is in class 7 at Ivola Primary School. ***(Church Pastor).***

vi. Fees payment

Children in this project reported that due to their poor home background, it was difficult for their school fees to be paid because their parents didn't have employment, had no crops or animals to sell to get money for their fees. This made it hard for them to be kept in school to pursue formal education. The quotes below explain it all.

> The project has been the biggest motivation platform in my education life. My fees is paid termly and within the stipulated time frame. This has made me enjoy life in boarding school. Their reward system for the children who perform better has really improved my performance because I have been yearning for the best so as to be recognized and be rewarded handsomely ***(Interviewee 2)***

I find myself more privileged to have the luck of benefiting from this project. Today, I am an Accountant courtesy of prompt fees payment by Ivola child Sponsorship project. ***(Interviewee 12)***

My achievement so far has been motivated by being regular in school due to timely fee payment by the Ivola CSP. The project has provided enough books and writing materials which I utilise maximumly. Today, I am a first year student at Laikipia University pursuing Bachelor of Education (English & Literature). I have always been appreciative to the project for transforming my life. This would not have been possible if the chance to join the project had not come my way. ***(Interviewee 8)***

vii. Writing materials

Prior to joining the project, children did not have the required materials such as text books, exercise books and pens to use in school hence learning was difficult. It was found that most children could go to school without writing materials. The quotes below support this analysis.

The project supplies beneficiaries with both text books and exercise books, pens and other writing materials to be used while in school to make learning comfortable. These materials enhance beneficiaries' school attendance. ***(Project Director)***

Am happy am now settled in school from the time the project started supporting me with school requirements like books, pens and Mathematical sets that have enabled me remain in school up to where I am now. ***(Interviewee 3)***

viii. Tuition

The project organizes for holiday tuition to help beneficiaries in subject areas they perform dismally in school. Part time teachers are recruited to help children in this regard as demonstrated in the quote below:-

The project also provided tuition for us and provided external exams in comparison with what was offered in our school. The project has a well stocked library where I used to borrow books relevant to what I was taught in school and this made me read widely for better performance***.(Interviewee 10)***

The study further established that the admission of the beneficiaries into the project and subsequent provision of school requirements gave them hope that they will at one time be successful, and this became a turning point in their lives. Normally, the project supports the

learners from whichever schools that they are enrolled in. The project does not have its own schools. This design is supposed to ensure that the beneficiaries are helped within the established school system as a way of minimizing the cost of the project thereby making it possible for the sponsors to help as many children as possible to access formal education.

> The project has managed to enable many of our beneficiaries to acquire formal education and transform their lives. Today many have their own careers by which they make a living. Some of them are teachers, Information Technology experts, accountants, social workers, farmers, hoteliers, economists among others. ***(Project Teacher)***

ix. Payment of school levies

Payment of other school levies was a nightmare by the beneficiaries of Ivola before they joined the project because of their poor family backgrounds. Their parents could not afford to pay for them and this adversely affected their studies because they were sent away from school most time. The quote below supports this analysis:-

> Am happy am now settled in school from the time the project started supporting me with payments of school levies and supplies of food and other school requirements that have enabled me remain in school up to where I am now. ***(Interviewee 3)***

x. School uniform

The beneficiaries reported that their parents were so poor to afford school uniform, yet it was a requirement that every child should be in school uniform when they attend school. This affected their learning because they could not be allowed to learn while in home clothes as proved by the quote below.

> The project provides me with school uniform at the beginning of every year when i join a new class. This has made me to work harder in school because before i joined the project i never had school uniform at all. This project gives me everything i need for my education and pray to God to bless them***.(Interviewee 14)***

xi. School absenteeism

Most children reported they could not attend school regularly because of being sent home due to non-payment of school dues. The area had not been receiving any form of help in terms of

bursaries from the government which resulted in many children being absent from school most of the time .This is proved by the narrative below:-

> I commend the project for sponsoring the respondents' access education which has improved the list of University graduates from Ivola sub-location to eight. Due to poverty and bias in the distribution of constituency bursaries the area did not benefit much hence the low number of University graduates from the area. ***(Area Chief)***

Other than the formal education component, students participate in age graded games/sports and activities which include rope skipping, marbles, football, darts, volleyball, mentorship, health screening, discipleship programs, motivational speaking, children rights, HIV/AIDS education and life skills. These were found to be complementing academic achievement by enabling the learners to be mentally, spiritually, emotionally and physically fit to take their studies.

About the role of the Ivola Project on their access to formal education, the selected project beneficiaries had the following to say:

> I exited the project after completing CPA Sec 2 course. I graduated to Leadership Development program and received full scholarship to study BA(Sociology and economics). This is the highest development model in the Compassion program where candidates must have scored C+ and above, be able to give a credible testimony, and exemplify leadership skills. ***(Interviewee 12)***

The study established that after being enrolled into the Ivola CSP, the beneficiaries were motivated and transformed because all of them registered a remarkable improvement in their school attendance. This finding is in tandem with the findings of Bruce *et al*. (2013) and Erica Bornstein (2001), who studied child sponsorship by Compassion International in six countries in Europe and Asia and World Vision in Zimbabwe respectively. The studies found the sponsorship to have had a positive impact on adult life outcomes. Thus there is evidence that child sponsorship projects actually improve beneficiaries' access to formal education.

In conclusion, the above themes from respondents demonstrate the fact that before these beneficiaries joined the Ivola project it was difficult for them to access formal education. When they were enrolled in the project, they are supported and now the situation has improved for the better and now they are able to access formal education with ease.

4.3.3 (a) Impact of project sponsorship on access to health-care by the beneficiaries

The second objective of the study sought to evaluate the impact of the project on beneficiaries accessing better health care services. Variables that were looked at were: payment of medical bills for the beneficiaries, attendance of project clinic, provision of transport to health facilities for emergency treatment, acquiring of medication and medical check-ups. A five point likert reverse coded scale was used where Strongly Disagree (SD) represented a score of 1, Disagree (D)-2, Neutral (N)-3, Agree (A)-4 and Strongly Agree (SA) a score of 5, see appendix I section III. The findings are presented as shown in Table 7 using frequency counts, percentages, means and standard deviations.

