

ROLE OF COMMUNITY-BASED PROGRAMS IN EMPOWERING ORPHANS
AND VULNERABLE CHILDREN IN KENYA: A CASE OF MATHARE CHILD
DEVELOPMENT CENTER, NAIROBI COUNTY

by

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APPROVAL

ROLE OF COMMUNITY-BASED PROGRAMS IN EMPOWERING ORPHANS
AND VULNERABLE CHILDREN IN KENYA: A CASE OF MATHARE CHILD
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DECLARATION

ROLE OF COMMUNITY-BASED PROGRAMS IN EMPOWERING ORPHANS
AND VULNERABLE CHILDREN IN KENYA: A CASE OF MATHARE CHILD
DEVELOPMENT CENTER, NAIROBI COUNTY

I declare that this thesis is my original work and has not been submitted to any other college or university for academic credit.

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LIST OF ABBREVIATIONS AND ACRONYMS

CBOs	Community-based Organizations
CDC	Child Development Center
CDD	Community-driven Development
CSOs	Civil Society Organizations
NGOs	Non-governmental Organizations
OVC	Orphans and Vulnerable Children
SDGs	Sustainable Development Goals
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

ABSTRACT

Vulnerability in children implies exposure to situations hindering their development like deprivation, exploitation, abuse, neglect, violence, and disease. Towards alleviating vulnerability, numerous initiatives have endeavored to enhance service delivery to Orphans and Vulnerable Children (OVC). Compassion International is one such initiative uplifting the lives of vulnerable children through creating Child Development Center (CDC). This study sought to establish the role community-based programs play in empowering OVC in Kenya with Mathare CDC in Nairobi County as a case study. Objectives guiding this study were to establish the socio-economic needs of OVC, analyze criteria used in identifying OVC, analyze challenges facing programs, and assess the role of CDC in empowering OVC. The study adopted a descriptive survey design involving a sample of 120 alumni and 10 staff from Mathare CDC. Purposive sampling was used to select alumni, while census was used to select key informants. Questionnaires and an interview guide were administered, and data analysed using the Statistical Package for the Social Sciences (SPSS), version 25. The study found that Mathare CDC adopts a holistic development approach. Vulnerable children in the community were identified through CDC workers, referrals, or parents/guardians. A major challenge facing the CDC is limited financial resources. Nonetheless, the CDC has positively impacted the alumni through education, better healthcare, nutrition, positive behaviour change, spiritual growth, life skills, and talent development. The study recommends enhancing fundraising strategies to increase resource base and considering self-sustainable options to ease overdependence on donors. Support from beneficiaries, parents, and the larger community is paramount in the success of community-based initiatives.

DEDICATION

I dedicate this thesis to angel Dr. Gabriel Joseph Musungu. I know you would have loved to see this work come to fruition.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

Introduction

Children are more vulnerable to many situations in comparison to adults (Stafford, 2010). However, some children are considered to be more vulnerable than others mainly because of various situations or challenges they encounter in their lives. Gelli, Neeser, and Drake (2010) have noted that most vulnerable children have lost one or both parents, have been affected by the HIV epidemic, or have been stigmatized, are abandoned, affected by conflicts, are living with disabilities, have suffered abuse, are marginalized, are malnourished or are living in extreme poverty.

The Joint United Nations Programme on HIV/AIDS (UNAIDS, 2012) has noted that orphans and vulnerable children (OVC) encounter a variety of social and economic challenges. For instance, the majority of the children affected by HIV/AIDS live in households experiencing challenges such as high levels of poverty. According to the United Nations Children's Fund (UNICEF, 2014), the poor health of parents may negatively affect the physical and emotional wellbeing of children. Such children encounter neglect, stigma, and discrimination and may ultimately become orphans. These challenges often leave families unable to cater for the basic needs of the children. Children who are orphans are forced to adjust by moving to new households or even take up the responsibility of heading their current households.

Over the years, stakeholders working with children have devised strategies aimed at addressing the plight of OVC in various parts of the world. Alternative family care arrangements typified by foster families and community-based initiatives that strive towards aiding children in need within their community are some of the strategies

that have been embraced (Foster, 2015). This chapter discusses the study's background, the study's problem, its purpose and objectives, the research questions, the scope of the study, justification, the significance of the study, the study's assumptions, limitations and delimitations, and the definition of key terms.

Background to the Study

Worldwide, various agencies and organizations have made remarkable contributions in the development of community-based approaches for empowering OVC. Freund (2016) emphasized that involving the child's community in the development and well-being of the child is critical. A community, just like the family, plays an essential role in the lives of children. It offers a sense of connectedness, belonging, and support, holding true to the philosophy that it takes 'a village to raise a child'. Therefore, programs and organizations working towards the betterment of children, and OVC in particular, should offer services and support not only to the children themselves but also to the children's communities and families (parents or caregivers) in order to be more effective.

In Africa, the World Bank (2014) estimated that there were over 34 million children who were orphans by the end of the year 2013. Findings of a research by UNAIDS (2012) noted that this number has been increasing over the years from the time HIV/AIDS was declared a global epidemic. The devastating impact of HIV/AIDS combined with the increasing financial challenges has further deteriorated family stability. Families struggle to attain basic necessities, such as shelter, clothing, health care, education, nutrition, and all the more frequently are excluded by their closest relative. In addition to establishing approaches to uphold the best interests of children, governments and other stakeholders are working-out various interventions with the goal to address the circumstance of OVC. Currently, many OVC remain unreached; the

circumstance requires reasonable and deliberate collaborations towards addressing the situation of OVC.

Programs addressing the needs of the OVC are key in reducing infant mortality, vulnerability in children, and attaining an HIV/AIDS-free generation. Around the world, over 13.4 million children have been orphaned due to the HIV/AIDS pandemic (UNICEF, 2014). Moreover, as a result of living in high HIV prevalent communities, millions of children are increasingly vulnerable because their families are affected socially and economically. Larson (2010) observed that despite these children being resilient, how their family, community, and country respond to the epidemic greatly influences their risk factor and ability to stay HIV-free.

According to the World Bank (2015) report, services that are cost-effective, of good quality, and stable are vital in the accomplishment of Sustainable Development Goals (SDGs). In an attempt to address the OVC situation, many African countries have adopted community-based approaches with the support and partnership of international donor organizations. Such organizations include Plan International, Compassion International, and US. President's Emergency Plan for AIDS Relief, and the United States Agency for International Development (USAID), among others. These organizations have been instrumental in the establishment and funding of community-based programs that have a significant impact on the lives of the OVC throughout the African Continent and, by extension, contributed towards the realization of SDGs (World Bank, 2015).

All the efforts made towards the attainment of SDGs seem to be bearing fruit as documented by the United Nations (UN, 2015) report, which is an indication of a profound achievement. Extreme poverty, as per the findings of the UN (2015), has reduced over the past 20 years. The number of people living in extreme poverty has

reduced from 1.9 billion in 1990 to 836 million in 2015. Findings of a study by Lindblade (2015) indicated that the primary school net enrollment rate in developing countries was reported to be at 91% in 2015, compared to 83% in 2000 with more young girls in school now more than 15 years' ago, further reducing the gender gap in education. Additionally, in fostering a global partnership for development, the official aid from developed nations rose by 66% to a total of \$ 135.2 billion in the year 2000 and 2014 (UN, 2015). These achievements are a key benchmark in the overall fight against poverty and related issues such as HIV/AIDS and OVC proliferation.

According to Larson (2010), in Nigeria, for instance, the Community-based Support for OVC project is reported to have significantly improved the well-being of OVC. These achievements were driven through the mobilization of support from the community, creating local capacities, and ensuring people are more aware of the issues and needs of OVC. Over a period of five years (2009–2014), the project had exceeded its original target of reaching out to over 51,000 OVC (Larson, 2010). Besides, the project had also trained close to 16,000 guardians and gave sub-awards to around 38 civil society organizations (CSOs) to offer types of assistance to vulnerable children (Management Science for Health, 2014).

Inside the Nigerian setting and in light of the discoveries of Chama (2016), the female adolescents who have lost their parents experience a complicated type of vulnerabilities. Adolescence is a sensitive period where one needs a gentle and caring lead through the transitional experiences to adulthood. After losing one or both parents, the protective support is removed, leaving the adolescent girls feeling vulnerable to life situations and change. They find themselves struggling to access critical resources, unable to make critical life decisions, and hence they easily fall prey to exploitation and other risks in their attempt to navigate life on their own (Chama, 2016).

According to the research findings of Shann et al. (2013), the circumstance of OVC and their caregivers in Tanzania remains saddening. Many OVC live in poverty, lack basic necessities in life, such as proper food and nutrition, clean water, good shelter and living environment, access to healthcare, psychosocial support, education, and employment opportunities with a reasonable income. Additionally, Daniel and Mathias (2012) found that it is generally assumed that after the death of primary caregivers, the extended family and larger community provide orphans with a safety net of protection. However, in their assessment in Kenya, most of the respondents opined that the family and community system have increasingly weakened, rarely providing the expected safety nets to the orphaned children. Similarly, the government structures are also viewed as ineffective as far as offering support for OVC.

Chirwa (2012) summarized the factors that increase the vulnerability of orphaned children to include terminal diseases, age, education level, poverty level, inability to access information, inequality, social class, culture, and gender. These factors are further worsened by family settings in which women and girls are to a great extent considered weak, voiceless, and are undermined. Despite the negative outlook, the responsibility to care for and nurture the family is placed on them. In situations where the man and breadwinner/head of the house is ill or dies, the burden becomes even heavier on the women. Should the same happen to the mother figure, the situation becomes even more difficult for the young girls who are already at the bottom of the hierarchy of power in the family.

Their vulnerability and capacity to protect themselves from HIV increase as the poverty and family situation worsens. Similarly, Ganga and Chinyoka (2010) indicated that vulnerability presents in different forms across the sub-regions of the country. These include terminal diseases, age, and one's level of education, poverty, and access

to information, inequality, social class differences, culture and gender, all of which have their implications contributing to vulnerability.