Table 7: Respondents Views on Access to Healthcare

Statements on access to Health care	f (%) SD	f (%) D	f (%) N	f (%) A	f (%) SA	Mean	Std. Deviation
The project pays medical bills for beneficiaries when they are sick?	6(1.8)	56(16.6)	8(2.4)	100(29.7)	167(49.6)	4.21	0.946
Most beneficiaries are first attended to at the project clinic whenever they fall sick.	19(5.6)	50(14.8)	33(9.8)	171(50.7)	64(19.0)	3.68	1.066
The project provides beneficiaries with transport to health facilities for treatment.	79(23.4)	33(9.8)	30(8.9)	108(32.0)	87(25.8)	3.23	1.073
Children are admitted in hospital for treatment in case of emergencies	72(21.4)	50(14.8)	36(10.7)	93(27.6)	86(25.5)	2.92	1.247
Beneficiaries go for medical check-ups after every 3 months	15(4.5)	62(18.4)	29(8.6)	84(24.9)	147(43.6)	3.88	0.904
Beneficiaries are helped by the project to get any medicine recommended by doctors.	68(20.2)	69(20.5)	45(13.4)	81(24.0)	74(22.0)	3.19	1.219
Overall Mean and Standard Deviation						3.55	0.71

Source: SPSS output (2016)

In the analysis presented in the table 7 above, the project pays medical bills for beneficiaries when they are sick; this is indicated by majority of the respondents 167(49.6%) strongly agreeing and 100(29.7%) of the respondents agreeing with the statement. This is supported by a mean of 4.21 and with a standard deviation of 0.946. Furthermore, the study indicates that most of the beneficiaries are attended to at the project clinic whenever they fall sick as indicated by majority, 171(50.7%) of the respondents who agree and 64(19.0%) of the respondents which strongly agree that there is timely medical care after joining the project. Having a mean of 3.68 and standard deviation of 1.066 supports the idea. There is also some positive response on the aspect of the project providing beneficiaries with transport to health facilities for treatment as indicated by a majority, 108(32.0%) who agree and 87(25.8%) who strongly agree with the idea. Respondents with mean of M=2.93, STD= 1.073 also support the idea.

Children being admitted in the hospital for treatment in case of emergencies is also an aspect of access to health care by the project beneficiaries as indicated by majority, 93(27.6%) of the respondents who agree and 86(25.5%) who strongly agree who support the idea that there is quick admission in cases of emergencies. This mean is above 2.50 which implies that according to the overall study respondents perception on the statement, Ivola project highly recognizes this element of admission with a mean of M=2.92and STD=1.247. Another indicator of access to health care was the fact that there were numerous routine check-ups for the learners implemented as shown by (M=3.88, STD=0.904). Finally, the findings also revealed that there was easy access to medication by the beneficiaries of Ivola Project. This is evident as supported by the majority, 81(24.0%) who agree and 74(22.0%) of the respondents who strongly agree that there was easy access to medication by the children at Ivola project with a mean of 3.19 and STD of 1.219.

The study further sought to evaluate the impact of project sponsorship on access to health care by Ivola project beneficiaries. The mean on access to healthcare was 3.55 while the standard deviation was 0.71. These were then compared with the extent of project sponsorship. Here, Pearson product moment correlation was employed to achieve this. The two variables were correlated and the results presented as shown in Table 8 that follows.

Table 8: Correlation between Project Sponsorship and Health care Access

		Project sponsorship	Access to health care
Project sponsorship	Pearson Correlation	1	.801**
	Sig. (2-tailed)		.000
	N	330	330
Access to health care	Pearson Correlation	.801**	1
	Sig. (2-tailed)	.000	
	N	330	330

**. Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS output (2016)

From the findings as shown in Table 8, the results indicate that there was a significantly strong correlation between project sponsorship and access to health care by Ivola project beneficiaries (r=.801, p=.000). This means when an improvement in project sponsorship occurs, proper health care also occurs. Therefore Ivola CSP if well maintained and managed, it will enable its beneficiaries to have access to health care. On the contrary, if the project will not be well maintained and managed, it will hinder its beneficiaries' access to health care. It can thus be concluded that project sponsorship influences health care access positively leading to healthier standards of living among the project beneficiaries.

In addition to quantitative findings, qualitative results were also presented. The study established that the health-care status of the beneficiaries improved as soon as they enrolled into the project. According to project Director, children who fall sick are usually treated at the project clinic first and if they don't improve then they are referred to government/mission/ private health institutions where treatment for various ailments is administered and their medical bills are settled by the project. Malnourished children are referred to nutritionists where interventions like provision of food supplements and food rations are recommended. There is a routine medical screening of children to identify whether the beneficiaries are in good health and to avoid common occurrences of common illnesses.

4.3.4 (b) Thematic analysis with respect to health-care access

This section presents quotes from interviewed respondents which were arrived at after analyzing raw data into themes. The beneficiaries' responses were checked to derive relevant

themes for analysis by the researcher. The analysis provides information on poor healthcare situation of the beneficiaries before enrolling into the project. The beneficiaries further demonstrate in their quoted responses how the project has helped them access better healthcare in terms of medical treatment, medical bills, care and treatment for HIV/AIDS infected and affected children, monitoring the health conditions of the Ivola CSP beneficiaries and disease awareness and sensitization.

i. Medical treatment

Prior to the project, whenever the children in this area were attacked by various diseases or whenever they got sick, it was not easy for them because their parents could not afford to take them to hospitals for treatment. So most of them relied on concoctions or bought pain relieving tablets. This kind of approach did not address their healthcare needs and therefore they suffered from ill-health most of the time. This analysis is supported by the quote below:-

> The project became a savior in my life upon admission into the sponsorship. Whenever I fell sick I was taken for treatment in good hospitals and bills were paid by the project as opposed to what the situation was before i was recruited, to this I appreciate Ivola CSP so much ***(Interviewee 7).***

ii. HIV/AIDS

In Ivola area some people have been infected or affected by HIV/AIDS. This has caused the death of some parents and those who survive have not been able to handle their parental obligations as it is required. Some children have also been infected with the virus and this has also affected their health. This case is proven by the following narrative from interviewee 5 and supported by the area chief:-

> The project conducted health screening sessions and my mother and I were discovered to be HIV+. Since then, the project urgently intervened by providing counseling sessions to us to accept the situation and live positively. The project staff referred us to selected hospitals where great care clinics are found. I was immediately started on drugs and the project does follow up of my progress. All my medical bills are paid for and I live with no worry because I am medically insured. ***(Interviewee 5)***