The HIV/AIDS pandemic in South Africa is considered the most severe in the world; over 5 million people are infected, with close to 3.8 million children orphaned and vulnerable (Freeman & Nkomo, 2016). Today in South Africa, home and community-based care services are more popular in helping those affected by the pandemic. This is exemplified by Heartbeat, which is a non-profit organization working to address the needs of orphaned children in South Africa. The organization is striving to ensure that OVC's attain their full potential by providing critical services, for instance, food parcels, psychological support, and education assistance (Ras, Simson, Anderson, Prozesky, & Hamersma, 2015).

Thurman, Kidman, and Taylor (2015) found out that the process in which OVC are identified for assistance is determined by the community or specific program. This is because of the lack of national guidelines. The statistics on the increasing number of vulnerable children and the level of suffering they experience are overwhelming. The loss of parents is a traumatic experience that may further leave them isolated, withdrawn, and vulnerable to risks and exploitation. In many cases, society may be oblivious to the depth of their predicament.

Goldberg (2013) estimated that in Kenya, approximately 3.6 million children under the age of 18 years had been orphaned or were vulnerable. Further, Juma, Alaii, Bartholomew, Askew, and Van den Borne (2013) estimated that in 2012, there were approximately 2.6 million OVCs in Kenya, 1.8 million of who were partial orphans, while 15% of the number were double orphans. UNICEF (2015) found that 750,000 of the children were vulnerable, with over one-third of them aged between 10 and 14 years. In addition, Compassion International (2017) estimated that 12% of households

caring for OVC fell in the lower two quintiles on wealth, with 22% of these households experiencing moderate or severe hunger. Support for OVC's was low in terms of healthcare at 3.7%, psychological needs at 4.1%, social needs at 1.3%, and material support at 6.2%.

Education support for OVC was slightly more common (11.5%) (UNAIDS, 2012; UNICEF, 2015). According to Compassion International (2017), CSOs are grassroots organizations that have taken up the initiative to care for the vulnerable children in the community. They include faith-based organizations, community-based organizations (CBOs), community units, and non-governmental organizations (NGOs). These CSOs work together with development partners, such as Compassion International, in reaching out to the OVC all over the country.

The HIV/AIDS pandemic has further contributed to the vulnerability and instability of families and communities. In a community with a high prevalence of HIV infections, the social systems are weakened, meaning that everyone experiences the effects. Families experience an increase in responsibilities and more financial challenges. Orphaned children are less likely to pursue education because of the added responsibilities like household chores, lack of financial support, emotional problems, and poor health. In addition to all these challenges, the quality and relevance of education also do provide a motivation for vulnerable children to want to study (Chama, 2016).

Compassion International is a Christian humanitarian aid organization that works to uplift the lives of children around the globe. It started in South Korea in 1952 when Rev. Everett Swanson, then an evangelist from America, was moved to help 35 children orphaned by the conflict in Korea. With its headquarters in Colorado Springs, the non-governmental organization works in over 25 countries around the world,

mainly in South America, Africa, Central America, Asia, and the Caribbean. Compassion International began working in Kenya in 1980 and has grown to include more than 95,400 children in over 355 Child Development Centers (CDCs) all over the country (Compassion International, 2017). Compassion International is a non-denominational organization; however, it collaborates with different churches to ensure orphaned children in Kenya receive the help they need (Compassion International, 2017).

The organization seeks to foster holistic child development through sponsorship with programs providing opportunities for children to be nurtured spiritually, physically, socially, and cognitively. Currently, Compassion International has collaborated with other institutions to intervene and provide services to OVC. Compassion international remains committed to the long-term development of orphaned children living in poverty globally. The organization offers aid to over two million children with its sponsorship, resulting in significantly higher rates of school completion and improvement in employment outcomes (Compassion International, 2017).

Under the sponsorship program, children are given proper nutrition, clean water, access to better healthcare and education opportunities, life skills, and spiritual development. Sponsored children have access to special services, including disaster relief and medical checkups, as well as mentoring to aid them in discovering the value (Compassion International, 2017). Despite the increasing number of CBOs established to care for the OVC in Kenya, data regarding their actual role and subsequent impact and empowerment of vulnerable children within the informal urban settlements remains scanty. It is in view of the above, this current study sought to establish the role of

community-based programs in the empowerment of OVC in Kenya with reference to the Mathare CDC.

Statement of the Problem

Millions of children have been orphaned, and millions more have become vulnerable to extreme poverty as a result of the HIV/AIDS pandemic in Sub-Saharan Africa (Foster, Levine, & Williamson, 2015). Communities traditionally responded by placing OVC under the care of the extended family or members of the community to take care of them. With the rising socio-economic pressure and weak family structures, the kinship system of care is under threat which puts many children at risk of being neglected (National AIDS Control Council, 2012; UNICEF & Government of Kenya, 2014; UNICEF, 2015). Many of the OVC leave their rural areas where traditional community ties have loosened and move to the urban areas where there are more chances of survival by begging, finding odd jobs, scavenging garbage sites, or prostitution. This further increases the levels of vulnerability to exploitation, abuse, and lack of basic needs for children without care and protection from the families and communities they live in.

Numerous researches have been done to help policy makers and donors to strategize the necessary programs needed in order to offer the right support to OVC in developing countries. Many of the studies are mainly geared towards the establishment of children's homes/orphanages, promotion of alternative care arrangements, such as foster homes and adoption, as well as community-based programs to care for OVC within their communities. However, there is scanty information on the role played by CBOs in empowering the OVC in Kenya. This study, therefore, sought to address the gap by assessing the role of community-based programs in the empowerment of OVC.

Purpose of the Study

The purpose of this study was to establish the role of community-based programs in empowering OVC children in Kenya.

Objectives of the Study

The study specifically sought to:

1. Establish the socio-economic needs of OVC addressed by Mathare CDC, Nairobi County.
2. Establish the criteria used in identifying OVC by Mathare CDC, Nairobi County.
3. Analyze challenges faced by the Mathare CDC program in empowering the OVC.
4. Assess the role of the Mathare CDC program in empowering the OVC.

Research Questions

The following questions were used to guide the study:

1. What are the socio-economic needs of the OVC addressed by Mathare CDC, Nairobi County?
2. What are the criteria used in identifying OVC by Mathare CDC, Nairobi County?
3. What are the challenges faced by the Mathare CDC program in empowering the OVC?
4. What is the role of the Mathare CDC program in empowering the OVC?

Justification for the Study

While some critical research has been done on the situation of OVC in Kenya, significant gaps still remain. Most fundamental gaps in information include the extent

of the OVC problem and the affected groups, effectiveness of current programs in addressing challenges facing OVC, and required cost for a positive impact in the society (Jawara & Thiele, 2018). Lack of strategic information regarding this subject is hindering policymakers and program leaders from making well-informed decisions on the direction to take in adequately addressing the situation of OVC in Kenya (Goodman, Seidel, Kaberia, & Keiser, 2015). Besides, the status of OVC in the country is not clearly stipulated in order to establish the areas of need and what needs to be done. The current status of OVC has been bundled together with other children's related welfares. Therefore, it is important to isolate the specific needs touching on the OVC and appropriate mechanism of addressing their needs.

Previous studies in Kenya have sought the link between the status of OVC and outcomes of immunization (Mishra, Arnold, Otieno, Cross, & Hong, 2007; Radcliff, Racine, Huber, & Whitaker, 2012), household wealth (Akwara et al., 2010), and mental health (Puffer et al., 2012), as well as the link between OVC and HIV/AIDS risk behaviour. The findings were mixed, that is, some showed a correlation between OVC status, poor immunization, and nutrition (Okawa et al., 2011). It is evident that no study has established the needs of OVC, and the current intervention programs with the aim of establishing the effectiveness of the programs in empowering OVC. Such a study can identify the gaps and make appropriate recommendations to ensure that appropriate policies and programess are instituted.

As indicated by OVC-Comprehensive Action Research Project supported by USAID, August 2008, the significant gaps in knowledge regarding the OVC situation in Kenya include data on the magnitude of the situation and characterization of the OVC population and information on the impact and effectiveness of intervention measures (Goodman et al., 2015). These progressions have brought about decreased family

ability to meet children's essential requirements. As a result of the changes in their lives occasioned by the loss of parents, orphans are likely to experience a decrease in emotional and psychological wellbeing, often miss out on opportunities like education, and are bound to live in families that are highly dependent and less likely to sufficiently meet basic needs, such as food. Kenya Ministry of Health and National AIDS/STD Control Programme indicated that the political will and donor support in Kenya has consolidated programs and policy responses to the HIV/AIDS epidemic by expanding the number of OVC control programmes. Additionally, a national plan of action and a national policy on OVC were formulated based on the findings of a rapid country assessment conducted by National AIDS/STD Control Programme in Kenya in 2004.

Since the early 21st century, there has been an increase in the number of OVC in sub-Saharan Africa. This is largely due to the HIV/AIDS epidemic, which has left an expected 17.3 million children orphaned. Conflicts that have lasted over a long duration of time, political instability, and poverty additionally compound the OVC situation (Goodman et al., 2015). Community based programs are significant links between families/OVC and the essential social services necessary in meeting their needs. Such programs ensure that families are able to meet their needs, children stay protected, in school, and on track to attain their full potential, ensure those at risk are tested and the ones infected can access the necessary treatment.

This research sought to fill the information gap on whether the current programs used to address the challenges faced by OVC are meeting this need. Community-based programmes are among the strategies used in this area. By investigating the role they play in the empowerment of OVC, the study would contribute invaluable information that can be used in making evidence-based decisions and programming.