> The project has helped the respondent and the mother to survive because before that, they were always attacked by opportunistic diseases. Worst of all, the mother had no income to facilitate their treatment. ***(Area Chief)***

iii. Medical bills

It was reported by the respondents that whenever they fell sick there was no government facility in the area from which they could seek medical interventions. It forced them to walk more 10km to Hamisi Health Centre with the poor road network. Their admission in the project became a game changer because now all the medical bills are paid for them as revealed in the following narratives:-

> The project pays my medical bills whenever I am sick. The project also trains us on the use of first aid and is also active in sensitizing beneficiaries and the community on HIV/AIDs pandemic. Routine pregnancy tests are also undertaken. ***(Interviewee 2)***

> The health care is one area where I thank the project for allowing me to access the best medical care. There was a time I had a problem with my eyes and I almost turned blind. I could not see any writings on the black walls hence school life turned difficult for me until I dropped out from school. The project took the initiative of referring me to Prime Medical center where I was operated on and treated at a cost of Kshs. 15,000. The project purchased for me spectacles and was able to resume normal learning sessions. I have been going back to the facility for review from time to time with the project financial support. I have seen great improvement in my eyes and general body. This has also enabled me to attend school regularly and my performance is improving. ***(Interviewee 1)***

The project Director corroborated interviewee 1 by informing the researcher that he had discovered after some time that the boy was not coming to school and project center. The project social worker was sent to go home and get him, and upon coming, the boy told us that he had problems reading writings on the wall because tears were running from eyes always. He had then confessed to the project Director that this was the reason for his decision to drop out of the project. From the respondent's explanation, the project Director arranged for him to be taken to an optician for treatment. Thereafter, he resumed his school life. The project has also provided the respondent with food for use at home under the program of giving food to the indexed vulnerable families. The project understood the predicaments of the respondent's entire family and that's why it extended the help.

iv. Screening of the beneficiaries

One of the Consultant Doctors who visits the project to screen the beneficiaries for various ailments reported that he comes to the project once in each quarter of the year. His business is to examine the beneficiaries and recommend to the management the health status of every child for further action. The purpose of this exercise is to monitor the health conditions of the project beneficiaries. This is supported by narratives from respondents 2, 6,12,1, 9, and project director below:-

The following is a summarized screening report for respondent 2 from the doctor's records for the month of March 2014.

Table 9: Screening Results for respondent 2 for March, 2014

Disease/ailment	Good	Bad	Detected	Recommendations/Referral
Chest		√		Mbale Referral Hospital
Eyes		√		Sabatia Eye Hospital
Malaria			√	Anti-malarial treatment

Source: Field data (2016)

> The month of March, 2014 was bad to me because when I was screened by the doctor my chest was congested, the eyes were paining me, Malaria parasites tested positive in my blood. I appreciate the project for having helped me get treated. ***(Interviewee 2)***
>
> I was very weak and by the time the project conducted health screening exercise I was diagnosed with serious chest and ears problems. The project played a great role by ensuring that I received proper treatment which cost Kshs.23, 000/- at that time. This motivated me to work hard in school because I was sure the project would take care of my health problems. ***(Interviewee 6)***
>
> Health screening was done regularly and this made me be very responsible especially with teenage pregnancy. Any medical bill was covered to the fullest and this also gave me the motivation to achieve better results in school ***(Interviewee 12).***
>
> Those children screened and test HIV-positive or children with parents/caregivers who are HIV+ are put under the HIV program. Under this program, warm clothing, nutritional supplements and transport to clinics is provided. ***(Caregiver 1)***

Children are taken through health screening exercises where their health status is determined; and doctors assess their health situation and make recommendations on hygiene, nutrition and general health care. When children get sick, all their medical bills are paid. This is very helpful to the vulnerable children. ***(Interviewee 9)***

The project does regular health screening check-ups to the respondents to ensure their health is stable. This is done after every three (3) months. ***(Project Director)***

v. Ivola project health clinic.

The project has opened a clinic at Ivola center where beneficiaries are treated for minor ailments and in case of a complication they are referred to other hospitals for further treatment, this is corroborated below:-

There is a day I was attacked by severe Malaria and fell by the roadside, the project hired a taxi and took me to the project clinic and later transferred to Mbale hospital where I was treated and taken back home, i appreciated the assistance I got from the project. ***(Interviewee 7)***

vi. Disease awareness and sensitization

Some of the learners are HIV positive and have got great support from the project which includes constant sensitization about the disease as seen in figure 5. Both their lives and health have been positively influenced, reported the project teacher.

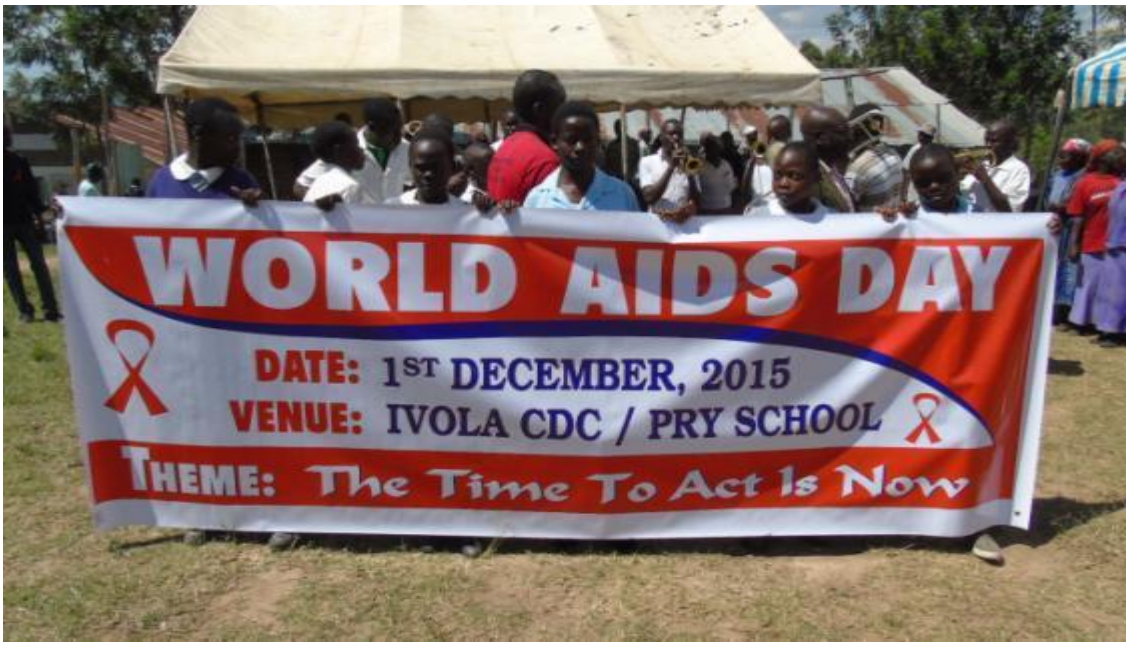


Figure 5: Beneficiaries taking part in World AIDS Day - 1st December, 2015

Source: Field data (2016)

Beneficiaries themselves acknowledged what role the project has had in their lives. One of them had the following account:

> As a form four student, I have been in this project long enough. I have seen children coming in when they are completely emaciated. Within one year, their health quickly improves, something that also helps them to do well in their academic work. It is God's hand at work. ***(Interviewee 10)***

From the above findings, the study established that the project has played a major role in improving access to health-care by the project beneficiaries. Other than the afore-stated interventions, there are HIV positive cases who were very weak prior to joining the project, but when they were put under ARV/ medication program, their health improved and they now continue with their normal life because they are also provided with food supplements.

The conclusion drawn from the above presentations by respondents and analysis on access to healthcare is that the Ivola Child Sponsorship has played a major role in facilitating beneficiaries' access to better healthcare through the various interventions they provided to them. It is so concluded because the testimonies the beneficiaries gave on how poor their medical care was before joining the project and what the situation is at the moment, there is no doubt the project has improved their healthcare greatly.

4.3.5 (a) Impact of child sponsorship on access to food by the beneficiaries of Ivola project in Vihiga County

The final objective of the study was to assess the impact of child sponsorship on access to food by the beneficiaries of Ivola Project in Vihiga County. Respondents were asked to share their views on the completeness or extent to which project beneficiaries, particularly, the learners, accessed food at the project center or in their homes by examining food supplements, balanced diet (carbohydrates, fats, protein, vitamins, minerals and water) and food ratios. Access to food in this case referred to: availability of food, affordability and nutritional content (balanced diet), (disabled world, 2015). A five point type reverse coded likert scale was used to rate the respondents' views so that Strongly Disagree (SD) represented a score of 1, Disagree (D)-2, Neutral (N)-3, Agree (A)-4 and Strongly Agree (SA) a score of 5, see Appendix I section IV. The findings on access to food were presented as shown in Table 10 using means and standard deviations.

Table 10: Access to Food by the Beneficiaries of Ivola Project

Statements on Access to food	f (%) SD	f (%) D	f (%) N	f (%) A	f (%) SA	Mean	STD
Beneficiaries are given food when they visit the project center on weekends	17(5.0)	71(21.1)	8(2.4)	118(35.0)	123(36.5)	3.64	1.156
Food supplements are given to HIV/AIDS beneficiaries	4(1.2)	50(14.8)	31(9.2)	85(25.2)	167(49.6)	4.06	0.977
Beneficiaries are given balanced diet at the project center on weekends and on school holidays	8(2.4)	15(4.5)	78(52.8)	138(11.3)	98(29.1)	3.60	0.943
Food rations are given to selected households	40(11.9)	21(6.2)	43(12.8)	128(38.0)	105(31.2)	3.34	1.338
Beneficiaries are served with breakfast and lunch whenever they visit the center	42(12.5)	57(16.9)	70(20.8)	83(24.6)	85(25.2)	2.82	1.362

Source: SPSS output (2016)

The findings in Table 10 indicate that project beneficiaries are given food when they visit the project centre on weekends as indicated by majority, 123(36.5%), of the respondents who strongly agree and 118(35.0%) who agree with the statement. With a mean and standard deviation of (M=3.64, STD=1.15) respectively supports the idea. In addition, the project gives food supplements to HIV/AIDS beneficiaries. This is evident as indicated by the majority of the respondents 167(49.6%) who strongly agreed and 85(25.2%) of the respondents who agreed with the idea. Having a mean of 4.06 and a standard deviation of 0.977 supports the idea. This implies that the project beneficiaries accessed food adequately both in amount and the supplements required for those infected by HIV/AIDS. This enabled them to stay healthy and hence attended school fully.

Further findings also indicate that majority were sure that sufficient balanced diet was accessed to the beneficiaries among the learners. This is evidently shown by the majority 138(52.8%) who had agreed with the statement followed by 98(29.1%) of the respondents who strongly support the idea that they are given a balanced diet. A mean and standard deviation of (M=3.60, STD=.943) respectively support that the respondents were given a balanced diet. Food rations were only given to selected households as indicated by 128(38.0%) of the respondents who agree and 105(31.2%) of the respondents who strongly agree hence supporting the idea. This is also shown by a mean and standard deviation of (M=3.34, STD=1.33) respectively. Furthermore, there's clear evidence that beneficiaries are served with breakfast and lunch at the center. This can be seen by the findings of 85(25.2%) of the respondents who strongly agree and 83(24.6%) of them who agree with the statement. The mean of 2.82 with a standard deviation of 1.36 supports the idea. These findings imply that Ivola project ensures that the beneficiaries get adequate access to food.

The study further sought to assess the influence of project sponsorship on access to food among Ivola project beneficiaries. The mean on access to food was 3.35 with a standard deviation of 0.73, which was to be correlated with the means on extent of project sponsorship. There Pearson product moment correlation was employed to achieve this. The two variables were correlated and the results presented as shown in Table 11 that follows.

Table 11: Correlation between Project Sponsorship and Food Access

		Project sponsorship	Access to food
Project sponsorship	Pearson Correlation	1	.730**
	Sig. (2-tailed)		.000
	N	330	330
Access to food	Pearson Correlation	.730**	1
	Sig. (2-tailed)	.000	
	N	330	330

**. Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS output (2016)

From the findings as shown in Table 11, the results indicate that there was a strong positive significant correlation between project sponsorship and access to food by Ivola project beneficiaries (r=.730, p=.000). This means that if there is an improvement in project

sponsorship in terms finances, management and accountability, it results to better food access but if the project sponsorship is not improved, the beneficiaries will not be in a good position to access food. It can thus be concluded that project sponsorship influences food access positively or negatively and affect the standards of living among the project beneficiaries.