Significance of the Study

This study sought to assess the role of community-based programs in making a significant positive contribution towards empowering OVC in Kenya. The outcome of this research is likely to benefit the Mathare CDC by providing feedback on their programs and whether they are attaining their set objectives. The study sought to suggest strategies to enhance the effectiveness of the program; the recommendations given will enable the centre to improve and strengthen its activities and service provision to the beneficiaries. The beneficiaries who had successfully graduated from the program were given an opportunity to provide feedback, suggestions, and input regarding the program.

Additionally, the findings may also benefit internationally funded charitable organizations based in Kenya, specifically Compassion International. The feedback and recommendations given would enable them to assess their effectiveness and even improve on their programs at the grassroots levels. The findings were shared with similar sponsored projects country-wide, recommendations contextualized and implemented to better their programs.

This study could further benefit the government of Kenya through the Department of Children's services and other stakeholders like NGOs and Church-Based organisations keen to come up with relevant programs in effectively and holistically empowering OVC in Kenya. Finally, the study is likely to make an immense contribution to enriching the knowledge base within the Institute of Child Development at Daystar University. The insights from the study were vital in informing the relevant programs with children as the main beneficiaries of such efforts.

Assumptions of the Study

The assumptions made in this study were that first, the respondents would be available during the period of the study. This was found to be true as most of the respondents were available and responded to the administered data collection tools. Secondly, the researcher assumed that all the respondents would cooperate in the study. This was also found to be true since the respondents were cooperative and willingly agreed to participate in the research. Finally, the researcher assumed that the respondents would provide reliable responses. This was true considering that the responses provided were useful in answering the research questions.

Scope of the Study

The scope of study/research refers to the boundaries within which research is carried out. Compassion International as an organization sponsors about 355 CDCs in Kenya, with more than 95,400 children participating countrywide (Compassion International, 2017). However, this study only focused on one of these centres; that is, the Mathare CDC which operates in Mathare - one of the biggest slums in the country located in the Eastern part of Nairobi County. Although there are many orphaned and vulnerable children in Mathare, this study focused only on the ones that are part of the Mathare CDC program. Currently, the program works with 321 OVC residing in the slum and boasts of over 1,400 alumni who have graduated from the program since 1995.

The study specifically focused on the role of Mathare CDC in the empowerment of its beneficiaries by targeting the 211 alumni that had graduated from the program between the years 2012 and 2019. The study further restricted itself to the following: establishing the socio-economic needs of OVC addressed by Mathare CDC program; establishing the criteria used by Mathare CDC in identifying OVC, analysing the

challenges faced by Mathare CDC program in empowering the OVC it serves; and finally assessing the role of Mathare CDC program in empowering the OVC.

Limitations and Delimitations of the Study

This study had the following limitations. First, it was challenging to gather the respondents for the data collection exercise since the study focused on beneficiaries who had graduated from the program and were no longer involved in daily activities at the CDC. This challenge was overcome through cooperation with the CDC office that was able to contact the beneficiaries. The data collection exercise was spread over a period of time, based on the availability of the respondents. On the other hand, the CDC workers were easily accessible at the CDC premises. Key informant interviews were scheduled during the December holiday program since all employees (both permanent and part-time) were required to be available at the centre to participate in the training program.

A second limitation was the fact that the researcher was a stranger to the respondents; it was quite difficult for them to comfortably open up and participate in the research. To minimize this, the researcher worked closely with the CDC management, who introduced the researcher to the beneficiaries and requested their participation and corporation. In addition, the research assistant for the study was recruited from amongst the CDC alumni and therefore more familiar to the respondents, making it easier to build trust and confidence with the beneficiaries.

Finally, it was difficult for the respondents to openly give their views critical of the CDC. Many expressed fears that they may be victimized. This challenge was minimized by reassuring the respondents of confidentiality and that whatever information they provided would not be disclosed or shared without their consent.

Additionally, their real identities were protected because in the study, they were only identified by a given code rather than by their real names.

Definition of Terms

Alternative care: Alternative care is any formal or informal, temporal or permanent living arrangement for a child living away from their parents. This is as a substitute to parental care and can be classified into a formal setting arrangement, such as institutional care, foster care, and adoption or informal arrangements, such as family-based or community-based care (FICE Youth, 2015). Other forms of temporal arrangements, such as kinship care, short/long-term foster care, smaller residential care facilities, and supervised independent living, may be considered before a permanent arrangement is made for a child. In this study, the term was utilized to denote communal care of OVC.

Alumni: A group of people who attended or graduated from a particular school, college, or university (McDearmon, 2013). In this study, the term alumni was used to mean people who graduated from the Mathare CDC and any other CBOs.

Child: In legal terms, a child is any individual under the legal age of majority. As such, a child is any individual who has not attained the age of 18 years in accordance with Kenyan laws (National Council for Law Reporting, 2010). In this research, the term was used to refer to an individual under the age of 18 years.

Community: A group of people living in an identifiable geographical area who share a common culture and are arranged in a social structure that allows them to have a shared identity as a group (Phiri, Foster, & Nzima, 2011). It also denotes a group of people living in the same place or having a particular characteristic in common. In this study, a community has been defined as an organized collection of individuals with the aim of providing care to OVC.

Community-based organization: A nonprofit group that works at the lower level to improve the lives of local residents (Thurman, Lockett, Taylor, & Carnay, 2016). In this study, CBO was used to mean Mathare CDC and any other organized community group channeling resources towards providing care to OVC.

Empowerment: Empowerment is an interactive process with key components, including an enabling environment encouraging popular participation in decision making, which affects the achievement of goals, such as poverty eradication, social integration, and decent work for all as well as sustainable development (UN, 2018). In this study, empowerment was used to mean the process of providing an enabling environment to Mathare CDC beneficiaries; giving the needed support to assist them move from a state of hopelessness to a state of self-awareness, determination, power and confidence in controlling their behavior, life outcomes, claiming their rights, develop ability to make decisions, participate in social integration, and attain their goals.

Orphan and vulnerable child: An orphan is a child whose parent or both parents have died (Hage, 2012). A vulnerable child is one whose vulnerable state is due to parents/caregivers' morbidity, death, household poverty, or other socio-economic problems that render a child unable to receive basic needs (UNICEF & Government of Kenya, 2014). In this study, the term OVC is used to mean either a child whose parents have died or one whose parents/guardians cannot offer sustainable support.

Summary

This chapter focused on the introduction and background of the study, the problem statement, as well as the purpose of the study. It further outlined the objectives of the study and the research questions to guide the research process. The justifications of this study, its significance, assumptions, scope, limitations, and delimitations have

also been covered. Additionally, operational terms for this research have been defined. The next chapter presents a review of literature related to the study, with a focus on an analysis of theoretical framework, conceptual framework, general and empirical literature.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This study sought to assess the role of community-based programs in empowering OVC. The current chapter, therefore, covers the review of both theoretical and empirical literature relevant to the study. While the theoretical framework looks into the theories supporting the study, the empirical literature looks into findings of previous empirical studies focusing on the association with the variables under assessment. The review has been done under four thematic areas as guided by the study objectives, including the socio-economic needs of the OVC, the criteria used in identifying OVC, challenges faced by Mathare CDC in empowering of OVC, and the role of Mathare CDC programs in empowering the OVC. This chapter also presents a conceptual framework that guided the study.

Theoretical Framework

There have been numerous significant initiatives in recent years addressing issues of vulnerable children in terms of quality of programs and service delivery. Remarkable progress has been made in developing national outcome standards in the attempt to define and address the needs of OVC. Despite the progress, effective care and support for OVC still experience some setbacks; for instance, the implementation of complex multi-sectorial interventions is still a major challenge. Other challenges include partial integration of prevention, care and treatment activities and limited program evaluation for variables, such as outcomes achieved by OVC programs.

Several authors have advanced theories that address the understanding of the role played by community-based programs in the empowerment of OVC (Bryant, 2009;

Schenk, 2009; Thurman et al., 2008). In this study, the researcher used two theories: the structural functionalism theory and social-cultural theory, to guide the views and discuss the variables that help explain the role of CBOs in the empowerment of OVC. These two theories were selected because they both present the vital role played by the environment, society/community, and their components in the wellbeing and development of children into wholesome, integral, fulfilled, and empowered individuals.

Structural Functionalism Theory

Structural functionalism theory considers society to be a structure with interrelated components designed to enable individuals to meet their biological and social needs (Durkheim, Lukes, & Halls, 2014). Coined by Emile Durkheim (1858-1917), structural functionalism is a wide viewpoint in social science and human studies that deciphers society as a system with interrelated components (Turner, 2017). As mentioned by Stinchcombe (2017), functionalism looks at the larger society in terms of the functions of its constituent components consisting of norms, customs, traditions, and institutions. Social structures are emphasized and set at the focal point of analysis, and social functions are inferred from these structures (Barnes, 1995).

As described by Durkheim et al. (2014), society has evolved like a living organism by developing macro-level systems that shape society as a whole. In the expressions of Macionis and Gerber (2011), the functionalism approach takes a look at both social structures and functions. Functionalism addresses society in general as far as the capacity of its constituent components, that is, the norms, customs, traditions, and institutions.

The focal concern of structural functionalism is a continuation of the Durkheimian task to explain the apparent stability and internal cohesion required by

societies to endure over time (Fish, 2005). Societies are viewed to be coherent, interconnected, and fundamentally relational like organisms. The various social institutions work effectively together as if having lives of their own in an unconscious, automatic manner to achieve the overall social equilibrium (Macionis & Gerber, 2011).

According to Parsons (2017), such a point of view enables people to have different perspectives on the social world. According to Durkheim et al. (2014), every one of the social institutions contributes significant capacities for society: Family gives a setting to replicating, sustaining, and socializing children; training offers an approach to send a general society's skill, information, and culture to its youth; politics provides a method of overseeing citizenry; financial matters accommodates the production, distribution, and consumption of goods and services; and religion gives moral direction and a source for love and worship of a higher force (Durkheim et al., 2014).