In addition to the descriptive and inferential findings, qualitative results were also presented. The study found out that before joining the project, the beneficiaries had many challenges in getting adequate balanced diet. This was due to the poor nature of the households in which they were born. As such, the respondents said that there was lack of food as well as money for buying required food. This not only negatively affected the children's education, but their health as well.

4.3.6 (b) Thematic analysis in respect of access to food

In this section, the presentation is on qualitative data that was collected from respondents. It was sieved into themes which were analyzed and presented here below as quotes from the respondents. The details of the narrations show how the beneficiaries had difficulties in accessing food before joining the project and how life changed for the better when they were enrolled in the project and started accessing food through the effort of the project.

i. Starvation

Children in Ivola area starved because their parents did not grow enough food on their small pieces of land which could support their families. Most parents were causal workers who earned about Kshs. 150.00 a day. According to Agricultural Industry (amendment) Order, 30th July 2015, the minimum daily wage for unskilled worker was Ksh.269.40. That meant that the parents of Ivola beneficiaries' daily wages were not sufficient to buy food and cater for other family needs. As a result, food was a big problem to the children. Caregiver 2 narrates:-

> Before the children were admitted in the project, they looked malnourished and were also easily attacked by common ailments like stomach worms, ringworms, and constant diarrhoea. This was an indication that the immune system of the children was weak due to lack of good diet. ***(Caregiver 2)***

For respondent 5, before her admission into the project, the study found out that the respondent would not get a balanced diet because her mother was always ailing due to her HIV status. In addition, the project's social worker explained that the respondent's mother

could not afford to provide a balanced diet to the family because of lack of stable source of income because she is a widow who relies on casual labor that is not guaranteed.

ii. Malnutrition

The children in the area were malnourished because their parents could not afford a balanced diet. In some cases, some families were so large to the extend feeding them adequately was a problem. The children reported they had one meal, two or none per day.

> Regarding balanced diet, selected beneficiaries are introduced to food rations such as millet, sorghum, beans, rice and maize because the project sensitized their parents on how a balanced diet is essential for body development in all growth areas and brain in particular. The project invites medical specialists at the center regularly to check the health conditions of the beneficiaries at least once in three months. The beneficiaries also benefit from meals served to them when they visit the center on weekends and during school holidays. ***(Project Director)***

Respondent 6 reported that he was so malnourished before he joined the project because of poor diet which eventually affected his immunity to diseases and general health. The main food was starch (ugali) and vegetables, no proteins at all. He said as a result, he developed health complications. In this case a food problem led to a medical problem for him.

Generally, this study found that most of the beneficiaries are orphans, or coming from very poor family backgrounds. The study also established that the beneficiaries had a big problem getting food as they complained sleeping hungry most of the days. This inevitably made them weak most of the time and always vulnerable to many forms of ailments.

iii. Supply of food rations

In order to improve access to food by the project beneficiaries, the project set up mechanisms aimed at improving the dietary patterns of the beneficiaries. The study established that the project provides food in order to improve on the nutrition of the beneficiaries and in some cases, their siblings at home as seen in Figure 6 below. Those students on domestic support programs/HIV programs are provided with food to use at home which includes maize, sorghum, millet, cassava, groundnut, rice and green grams/soya.

> The project also extends sympathy to our big family by supplying us with food rations monthly which contains a balanced diet, they give 60 kg of maize,35 kg of

beans, 20kg of sorghum, 20 kg of peas, 20 kg of rice, 20 kg of sugar for use at home. In addition I receive some pocket money from my sponsor through Ivola CSP or use while at college. When we close for holidays I visit the project center where I am provided with breakfast of tea and bread, lunch we eat assorted mixture of beans and maize, beans and rice, rice and meat or with ugali interchangeably. These types of food have tremendously improved my health from the time I joined the project way back in 2005. ***(Interviewee 3)***

Were it not for the additional food that we as a family got from the project, my health and formal education would have been adversely affected. Some of the children in my neighborhood who did not have this priviledge died due to ailments that were caused by malnutrition and lack of medication. I can say that I was quite lucky to have got sponsorship from the Ivola CSP. ***(Interviewee 8)***

Figure 6: Caregivers Receiving Food Rations

Source: Field data (2016)

However, the project director explained that not all beneficiaries are supported with food at home. Only students who are highly vulnerable and on medication are provided with food. Some families may also be provided with food upon a home visit assessment revealing the need for food in that family. Other families may get food after losing their family members and the burial process is complete. This helps the family to adjust before resuming normalcy. The narratives below support the explanation above:-

Nutritional supplies helped to tremendously improve our health. You no longer see malnourished children in the center, and children become more active once they enroll in the project. Were it not for this project, the condition of these children who come from poor families would have been bad. I thank the project sponsors for their intervention. ***(Interviewee 12)***

Am lucky to be among those beneficiaries who have been indexed to receive food rations from the project for use at home. Every month we receive 20kg of maize, 10kg of beans,10kg of rice and 5kg cooking fat***. (Interviewee 14)***

I was also lucky to have been selected to join the program for the highly vulnerable members of the project which has provided us with beddings, clothing and food rations of (15kg rice, 30kg maize, 10kg beans, 12kg sorghum and 8kg millet, 10kg sugar per month). This is because I was under the youth headed household after the demise of our mother. The project also provided some funds 15, 000 Kenya shillings to our grandmother to start income generating activity to support the siblings with which she proposed buying and selling utensils from which proceeds have been used to purchase additional food for us. ***(Interviewee 4)***

Iv: Feeding programs

There are various ways by which the project makes balanced diet available to the children. The beneficiaries are given a balanced diet whenever they visit the Ivola CSP center every weekend which boosts their health. This was corroborated by the following narratives:-

There is a feeding program when the children visit the Ivola Center. The menu includes tea/bread for break-fast and Maize meal/beef/vegetables for lunch in week 1. In week 2 and 4, they have a similar menu which comprises of tea/bread for breakfast and rice/beans and a fruit for lunch. Week 3 has tea/bread for breakfast and maize/beans mixture for lunch***.(Project Director)***