Functionalism became significant when Darwin's evolution theories started to impact thinking on how human beings behave. Darwin considered the possibility of survival in practical terms. Each capacity was imperative to the survival of the entire system. Systems that could not adjust stopped existing (Ruse, 2017). Different human behaviour studies borrowed from these thoughts and applied them to other social situations. Hence, social Darwinism brought these functionalist classes into the social analysis. Social Darwinists purported that society profited from the free competition between units, any attempts to protect the weak hampered the functioning of society as a whole and that functional adaptability was crucial for survival (Ruse, 2017). These thoughts greatly influenced anthropology, sociology and became crucial to social sciences thanks to studies by Émile Durkheim, Parsons 1951, and Robert Merton 1968.

One of the presumptions in the structural-functional theory is the social systems' properties applied to families. Today, it is important to consider the most

striking component of social systems that are generally appropriate to families. There are two significant components in the social functional theory - structure, and function. A social system is structured and complex, comprising sub-systems, such as family, school, and institutions. The structures ought to be perfect and should not miss out on any of the relevant sub-systems. According to Ahmed (2008), each sub-system should have its own unique functions; the different sub-systems need to collaborate by contributing some positive outcomes to help accomplish the larger system's equilibrium.

The most striking component relevant to families is the function. As an autonomous component, the function is appropriate to families since it involves the task of socialization. There are two fundamental interrelated functions of the family unit: associating with children and stabilizing adult's character (Khan, 2011). On the other hand, the component of a structure is less pertinent to families these days because of the single-parent system prevalent in modern society.

Parents mingle and pass on significant qualities to their children. These qualities are completely identified with their general public and culture. A child will internalize those values and enact them out in the school and work environment or any other social place. The child will integrate into their environment by embracing the reasonable qualities. They will perform very well in their environment and will not abuse societal norms. Socialization between parents and the child, therefore, enables the passing down of norms and expectations. These crucial messages are sent when parents socialize with their children. Parents will tell their child what is expected in terms of behavior and social skills, the consequences of the negative behaviors, and their immediate roles in the community, among others.

The next family function is the stabilization of adult personalities. However, from a structural-functional point of view, this approach is not applicable to families nowadays because the process involves the family role structure. Family role structure addresses impart influence on a child's well-being. It requires the conventional family structure of the father, mother, siblings, and extended family. As such, the modern family structure of single-mother or single-father may lead to maladaptive behavior in children. If a family deviates from these societal norms, it is considered dysfunctional.

According to Keesbury and Askrew (2010), society can only survive while norms and values are shared amongst every member of the society. Deviation from the cultural standards will prompt disruption of the entire system. Family is one of the significant frameworks in the general public. Family deviation incorporates separate, non-conjugal sex, single-parent families, child wrongdoing, orphanhood, etc. In the primary practical hypothesis, these examples or practices are not acknowledged since they compromise society's endurance. Thus, these practices are characterized as dysfunctional.

In the present study context, this theory speaks to the role of the structures within a community, such as families, churches, administrative authorities, among others, working together in reaching out to support OVC as a critical constituent of the community. As used in a study by Parsons (2017), the structural functionalism approach was applicable in this study because it provided insight into how different aspects of the CDC in Mathare work together as integral parts to cater to the needs of OVC. Children form an integral component of society. Though they may not actively contribute to the current growth of the society, they do have the burden of future growth and stability of the society. Therefore, failure to develop children will result in

deficiency of a significant part of the society, which would ultimately affect the general functioning of the society.

Social Cultural Theory

The social cultural theory was propagated by Lev Vygotsky in 1978. It holds that the environment is inherently important for a child's learning and development (Stinchcombe, 2017). Therefore, any interaction with a child involves the acquisition of knowledge because that is how children make sense of their environment. The past experiences and upbringing of these children shape their perspectives of the world. It is imperative to understand that such OVC may be victims of physical and sexual abuse, discrimination, and stigma (Vygotsky, 1978). Therefore, it is critical that programs aimed at assisting them are structured towards creating an environment that allows the children to feel welcomed and accepted (Robertson, 2013).

There is a need for broader societal awareness about the plight of OVC and the role of society in helping these children fit in the society. Programs to help vulnerable children should not only be limited to what happens within the program's offices but should extend to schools and homes where these children live and the larger society they interact with. Vygotsky's theory holds that the disconnect between what the child knows and what he is experiencing may hinder his development (Robertson, 2013).

Additionally, Vygotsky came up with the concept of "Zone of Proximal Development", which refers to the difference between what a learner can do on his or her own and what he or she can accomplish with the guidance of a trainer or a more skillful partner (McLeod, 2012). This can be achieved through what is called instructional scaffolding, a teaching technique that enables students to enhance learning by cooperating with a tutor or a higher scholar to attain their learning objectives. The rationale behind this theory is that students learn more when they collaborate with

others who have attained higher levels of skills and knowledge than them. In this sense, the instructor or peers are the “scaffolds” that help the student expand their learning boundaries.

Sociocultural theory clarifies how individual mental functioning is identified with social, institutional, and historical settings. Therefore, the focus of the sociocultural viewpoint is on the role of individuals’ participation in social interactions and cultural activities in their psychological development. Further, the sociocultural theory of human learning portrays learning as a social process and the beginning of human insight into society and culture (Stinchcombe, 2017). The perception that social interaction plays a key role in the cognitive development of individuals is the major theme of Vygotsky's theoretical framework. He believed that learning occurs on two levels: through interaction with others, and then it becomes integrated into the individuals’ mental structure (Stinchcombe, 2017).

According to Ganga and Chinyoka (2010), three major themes in Vygotsky's work demonstrate the nature of interdependence of individual and social processes in learning and development. The first one is the "genetic law of development" where Vygotsky proposes that individual development, including higher mental functioning, has its starting points in social sources. Any capacity of the children’s cultural development manifests on two planes: the social plane then the psychological plane. This occurs first between people and then within the individual child (Schurink, 2009).

This theory has been outlined by analyzing the associations between people with different information levels, for instance, children and their guardians or specialists and learners. Notwithstanding, as Shann et al. (2013) noted, Vygotsky was not just keen on what more proficient others brought to the collaboration, but also on

what the child or the learner brought to the interaction and how the extensive social, cultural, and historic context formed the interaction.

The second Vygotskian theme that Stinchcombe (2017) has identified is that human action, on both individual and social level, is mediated by signs and tools, referred to as semiotics which include “language; various systems of counting; mnemonic techniques; algebraic symbol systems; works of art; writing; schemes, diagrams, maps, and mechanical drawings; all sorts of conventional signs and so on” (Stinchcombe, 2017, p. 137). Other modern forms of semiotics include computers, calculators, and paint brushes.

All these are useful in representational activity facilitating the building up of knowledge, how it is internalized and later used in problem-solving. In order to appreciate objects within their own systems, it is unnecessary for children to reinvent artifacts that have taken years to evolve. All they ought to do is develop a level of understanding sufficient for them to be able to use the same objects in the child’s current contexts. The third theme by Vygotsky in Wertsch (1991) recommended that the best way for understanding the first two themes is genetic or developmental analysis (Stinchcombe, 2017).

The historical study of behavior is not a secondary aspect but rather presents the foundation on which theoretical work is based. In studying things historically, one can look at them in the process of change and how they have evolved over time, analyzing them through their various phases from birth to death and discover their true natures and essence (Stinchcombe, 2017). In his work, Vygotsky was more concerned with the unity and interdependence of learning and development rather than the prevailing view at the time where learning was seen as an external process, while development was considered an internal process (Stinchcombe, 2017).

Moreover, Vygotsky (1978) criticized Piaget's theory wherein “maturation is viewed as a precondition of learning but never the result of it” (Stover, Bollinger, Walker, & Monasch, 2007). Learning triggers varied internal developmental systems and processes that are functioning when a child is interacting with other people in his environment and with their peers. In essence, learning is not development; nevertheless, organized learning leads to mental development triggering other development processes. This means that learning is a crucial aspect in the wider process of developing culturally organized psychological functions.

Although Vygotsky, in his theory, mainly looked at the context of education, these concepts could be borrowed and used in other areas of practical learning or acquisition of skills through apprenticeship. In ensuring the empowerment of OVC, CBOs should also seek to equip them with practical skills that can enable them to gain employment or earn a living through self-employment (Stafford, 2010). Vygotsky’s concept of Scaffolding may be used to come up with apprenticeship programs where OVC are given a chance to learn skills such as carpentry, mechanical work, tailoring, and hair dressing, among others, under the instruction of community members established in those areas.

General Literature Review

In Kenya, as indicated by the population fact sheet 2011, over 40% of children in the population are in need of support from parents, guardians, and relatives. Nonetheless, it is recognized that not all needy children are able to gain access to assistance from service providers. In many cases, some end up adopted into families or childcare facilities. The study objectives focused on identifying social issues faced by such children. The investigation destinations zeroed on recognizing social issues faced by children, surveying the quality and availability of instruction among orphans. The

goal was to discover the elements prompting the children to become orphans; inspect the psychosocial, emotionally supportive networks for these children; and build up the nutritional status of children in orphanages.

Socio-economic Needs of OVC

The dire situation of OVC results from the complex inequalities that exist in society, specifically regarding women and children. As indicated by Goodman et al. (2015), the number of OVC was at 2.4 million, with 48% of these orphaned because of the HIV/AIDS pandemic. Despite efforts by the government and different partners in trying to address the issue, a lot more needs to be done since the number of needy children keeps increasing (UNAIDS, UNICEF, and USAID, 2004).

A study done in Kano Metropolis in Nigeria by Kurfi (2010) to explore society's intervention to the conditions of OVC showed that the cases of OVC are ever-growing. As a result, numerous organizations have thought of different strategies; however, none of the strategies has been able to reduce the rising numbers of needy children. Similarly, the UN has taken on the structure to address the necessities of OVC, however very little has been accomplished to lessen the steadily expanding pattern. A study by Gakii (2013) in the OVC project in Rwanda, Kenya, Uganda, and Ivory Coast demonstrated that the numbers of children in need of assistance keep increasing regardless of the efforts put in by the Governments and Civil societies towards intervention.