I am provided with breakfast which includes tea and buttered bread while lunch we are served with meat with, rice or ugali or chapatti whenever I visit the project center on weekends. ***(Interviewee 8)***

Figure 7: The Newly Recruited (Year 2016) Project Beneficiaries in a Feeding Session

Source: Field data (2016)

The role of the project in the nutrition of the beneficiaries is further illustrated in figure 7 above which shows one of the feeding session for the newly recruited beneficiaries. Some of the study respondents described the feeding program as follows:

> At the project, there is a feeding program for all the beneficiaries who attend learning sessions at the center. The menu includes tea and bread for breakfast and Maize meal/beef/vegetables for lunch in week 1 and 2, week 3 menu comprise of tea and bread for breakfast and rice/beans and a fruit for lunch. Week 4 has tea/bread for breakfast and maize/beans mixture for lunch. ***(Interviewee 10)***

The study established that generally, the diet for the children while at the project center is composed of maize meal, vegetables, fruits, rice, meat, and beans. For recommended cases, food rations are extended to their homes which include sorghum, millet, soya, and green grams. These are rich foods that really boost the health status of the beneficiaries and their siblings. Thus, the Ivola CSP plays a very critical role in uplifting disadvantaged children and households. This is in line with one of the features of community development that states that community development should also seek to develop structures which enable the active involvement of people from disadvantaged groups (Graham, 1998). This study found that Ivola CSP has structures that enabled the beneficiaries from poor households to develop to

their full potential. As explained in the theory of change, the strategies implemented in the Ivola CSP project brought about change in the beneficiaries who enrolled since they were able to access food unlike before their enrollment.

These findings were found to be in tandem with the initial aim of the project to improve beneficiaries access to good nutrition. This has been done by offering a feeding programme at the project center and food rations to households that host project beneficiaries. The findings are in tandem with the above studies on food access in various locations in USA Witkowski (2003), South Africa by Abrahams (2010) and Bwibo (2003), findings in USA and South Africa reveal that children are overweight whereas studies in Kenya indicate under nutrition in children.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Overview

This chapter addresses the summary, conclusions and recommendations concerning the study findings. Suggestions for further study have also been made.

5.2 Summary of Study Findings

This study sought to achieve three main objectives as follows: to examine the impact of the Ivola Child Sponsorship Project on beneficiaries' access to formal education; to evaluate the impact of the project beneficiaries' access to health-care and to assess the impact of the project on the beneficiaries' access to food while enrolled under the project. The study established that most of the beneficiaries of the Ivola CSP come from very poor families. They belong to families where either of the parents has died or both parents have died or where the level of poverty is very high. Thus, most of the beneficiaries are either total or half orphans, or coming from very poor family backgrounds. Moreover, the study found out that some of the beneficiaries were infected with HIV/AIDS. In addition, it was also established that the beneficiaries had a big problem getting food as they recounted having had two meals a day at best and sleeping hungry at worst. Most of the beneficiaries reported that the average was two meals per day. On the side of clothing, most of them had only one piece of cloth which they used for both school and home use and walked bare foot. About housing, most of them lived in grass thatched houses with mud walls and floors; and they slept on the floor for they could not afford a bed. According to the beneficiaries, normally several siblings shared a single mattress. As far as transport was concerned, there was no money to board vehicles or motorcycles; instead, they relied on walking for most of the local journeys that they had to make.

The study established that all the beneficiaries' families were in a financial crisis before being enrolled for sponsorship. This was revealed by the beneficiaries from their testimonies. Due to the poverty stricken conditions of the beneficiaries before admission into the project, their access to formal education was severely hindered. According to the respondents, this was due to frequent absenteeism from school because of non-payment of fees, school levies and lack of other school requirements, food shortage, imbalanced diet and malnourishment. Moreover,

no one ever seriously monitored their performance in school. For some of the respondents, there was no opportunity to join school at all.

However, after joining the project, the study found out that there came benefits to the respondents and their families in terms of provision of school fees and other requirements that were contingent to access to formal education by the project beneficiaries; a situation that kept them in school throughout. The project pays fees from the time the beneficiary is admitted into the project up to the age of 22nd birthday. If by chance a beneficiary attains this age before completing school then the project Director seeks authority from Compassion headquarters to allow the management committee approve a budget for the remaining period so that the fees is paid at once to enable the child complete his education. Thus, the project supports a beneficiary to acquire formal education from primary school up to university level. As a result, many beneficiaries have had their access to formal education actualized by the help of the project.

The study established that before joining the project, the beneficiaries were malnourished and did not have the means to access quality health-care. However, after joining the project, various health-care services were at the disposal of the beneficiaries. The children were taken to hospital whenever they fell ill and this service was extended to caregivers who had serious medical conditions like HIV/AIDS. This was on the understanding that should a caregiver die, this would complicate the lives of all the children in the affected household.

The beneficiaries were also provided with a balanced diet every weekend and school holidays when they visited the Ivola Center for studies. This served to improve their health since most of the ailments had emanated from the lack of quality food that had left their immune systems weak. Moreover, those who were severely undernourished were given food rations to use while at home (as seen in Figure 6 above), and their caregivers are supported financially to start economical activities so as to get income that can ensure sufficient provision of quality food to their families and thereby boost the health of the members of the family.

The intervention of Compassion International- Kenya in Tambua Ward demonstrates its determination to improve welfare of children in developing countries; especially by helping them have access to good education (formal), healthcare and food. As (Byrant and White, 1992) recommend, development in the Third World Countries will be achieved only when strong organizations intervene in a positive and decisive way with the objective of creating change.

However, this is not sustainable. Therefore care must be taken to ensure that any intervention to help the poor does not end up making them dependent on it. The other negative aspect of the project was that record keeping within the project was not well done. Some of the critical information could only be given verbally without any documentation. In other cases, some of the information was totally missing. For instance, some of the enrolment records for the initial years of the project were not found. This presented a challenge to the researcher just as it does to the daily running of the project. It requires redress.

5.3 Conclusion

On the basis of the afore-stated findings, this study concluded that the Ivola CSP has improved access to formal education by most of the beneficiaries. At whichever stage a beneficiary exited the project (Class 8, fourth form, college or university), the project had made a lasting impact in the lives of the beneficiaries as revealed by their own accounts .However, the project should not just ignore the beneficiaries who drop-out. A mechanism ought to be in place to follow up on those cases with a view of helping them complete their studies.

The study also concluded that the project plays a major role in improving access to health-care of the beneficiaries. This is done by availing medical treatment, medical check-up services to the beneficiaries, as well as a balanced diet. The project also gives food rations to beneficiaries and families who are in dire need which improves their nutrition and immune to frequent attack by diseases. Other than that, the study concluded that the project is instrumental in improving the nutritional status of the beneficiaries. This has the effect of improving their health, concentration in class, as well as being active in co-curricular activities.

Poor record keeping will always present a challenge to the daily running of the project. This is because the missing data will always form gaps in decision-making and eventually negatively influence the project. Secondly, the project does not fundraise enough money from sponsors to pay fees, meet medical expenses and provide food to the beneficiaries. This causes constraint to the project in providing its services. Again, the selection of one beneficiary from a household leaves out many deserving cases so the project should review its selection criteria. Moreover, the children who dropped out continued to pose a challenge to the project because this undermined the very objective as to why the project exists.

5.4 Recommendations

Based on the study conclusions, several recommendations have been made. They included those that relate to policy as well as practice.

5.4.1 Recommendations for Policy

In order to discourage respondents and their families from becoming fully dependent on the sponsorship, the Ivola CSP should come up with a policy that requires that respondents play a role in the provision of the services that they receive. Based on the success that has been registered by the Ivola CSP, the Government of Kenya should formulate a policy that gives incentives to non-governmental organizations to design projects that improve the living standards of beneficiaries within their target communities. Such policies should include the government giving NGOs free land to encourage them start many such projects in all parts of the country. This will help to alleviate suffering for most of families which are in similar circumstances and have no one to help, hence easy to meet their objectives. Another policy can be exempting NGOs from paying taxes so that all the funds they have is only channeled to reaching the needy. This way, the impact of NGOs will be felt at individual level and this is where it matters most.

5.4.2 Recommendations for Practice

As a way of encouraging full retention of beneficiaries in the project, Compassion International should come up with a policy of making a follow up on the beneficiaries who dropped out of project in order to understand why that happened and take remedial measures. The measures should include ways of solving the challenges that the beneficiaries go through both at home, in school and whenever at the project centre in order to eliminate project drop out cases. The project should also drop the requirement that the beneficiaries must be of Christian faith only because it is discriminatory.

The study recommends that CI-Kenya and other NGOs that offer such interventions should send out more requests asking those willing to partner with them in their effort to help the needy children improve their welfare in areas such as access to formal education, healthcare and food.

This will help them expand opportunities in their centers' so as to cover as many children as possible from .disadvantaged families; for it is not fair to pick out and help only one child out of about 3 or more from a single family who require similar help. The Ivola CSP should train

its staff in record and information management. Moreover, an information management system should be adopted to help in the management of information. This way, running of the project will be made effective and efficient.

5.5 Suggestion for Further Study

This study was carried out on one project that is run by CI-Kenya, yet it runs many other similar projects in Kenya. There is need to undertake studies on such other projects in order to establish their impact on the beneficiaries that they serve. This way, the full impact of such interventions can be understood. The project should also find a way of eliminating reasons that make some of the children to drop out of the project. This will enhance retention of the children in the project. Lastly, this was primarily an explorative study. There is need for a more quantitative study design to help isolate and measure more precisely some of the attributes and variables identified here so that firmer recommendations can be made to improve project success, not just on Ivola but also in other Compassion International projects elsewhere.

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APPENDICES

Appendix I: Questionnaire for Project Beneficiaries and Stakeholders

Introduction

Dear respondent,

I am a student pursuing a masters of Arts degree in project planning and management in Maseno University. The purpose of this questionnaire is to get your views on the role of child sponsorship projects on the welfare of beneficiaries: the case of Ivola project in Vihiga County. Please read the statements carefully and tick responses that best represent your opinion. The Information that you will give will be treated with utmost confidence and will not be used for any purpose other than for this research. Your frank opinion will however be of crucial importance to this research. To maintain this strict confidence, your name and that of your school shall not appear anywhere in this questionnaire.

Thank you for your co-operation.

This questionnaire has four parts I, II, II1 and IV. Please fill in all the parts.

SECTION 1: Biographical and Contextual Data.

Please respond to each by ticking (√) against the appropriate information that applies to you:-

1. Gender

   Male ☐

   Female ☐

2. How old are you? Indicate your age in years

   10-15 years ☐

   16-20 years ☐

   21-25 years ☐

   26-30 years ☐

   Over 31 years ☐

3. Indicate your Education Level

   Primary Level ☐

   Secondary Level ☐

   College Level ☐

   University Level ☐

   Others ☐

4. Which year did you join the project?

   Between 1998-2003 ☐

   Between 2004-2009 ☐

   Between 2010-2015 ☐

   Between 2016-2020 ☐

5. How many years have you been in the project?

   Between 1-5 ☐

   Between 5-10 ☐

   Between 10-15 ☐

   Between 15-20 ☐

6. Which faith do you belong to? Christian ☐ Muslim ☐
7. Did you have enough money at home before you joined? Yes ☐ No ☐
8. How do you find life after joining the project? Good ☐ Bad ☐
9. Do you get any problems from the time you joined the project? Yes ☐ No ☐
10. Does the project pay your school fees, buy you books and school uniform?
    Yes ☐ No ☐
11. How were you recruited in the project? Interviewed ☐ Selected by pastor ☐
12. Are you given food when you visit the project center on weekends? Yes ☐ No ☐
13. Does the project pay your medical bills when you are sick? Yes ☐ No ☐
14. Are you taught other activities when go to the project center? Yes ☐ No ☐
15. Are your parents still alive? Yes ☐ No ☐

SECTION II: ACCESS TO FORMAL EDUCATION

Using the following scales, circle the number which best describes access to formal education.