Studies by Chama (2016), Chirwa (2012), Mathambo and Richter (2007), and Odhiambo et al. (2014) indicated that OVC face many socio-economic problems. Many of the OVC end up taking greater responsibilities, such as taking care of other family members, including siblings, raising income to sustain the household, or fending for food for the family (UNAIDS, 2012). The new responsibilities hinder opportunities to attain education; and access healthcare, adequate nutrition, decent housing, and

clothing. The challenges in child-headed households force them to either seek employment at a young age or be completely dependent on the goodwill of others to provide them with basic necessities. Furthermore, girls are often more likely to drop out of school to care for household chores and their younger siblings.

Orphans and vulnerable children face several socio-economic challenges which require community, non-governmental organizations, and even the government to step in and help. One of the challenges the children face relates to the issues around HIV/AIDS. Kibachio and Mutie (2018) pointed out that a significant challenge children face is caring for their chronically ill parents or their siblings in the event that their parents have died. Across Africa, the affected children are forced to put education on hold and prioritize those needs critical for their survival.

The children also face stigma and discrimination, mainly when their situation is occasioned by a parent living with HIV/AIDS or having died of the disease. Daniel and Mathias (2012) added that in many developing countries, OVC live in households experiencing food insecurity, suffer from anxiety and depression, and girls face an increased risk of contracting HIV/AIDS. They are introduced into risky sexual behaviour necessitated by the need to earn an income. Therefore, there is a trend in which OVC children lack adult support, survive outside of family protection, and face stigma.

In Kenya, studies by Daniel and Mathias (2012) and Lindblade (2015) have been done on the socio-economic position of the OVC. Lindblade (2015) noted that many of the orphaned children are more likely to be taken in by close family relations, especially grandparents. The challenge with this arrangement is that the grandparents often lack a reliable source of income, and the children are an additional burden. With

no financial support from other relatives, the children are highly likely to drop out of school to engage in manual labor in order to earn an income for the family.

According to UNICEF (2006), children who are orphaned face dramatic changes in family life, including intensified poverty levels, increased responsibilities on young children, and almost absent parental care. These factors have the potential of accentuating the emotional pain of the children and even discrimination by their friends and community members. Freeman and Nkomo (2016) noted that despite public awareness about OVC, stigma is a significant problem across many parts of the country, a statement echoed by Foster et al. (2015). Consequently, even the children living with HIV/AIDS may not be able to get adequate medication.

In urban areas, OVC live under dire circumstances. There is very limited support the children get. Mishra et al. (2007) observed that the number of vulnerable children has been on the rise due to various issues, including domestic violence, increased poverty rates, and poor parental care. A common way in which the problem manifests itself is through the increasing number of street children. The children can be seen walking the streets begging or even rummaging through rubbish in search of food or plastic and metallic parts, which they later sell to merchants.

Daniel and Mathias (2012) noted that some of these children live permanently on the streets, while others go home in the evenings. Life on the streets is a very difficult one because these children are exposed to elements of weather that predispose them to diseases. The conditions on the streets are also stressful because the children suffer abuses and exploitation either from the public, gangs, or older children (Goldberg, 2013). Besides, children not on the streets are at increased risk of exploitation through work at meager pay and sexual exploitation.

Criteria for Identifying OVC

It is critical to have a well-defined criterion for identifying OVC as beneficiaries of a community program. Chapman and Cannon (2014) observed that such a method is usually based on the community-program, and how they define vulnerability. Some common approaches used include risks such as poverty, having parents who live with HIV-AIDS, being orphaned, and the age and gender of the child (Moret, 2014). However, there is a danger that some of these approaches are not well defined, and some individuals deserving of such help may be left out. There is the danger of other intervening factors, such as local politics and corruption, skewing the selection process (Freeman & Nkomo, 2016). Favoritism also comes up when the number of potential beneficiaries is more than the available capacity of the program. It is a situation that occasions intense competition that creates grounds for desperate parents and guardians and unscrupulous officers to engage in malpractices to favor specific children (Chapman & Cannon, 2014).

Freeman and Nkomo (2016) advised that the first step is to develop a screening tool that can be used to identify OVC by following specific steps and considering specific factors. The tool should also be cushioned by transparent processes which are objective so that any malpractice can easily be identified and addressed. For instance, Moret (2014) suggested that different stakeholders should be involved in the selection process so that decisions are not dominated by a few individuals.

Challenges Faced by CBOs in Empowering OVC

Multiple challenges face organizations responding to the needs of OVC. Key among these challenges is the paucity of financial resources. Ombuor (as cited in Ndeda, 2013) noted that the number of OVC in need of assistance had been rising due to the huge HIV/AIDS burden. Organizations assisting OVC in most cases depend on

donations as their primary sources of income. Unfortunately, the donations are not at par with the rising numbers of OVC requiring assistance. Fish (2005) also pointed out that inflationary pressures have also been a critical challenge because the programs must keep on raising more money each year. Failure to raise adequate resources will make the programs to be unsustainable. Daniel and Mathias (2012) noted that in many developing countries, such programs are run by organizations that solely depend on foreign donors. Therefore, this raises important questions about the need to increase funding from the local donors and the government.

Another challenge that has been noted, especially in South Africa, is in the coverage of programs aimed at helping the OVC. Programs concentrate their efforts in areas that have received publicity in the media about the prevalence of HIV/AIDS in the communities. Shann et al. (2013) pointed out that, as a result, currently, the programs aimed at assisting OVC are often located in urban areas at the expense of rural areas. Therefore, there arises a case in which several non-governmental organizations are operating in the same urban areas, whereas there are regions of the country that do not have even a single program to respond to the needs of the OVC.

In Rwanda, communities receded their efforts on learning that external NGOs would take up the mantle of assisting orphans and youth-headed households impacted by the 1994 genocide (Omwa & Titeca, 2011). The way external agencies channel assistance may potentially dishearten community initiatives and contribute to complacency on the part of the community to provide a favorable environment for OVC service provision (UNICEF, 2014). Thus, outside intervention should be aimed at enhancing and mobilizing capacities inherent to communities (UNICEF, 2014). In the Kenyan setting, these interventions include efforts such as the traditional coping responses of extended families and their communities.

In Kenya, there are a number of challenges that impact the extent to which the OVC needs are attended to. First, the programs are faced with insufficient resources to effectively address the needs of OVC. The effects of the HIV/AIDS epidemic, widespread poverty, and food insecurity have significantly increased the number of households requiring assistance. The paucity of resources means that the programs can neither take on additional cases nor give adequate attention to OVC, whose situation has worsened (Juma et al., 2013). For that reason, raising resources to respond to the needs adequately has not been easy. Organizations running OVC programs need to diversify their sources of income to raise adequate resources to take in more children. Secondly, Decker (2016) observed that the local safety nets for the households are very fragile due to external stresses, such as increasing food prices, erratic rain patterns, and reduced coping capacities of the households.

Moreover, the previous strong traditional social fabric has primarily weakened. The programs are the only sources of help for the OVC. Mishra et al. (2007) opined that in some cases, close family members take in the OVC but kick them out once they have taken over the inheritance of the children, which in most cases comprises land and property left by the deceased parents. Therefore, the children being taken over by programs are generally in a very desperate situation, requiring more resources per head to respond to their needs adequately. Those resources will, in most cases, be unavailable.

There are also challenges specific to urban areas. For most of the volunteers, working at the program usually is their only source of income. As a result, their services are only available for as long as they are remunerated. However, Goldberg (2013) observed that some of the projects do not give remuneration, while others pay erratically due to financial challenges. As a result, attracting and retaining project

volunteers throughout the life of a project has been a significant challenge. Secondly, unlike in rural areas, Goldberg (2013) noted that in urban areas, identifying and enrolling children orphaned by HIV/AIDS or those with ailing parents is very difficult due to stigma. Consequently, it even becomes hard to monitor the children in the course of the program's life because of limited user-friendly alternatives available to the project's volunteers.

Role of the Program in Empowering the OVC

There is no doubt that programs aimed at helping OVC have been of great help to the beneficiaries. Across the world, Dako-Gyeke and Oduro (2013) maintained that the OVC programs are renowned for strengthening community capacities in helping the children who would otherwise have been left to their own devices. In Rwanda, for instance, Freeman and Nkomo (2016) stated that many children have been able to resume school and complete basic education, something they could not have attained before. The programs support children's education by providing them with food, as well as saving them from going into the labour market to earn an income and sustain their families. Shann et al. (2013) observed that programs aimed at helping OVC have also been useful in the area of health.

Healthcare is approached in several ways, including program-owned facilities and partnerships with private and public hospitals where the children covered can access free healthcare (Dako-Gyeke & Oduro, 2013). Therefore, there is a sense of protection because diseases can be detected at the right time and attended to, enabling the children to live healthy lives, therefore, avoiding preventable deaths. Owing to their situations, the OVC are at high risk of being exploited by unscrupulous members of society. For that reason, the programs aimed at OVC are crucial in counselling children and giving them the adult companionship they miss.

Consequently, many of the children have been able to deal with their situation and live normal lives. Freeman and Nkomo (2016) explained that in Indonesia, for instance, thousands of children in various programs have been able to complete university education over the last decade. This is a direct impact of having the support they require to deal with the emotional challenges brought about by their situations.

In Kenya, the programs aimed at helping OVC have also registered tremendous success levels. According to UNICEF (2015), Kenya has over 830 residential care institutions known as Charitable Children's Institutions, housing an estimated 40,000 to 42,000 children (the exact number is unknown and could be higher). However, Goldberg (2013) stated that the children's homes should be the last option for the children, given that the best place for such children is within families. Hence, some programs have focused on economic strengthening, whereby the families caring for these children are given support to empower them economically. In this regard, these families take care of their own children and, therefore, provide a healthy environment for the children to grow. Such approaches are laudable because the children can enjoy family life.

According to Mathambo and Richter (2007), another area in which OVC programs have been of much help relates to imparting life skills to the children. OVC are usually vulnerable with a bleak future, and thus being left on their own is not the best way to handle their situation. Interventions that introduce the OVC into vocational training and keep them in a community are critical for their future wellbeing. Consequently, there is hope that the beneficiaries of the projects will grow into productive members of society. While these efforts are laudable, Juma et al. (2013) indicated that the rising number of street children is a testament that a lot needs to be done.

Mathambo and Richter (2007) pointed that it is crucial to involve community leadership at different levels in OVC initiatives as an important bridge in efforts to empower community response to the OVC situation. Policymakers should engage the community leaders right from formulation to implementation stages of OVC programs; this can greatly strengthen community-based initiatives for the OVC. Community involvement is essential in harnessing local resources and fostering a sense of ownership of OVC programs; this is essential to the sustainability and success of these programs. The local community can mobilize resources needed for the program as well as provide much public appreciation for the efforts made by the project workers and volunteers.

Empirical Literature Review

Mathambo and Richter (2007), examining local community-based reactions to the needs of children made vulnerable by HIV and AIDs in South Africa, discovered that community initiatives have multiplied in a bid to improve the delivery of services to OVC. These grassroots/indigenous initiatives are unconstrained reactions that arise normally from inside the local community and are characterized by local leadership, voluntarism, collective decision-making, and dependence on local resources. These responses may hardly offer substantial resources or services but nonetheless offer relief companionship and solace to caregivers (Hyun, 2014).

Community-based initiatives, according to Foster (2015), include investment funds affiliations, community-based put together associations that depend only with respect to volunteers and that ordinarily get no or negligible outside help that might comprise of work-sharing plans, farming cooperatives, spinning reserve funds and credit affiliations, internment gatherings, and mutual assistance groups.

Chama (2016), in his study on choices between community-based care and institutional care in Uganda, noted that a community-based initiative incorporates the care of orphaned children by extended family members, a selected guardian, or responsible adult. However, in extreme cases, this may be extended to include care by an older child or grandparent. Community-based OVC programs face numerous challenges as there is still low appreciation of these initiatives by external agencies (Foster, 2015). As described by Mathambo and Richter (2007), community initiatives are additionally challenged by limited access to resources - both financial and material, the ravaging effects of HIV/AIDS pandemic on communities, and limited technical capacities. Moreover, these initiatives have a solid dependence upon women volunteers (UNAIDS, 2010). It is, therefore, essential to look at the extent to which these challenges are experienced by CBOs and the extent to which they hinder the efforts to meet the needs of the OVC.

Foster (as cited in Muhati-Nyakundi, 2019) conducted a study that assessed community-based security nets for children affected by HIV/AIDS in helpless families in sub-Saharan Africa and found out that community initiatives are bottom-up approaches engraved in the social resilience ideology advanced by the World Bank as community-driven development (CDD). The CDD approach challenges the rationale in the social rupture theory, as it recognizes that communities are not collapsing but instead are advancing by adopting innovative coping strategies in line with the rising number of orphaned children (Chirwa, 2012). This approach additionally perceives that there are limitations on family and community structures to respond effectively to the predicament of OVC. Those advocating for the CDD approach, such as Chirwa (2012), held that as a result of community participation, the approach promotes a sense of

ownership of both the problem and the response strategies to the community members. This further reinforces social cohesion and prevents the breakdown of communities.

A study by Nyambedha, Wandibba, and Aagaard-Hansen (2003), examining the new role of the elderly as caretakers for orphans in western Kenya, indicated that community-based interventions are the most cost-effective and better-aligned strategies to the existing socio-cultural context and the type of responses for caring for OVC. The study explored the role of the elderly community members as caregivers of orphans in the rural part of Kenya based on quantitative and qualitative approaches. The focus was on caregivers of children who had lost at least one of their biological parents.

Community-based initiatives have possibilities to offer various kinds of help to OVC with a variety of activities that are "incentive-compatible" for families housing them. The approach likewise expands upon customary frameworks of child care and is considered more effective as it requires less capacity and contribution from outside sources. The approach is more significant because it is easily understood and embraced by members of the local community; hence they are more willing to take ownership and sustain the initiative. In view of this, this researcher deemed it necessary to assess the impact of these initiatives in alleviating the plight of the OVC.

Conceptual Framework

The focus of the study was to assess the role played by community-based programs in the empowerment of OVC in Kenya. A conceptual framework, in the view of Birner, Gupta, and Sharma (2011), refers to a concise description of the phenomenon under study accompanied by a graphic or visual depiction of the major variable involved in the study. This framework helped the researcher in determining the link between these variables. Figure 2.1 presents an illustration of the relationship between the independent and dependent variables in this study.

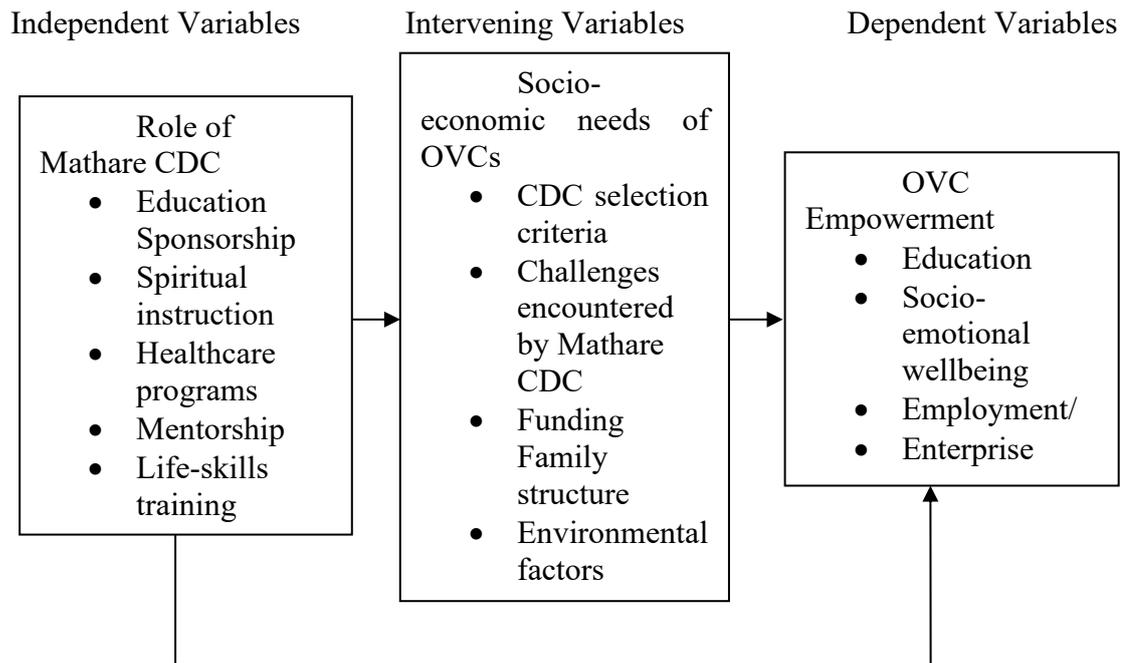


Figure 2.1: Conceptual Framework
Source: Author (2021)

Discussion

The illustration in Figure 2.1 is a conceptual framework for this study. The desired outcome of Mathare CDC program was the empowerment of OVC (the dependent variable) - that the OVC attained education and socio-emotional wellbeing and were able to venture into gainful employment or enterprise and became contributing members of society. However, this process was influenced by various factors. The independent variable in this study consisted of the role played by Mathare CDC to attain the empowerment of OVC. The CDC offers programs such as education sponsorship, spiritual instructions, healthcare programs, mentorship, and life-skills training to the OVC.

The intervening variables comprised the other factors which influence the extent to which the CDC programs impacted the lives of the OVC towards empowerment. These include the socio-economic needs of the OVC, such as food, shelter, clothing, employment opportunities, and their self-esteem, which affect their ability to relate with

others. These factors created challenges in the lives of the OVC and affected the efforts of the CDC programs in empowering them.

The criteria used by Mathare CDC in selecting OVC and the challenges encountered by the CDC in its efforts to empower the OVC also affected the process. Other factors included the availability of adequate funds, which affected the running of CDC programs and provision of services; family structure; and the environmental factors that influenced the lives of the OVC and in turn, affected how receptive they were to Mathare CDC intervention.

Summary

This chapter has focused on literature review relating to the empowerment of OVC. The theoretical framework of the study was discussed, and general literature was reviewed according to the objectives of the study. The chapter has also included a review of various studies that have been done in the field of OVC and community-based programs; both locally and internationally. Furthermore, the chapter includes the conceptual framework. The next chapter focuses on the research methodology that was applied in carrying out this study.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

Research methodology refers to the description of the methods applied in carrying out the research study (Kombo & Tromp, 2006). This chapter describes the research design, the study population, and the sampling design employed in the study. Moreover, the section presents information regarding the data collection methods employed by the researcher, procedures for conducting the research, as well as methods used to analyze the data collected. The validity and reliability tests are also covered, together with a description of the ethical consideration employed by the researcher.

Research Design

This study adopted a descriptive research design as it sought to describe the role of community-based programs in the empowerment of OVC in Kenya. According to Kombo and Tromp (2006), the main purpose of descriptive research is the description of the state of affairs as it exists. The research techniques/approaches employed for this study were a combination of both quantitative and qualitative aspects of a research process. Quantitative approaches focus on variables that can be measured numerically, while qualitative approaches adopt a subjective point of view in explaining data (Schurink, 2009). As noted by Zikmund, Babin, Carr, and Griffin (2013), quantitative approaches alone are unable to assess how and why a change in a given variable has occurred. For that reason, qualitative data is used to fill in the gaps and help explain the quantitative changes. Therefore, as recommended by Schurink (2009), the researcher collected and analyzed data, arrived at the findings, and drew inferences from both quantitative and qualitative approaches.