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

	1	2	3	4	5
1. There's a proper criteria of recruiting beneficiaries from poor families…….					
2. Children join the project at an early age to be helped to access formal education. ……					
3. Beneficiaries have been provided with school uniform to access formal education					
4. The project pays fees for all the beneficiaries……..					
5. No school absenteeism upon joining the project.					
6. All beneficiaries are entitled to education assistance from the project					
7. Priority to access education is given to beneficiaries who are orphans, those with HIV and children with single parents……					

SECTION III: ACCESS TO HEALTH CARE

Using the following scales, circle the number which best describes access to health care

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

	1	2	3	4	5
1The project pays medical bills for beneficiaries when they are sick ……					
2.Most beneficiaries are attended to at the project clinic first whenever the fall sick….					
3. The project provides beneficiaries with transport to health facilities for treatment.....					
4. Children are admitted in hospital for treatment in case emergencies…..					
5. Beneficiaries go for medical check-ups after every 3 months.....					
6. Beneficiaries are helped by the project to get any medicine recommended by the doctors.....					

SECTIONIV: ACCESS TO FOOD

Using the following scales, circle the number which best describes access to food

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

	1	2	3	4	5
1. Beneficiaries are given food when they visit the project center on weekends ……....					
2. Food supplements are given to HIV/AIDS beneficiaries…….					
3.Beneficiaries are provided with balanced diet at the project center on weekends and on school holidays.....					
4. Food rations are only given to selected households…….....					
5. Beneficiaries are served with breakfast and lunch whenever they visit the project center.....					
6. Children are educated on balanced diet …….....					

Appendix II: Document Review Checklist

The following checklist was used to verify the documents that the researcher reviewed for purposes of data collection.

1. Admission records
2. Class registers
3. Medical records
4. Personal student files
5. Project alumni records
6. Student progress records

Appendix III: Interview Guide for Continuing Students in the Project

1. What is your name?
    a. When did you join the project?
2. How did you find a place in the project?
3. Are you related to any project staff or the person who helped you to get into the project?
4. In which class did you join the project?
5. In which class are you now?
6. Describe your family set up at the time that you joined the project including number of children, size of land, source of income, kind of house, type and number of meals per day, pairs of shoes per child`, means of transport etc.
7. How did you find a place in the project?
8. How was your situation before you joined the project regarding:
9. Your formal education and fees payment
10. Your academic achievement
11. Your siblings' formal education and fees payment
12. Your access to medical care payment of medical bills
13. Your siblings' access to medical care and payment of medical bills
14. How has the project enabled your:
15. Access to formal education?
16. Payment of fees and other school levies?
17. Access to medical care?
18. Access to balanced diet?
19. What are the disadvantages of participating in this project?

Thank you for taking your time to participate in this interview

Appendix IV: Interview Guide for Project Alumni

1. What is your name?
2. When did you join the project?
3. How did you find a place in the project?
4. Are you related to any project staff or the person who helped you to get into the project?
5. In which class did you join the project?
6. In which class did you exit the project?
7. Describe your family set up at the time that you joined the project including number of children, size of land, source of income, kind of house, type and number of meals per day, pairs of shoes per child`, means of transport etc.
8. How was your situation before you joined the project regarding:
9. Your formal education and fees payment
10. Your academic achievement
11. Your sibling's formal education and fees payment
12. Your access to medical care payment of medical bills
13. Your sibling's access to medical care and payment of medical bills
14. How did the project enabled your:
15. Access to formal education?
16. Payment of fees and other school levies?
17. Access to medical care?
18. Access to balanced diet?

Thank you for taking your time to participate in this interview

Appendix V: Interview Guide for Teachers, Chief and Church Leader

1. How are you associated with this project?
2. How are beneficiaries recruited into the project?
3. What was the situation of the beneficiaries before joining the project?
4. What interventions does the project offer to the individual beneficiaries?
    a) What have been the benefits of this project to students in terms of formal education?
5. What activities do the students go through when they visit the center?
6. What are they taught when they visit the center?
7. How has the project benefited the students in terms of access to medical care?
    a) What types of food does the project provide to the students?
    b) Do the students get similar food at their individual homes?
    c) In your view, has the project helped the students to get job placement?
    d) How have these jobs helped them?
    e) What are the remarkable income generating ventures of the project alumni?
8. Who are some of the alumni who have paying occupations courtesy of the project?
9. What are the disadvantages of the project to the beneficiaries?
10. How can these negative effects of the project be addressed?
11. What are challenges facing the project and how are you addressing them?

Appendix VI : Interview Guide for The Caregivers

1. How are you associated with this project?

2. How are beneficiaries recruited into the project?

3. What was the situation of the beneficiaries before joining the project?

4. What interventions does the project offer to the individual beneficiaries?

5 a) What have been the benefits of this project to students in terms of formal education?

b) What activities do the students go through when they visit the center?

c) What are they taught when they visit the center?

6. How has the project benefited the students in terms of access to medical care?

7. a) What types of food does the project provide to the students?

b) Do the students get similar food at their individual homes?

Thank you for taking your time to participate in this interview

Appendix VII: Observation Schedule

PROJECT SERVICES AND FACILITIES INFORMATION				
AREA TO BE OBSERVED	OBSERVED	COMMENT	NOT OBSERVED	COMMENT
Existence of project Center				
Existence of Library				
Existence of Computer Lab				
Teaching Sessions at Center				
Feeding Sessions at Center				
New houses for beneficiaries				
Library Studies by Students				
Computer classes by students				

Appendix VIII: Krejcie and Morgan (1970) Table for Determining Sample Size

N-n	N-n	N-n	N-n	N-n
10-10	100-80	280-162	800-260	2800-338
15-14	110-86	290-165	850-265	3000-341
20-19	120-92	300-169	900-269	3500-346
25-24	130-97	320-175	950-274	4000-351
30-28	140-103	340-181	1000-278	4500-354
35-32	150-108	360-186	1100-285	5000-357
40-36	160-113	380-191	1200-291	6000-361
45-40	170-118	400-196	1300-297	7000-364
50-44	180-123	420-201	1400-302	8000-367
55-48	190-127	440-205	1500-306	9000-368
60-52	200-132	460-210	1600-310	10000-370
65-56	210-136	480-241	1700-313	15000-375
70-59	220-140	500-217	1800-317	20000-377
75-63	230-144	550-226	1900-320	30000-379
80-66	240-148	600-234	2000-322	40000-380
85-70	250-152	650-242	2200-327	50000-381
90-73	260-155	700-248	2400-331	75000-382
95-76	270-159	750-254	2600-335	1000000-384