Population

The population in any study refers to the complete set of individuals, firms, or objects with some common characteristics of interest to the study (Mugenda & Mugenda, 2012). Similarly, Oso and Onen (2009) maintained that the population refers to the total number of subjects in an environment of interest to the researcher. The population of this study consisted of the employees and beneficiaries of the Mathare CDC program. The beneficiaries of the program included the 321 children currently in school and over 1,400 alumni (now adults) who have graduated from the program since 1995. Therefore, the total population of the study was 1,731 individuals (10 CDC employees, 321 child beneficiaries, and 1,400 alumni).

Target Population

The target population for this study was 231 individuals. This consisted of the 211 alumni beneficiaries who had graduated from the program in the last nine years (2012-2019). This category was selected because their time of exit from the program was recent; hence were relatively accessible since some of them maintained contact with the organization. Additionally, it was crucial to include the 10 Mathare CDC staff (3 permanent and 7 part-time workers) as key informants in the study. They have over the years interacted with the beneficiaries from the point of recruitment into the program as children to the time of exit as adults, thus, have invaluable insights on the transformation process.

Sample Size

A sample is a portion of the whole population studied and conclusions drawn (Zikmund et al., 2013). It is, therefore, imperative that the characteristics of interest be well distributed within the sample. This way, the results drawn from the sample were a

fair reflection of the population. Sampling is an essential way of studying phenomena because the researcher does not need to study every individual in the population, as he or she may not have the time and resources to do so (Birner et al., 2011). Table 3.1 presents the distribution of the sample.

Table 3.1: Distribution of the Sample

	Target Population	Sample Size
CDC Alumni (Graduated 2012-2019)	211	120
Mathare CDC Staff (Permanent & Part-time)	10	10

According to Mugenda and Mugenda (2012), there is a need for careful selection of the sample to ensure the sample is representative of the population and that the method of analysis to be employed is catered for in the process. Table 3.1 shows the distribution of the sample in the study. From a target population of 211 alumni who had graduated from the program (2012-2019), 120(56.9%) were selected as a sample to participate in the study. Further, all 10(100%) employees of Mathare CDC program were selected for the study.

Sampling Techniques

In deriving a sample for purposes of this study, the researcher used the purposive non-probability sampling technique. In this sampling method, the researcher purposely selected the target group of people believed to be reliable for the study (Kombo & Tromp, 2006). Of the 211 alumni who had graduated from the CDC (2012-2019), the researcher chose to sample only those who met the following criteria. The first characteristic the researcher looked for before including one in the sample was accessibility - the alumni had to be easily accessible by the Mathare CDC and the researcher. Secondly, the researcher looked for alumni whose phone numbers were available at Mathare CDC; hence they were easily contacted to participate in the study. Thirdly, the alumni must be residing or working in Nairobi since it was expected that

after graduating from the program, some of the alumni had moved away to other places. This was because of convenience and relative ease of access for the data collection process. A total of 120 alumni met the criteria and were sampled for this study.

According to Cooper and Schindler (2015), a census is a count of all the elements in a population. A census was used for the key informants whereby all the 10 Mathare CDC Staff were included in the study. This was because they were a small population of only 10 individuals, meaning they were all easily accessible and with a specific role in the project. These two were deemed the best techniques for this study because they enabled the researcher to include only those respondents with the specific characteristics relevant to the study.

Data Collection Instruments

The instruments that were used by the researcher in data collection were questionnaires and interview schedules. Structured questionnaires were used in collecting quantitative data from the beneficiaries of the program. Creswell (2014) stated that structured questionnaires are best suited to collect quantitative data because the respondents have little room to deviate. This makes it possible for the researcher to make a comparison across data, and it is easier to analyze such data. For the 10 CDC employees, the researcher used in-depth interview guides, which were semi-structured, meaning that they consisted of open-ended questions. Open-ended questions allow the respondents to express their opinions and views on various questions. Overall, the researcher was interested in finding out the tangible impact of the program on areas, such as access to better healthcare, nutrition, and job opportunities. Relevant questions on the role of CDC on empowerment of OVC were formulated, and a pre-test was carried out to examine the accuracy of the questionnaire in addressing the objectives of the study.

Types of Data

The type of data collected for this study was primary data through questionnaires that were administered to the category of respondents that were beneficiaries of the CDC and through direct personal interviews with the CDC workers. The study collected both qualitative and quantitative data. On the one hand, qualitative data relates to subjective variables, which include opinions, values, and perspectives of individuals, and are unique because they fall within a continuum, and so, cannot be objectively measured (Kombo & Tromp, 2006). Consequently, they are estimated because a definite numerical figure cannot be assigned. In this study, there are some qualitative variables for which this approach was critical, for instance, data relating to the needs and challenges experienced by the beneficiaries of the program and the impact of the program on the lives of beneficiaries. These are variables that can only be described because assigning a numerical value is difficult, and attempts to do so may not be objective.

Quantitative data, on the other hand, relates to discrete variables which can objectively be measured by assigning a numerical value (Birner et al., 2011). In this study, this data was collected with the help of a semi-structured questionnaire. Quantitative data includes close-ended information like that found to measure attitudes (e.g., rating scales), behaviors (for example, observation checklists), and performance. The analysis of this type of data consists of statistically analyzing scores collected on instruments (for example, questionnaires) or checklists to answer research questions.

Data Collection Procedures

Before the data collection process kicked off, the researcher sought a letter of introduction from the school of Human and Social Sciences, Daystar University. The

letter was used to introduce the researcher to the Daystar University's Ethical Review Board (DU-ERB) and National Council of Science, Technology and Innovation (NACOSTI) to aid in acquiring the relevant approval and permits collect data. In addition, permission was obtained from Mathare CDC.

The researcher also recruited and trained a research assistant who helped in the data collection exercise. This is because of the large number of respondents included in the research and the fact that the respondents were not accessible within the CDC premises. A research assistant was selected among the Mathare CDC alumni based on availability and willingness to participate in this research. Once recruited, a meeting was arranged where the researcher trained the research assistant by going over the research in detail as well as the data collection tools to be administered to the respondents. This was to ensure that the research assistants fully understood the research and what it entailed.

In cooperation with the CDC, the researcher requested to be linked with targeted alumni as some were not currently within the CDC or Mathare area. The selected alumni were contacted through phone calls. This was so that the researcher could explain to them the purpose and importance of the study and request for their participation. For those willing to participate, a meeting was scheduled at the Mathare CDC office at their convenient time, the researcher assured them of confidentiality and they were required to sign a consent form before the questionnaire was administered. They were guided by either the researcher or the research assistant on how to fill in the questionnaire. The CDC employees were easily accessible within the Mathare CDC office, where the interviews were done. Just like with the alumni, the researcher explained to the Mathare CDC staff about the study and requested them to sign informed consent forms before commencing the interview session.

Pretesting

Pretesting was conducted at the Mulango Kubwa CDC before the actual study. This CDC provided similar conditions as the ones at Mathare CDC; the beneficiaries came from a similar socio-economic background and went through relatively similar programs at the centre. The pretest was done to test the data collection tools and procedures. According to Birner et al. (2011), a pretest assesses whether the study instruments could measure what they were supposed to measure in order to respond to the study objectives. This also helped the researcher determine if there were items on the tools which the respondents could not understand and make adjustments before the actual exercise.

Mugenda and Mugenda (2012) upheld that a successful pretest should use 1 to 10% of the actual sample size. To that effect, 10% of the total sample, an equivalent of 12 alumni and 1 employee at the Mulango Kubwa CDC, received the data collection instruments as a pilot test for this research. From the pre-test, it was established that the data collection tool included personal identifiers, and this was a hindrance to confidentiality. Consequently, the necessary adjustment was made on the tools to ensure that the identity of respondents was protected.

Data Analysis Plan

After the collection of data, the next stage was data analysis. The first step included cleaning the data to remove any inconsistencies and redundancies. The researcher then used the Statistical Package for the Social Sciences (SPSS), version 25, and MS Excel to analyze quantitative data. This involved feeding the software with the data and keying in the appropriate commands. On the other hand, thematic analysis was used to analyze qualitative data. The thematic analysis involved identifying emerging

themes in the data collected, which addressed the research questions (Schurink, 2009). Hence, the researcher went through the raw data, coded the key points raised, and developed them into themes. The final stage was to ensure that each theme was unique and supported by adequate data. The data was then presented in a bar chart and frequency tables.

Ethical Considerations

Before the data collection process, ethical approval for the research protocol and all data collection instruments was obtained from the Daystar University Ethical Review Board (DU-ERB) under approval number DU-ERB-000462 (see Appendix D). The researcher sought a permit from NACOSTI - Licence Number NACOSTI/P/20/7443 (see Appendix E). Permission from the management of Mathare CDC was also sought before conducting this study.

Other ethical considerations adhered to in this research included disclosure and informed consent. All the respondents were informed about the purpose of the research, and the fact that there were no financial or any other form of rewards for participating in the research process. There was full disclosure of information regarding the study so that participants could make an informed decision on whether to take part in the research process. Those willing to participate were required to sign a consent form. Additionally, participation in the study was on voluntary basis, and the participants were informed of their right to opt out at any point during the research process if they so wished (Dooley, 2008). All participants were treated with respect and their views equally respected.

Anonymity and confidentiality were upheld throughout the process to ensure that the participants were protected. The study did not include any personal identifiers, but instead, unique codes only known to the researcher were allocated to help track the

information. Data collected was stored safely in the researcher's safe to ensure the security of the participants' responses. The final soft copy of the completed report was stored in a portable device, while hard copies of the research report and other research documents, such as data collection tools were carefully preserved and utilized for academic purposes. These were stored in a secure location and made available for future reference. The researcher planned to disseminate the findings of the research to the participants by sharing a copy of the final report with the Mathare CDC management.

Summary

This chapter has discussed the methodology to be adopted in this study. It has examined key parts of the study, including the research design, the population of the study, the sample size, and sampling techniques. Other important sections included data collection instruments, types of data to be collected, data collection procedures, pretesting of the data collection instruments, the plan for analysing the data, and ethical considerations. The next chapter presents, analyses, and interprets the findings of the study.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Introduction

This chapter presents data gathered, its analysis, and interpretation. Primary data for the study was collected using questionnaires and interview schedules and after that analyzed based on the study objectives. The findings are presented under the following major headings: the response rate of the study respondents, demographic information, the socio-economic needs of the OVC addressed by Mathare CDC program, the criteria used by Mathare CDC in identifying OVC, challenges facing Mathare CDC program in empowering the OVC, and the role of Mathare CDC program in empowering the OVC are discussed.

Analysis and Interpretation

Response Rate

The study targeted 120 CDC alumni who had graduated from the program between 2012 and 2019 and 10 Mathare CDC staff. The researcher collected the required information from the alumni using questionnaires while both permanent and part-time staff working at the CDC were interviewed using an interview schedule. Table 4.1 shows the response rate.

Table 4.1: Response Rate

	Sample Size	No. of returned instruments	Return Rate
Mathare CDC Alumni (Graduated 2012-2019)	120	93	77.5%
Mathare CDC Staff (Permanent & Part-time)	10	10	100%

This study had a response rate of 77.5% from the CDC alumni. Saleh and Bista (2017) argued that effective studies need to have an average of 57% response rate for

the survey or study to be regarded as relevant. Out of the sample size of 120 participants, 93 responded to the questionnaire. Further, the study attained a 100% response rate from the 10 key informants who comprised the staff team at Mathare CDC. This shows the response rate for this study was reasonable for completing the data analysis process and yielding a reliable report of findings. This response rate is attributed to the strong collaborative support rendered to the researcher by the Mathare CDC administration. It was also beneficial that the research assistant who was highly recommended by the CDC administration is an alumnus of the program; hence it was much easier for the research assistant to mobilize the alumni and was readily available at the CDC to issue out questionnaires to the respondents.

Demographic Information

This section shed light on the demographic characteristics and background information of respondents. The researcher sought to analyze and present demographic characteristics, such as the respondent's gender, age, marital status, education level, work status, and average monthly income. Table 4.2 shows the distribution of the respondents in terms of the aforementioned characteristics.

Table 4.2: Mathare CDC Alumni's Background Information

Variables	Frequency	Percent
Gender of the respondents		
Male	38	40.9
Female	55	59.1
Age of the Respondents		
18 to 25	21	22.6
26 to 30	61	65.6
31 to 35	11	11.8
Marital Status		
Single	15	16.2
Married	77	82.8
No Response	1	1.0
Respondents' Level of Education		
Primary	2	2.2
Secondary	15	16.2
Tertiary	75	80.6
No response	1	1.0
Work Status		
Employed	29	31.2
Self-Employed	20	21.5
Unemployed	44	47.3
Average Monthly Income		
10,000 or below	13	14.0
10,001-20,000	17	18.3
20,001-30,000	8	8.6
30,001-35,000	4	4.3
35,001-50,000	1	1.1
50,001-70,000	3	3.2
No response	47	50.5

Findings in Table 4.2 show that female respondents were 55 (59.1%), while the male respondents were 38 (40.9%). This finding reveals that there were more female than male CDC alumni in this study. The varied age of respondents shows the different opinions and ideas of different groups. This study incorporated respondents in three age categories, that is, 18 to 25 years, 26 to 30 years, and 31 to 35 years.

From the findings, 61 (65.6%) of the alumni were between aged 26 to 30 years. Of the remaining, 11 (11.8%) were between 30 to 35 years, while 21 (22.6%) were between ages 18 and 25. This means that all the respondents were mature and probably knowledgeable enough on issues of the role of the program on the empowerment of OVC, having been part of the program and experienced its impact in their lives over

the years. This, therefore, enabled the researcher to obtain detailed and up-to-date information sought by the study objectives. Furthermore, the findings revealed that 77 (82.8%) of the alumni were married, 15 (16.2%) were single, while 1 (1.0%) respondent did not respond to this question.

Distribution of respondents in terms of level of education

Knowing the educational level of a respondent helps in determining their responses and ability to solve problems. The study sought to establish the level of education of the CDC alumni. Findings revealed that 75 (80.6%) of Mathare CDC alumni had attained tertiary education having successfully completed both primary and secondary education. Of the remaining, 15 (16.2%) had attained secondary school level of education, 2 (2.2%) individuals had attained only primary-level education, while 1 (1.0%) did not respond to this question. This shows that most of the respondents had attained a reasonable level of education, and hence they had the capacity to understand the purpose of the study, the study questions, and respond to the questionnaire. This, therefore, enabled the researcher to obtain accurate and detailed information regarding the study.

Distribution of respondents in terms of work status and average monthly income

The researcher further sought to establish the work status and average monthly income of the alumni. In terms of employment, 44 (47.3%) of Mathare CDC alumni were not yet employed. This could be because a number of them were still pursuing their tertiary education. Nonetheless, a total of 49 (52.7%) of the respondents were employed, 29 (31.2%) in formal employment settings, while 20 (21.5%) were self-employed. Of those employed, 17 (18.3%) earned between 10,001 and 20,000 shillings per month, followed by 13(14%) who earned 10,000 or below per month. The lowest

average monthly income was earned by 1 (1.1%), which represented individuals who earned between 35,001 and 50,000. Additionally, 3 (3.2%) stated that they earned between 50,001 and 70,000, a further 8 (8.6%) stated that they earned between 20,001 and 30,000,, while 4 (4.3%) reported earning between 30,001 and 35,000.

According to the economic survey 2020, the Kenya National Bureau of Statistics classified low-income earners as those who took home 23,670 Kenya shillings (about 216 US dollars) and below per month. This shows that despite the majority of the respondents being in employment, their monthly income is still quite low. Those that did not respond to the question on monthly income were 47 (50.5%); 44 respondents had previously stated that they were unemployed; hence it was expected that they had no income. Therefore, this means that only 3 (6.1%) of those in employment did not give feedback regarding their monthly income.

Demographic Information of Key Informants

Similarly, the researcher sought demographic information of key informants for this study. Table 4.3 shows the distribution of the respondents in terms of their age, gender, and the duration of time they had worked at the CDC.

Table 4.3: Key informants' Background Information

CDC Staff	Age (years)	Gender	Duration of work at the CDC (years)
1	43	Female	11
2	32	Female	8
3	28	Male	3
4	32	Female	7
5	27	Male	4
6	37	Female	6
7	45	Male	4
8	39	Female	8
9	55	Female	14
10	37	Male	6

The study sought to establish the age of the respondents, gender, and how long they had worked at the Mathare CDC. Findings from key informants showed that their

ages ranged between 28 years and 55 years. In terms of gender, findings indicated that there were six female and four male workers in Mathare CDC. On the aspect of duration at the CDC program, the longest-serving participant had served for a period of 14 years while the one who had served for a shorter period indicated to have worked for the program for a period of three years. The other eight had each worked in the CDC for over five years. This means that all the workers had been with the organization long enough to have seen many beneficiaries through the process from recruitments to exits and hence were well placed to talk about the role the CDC program had played in empowering them over the years.

Socio-economic Needs of OVC Addressed by Mathare CDC Programs

The study sought to establish the needs of the OVC who had benefitted from the Mathare CDC and the findings are presented in Figure 4.1.

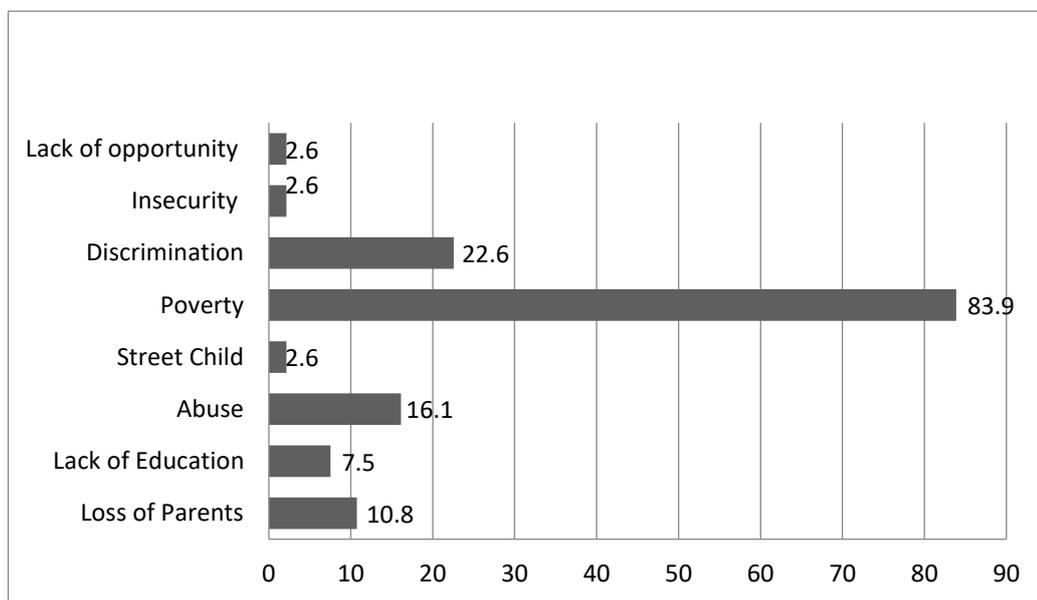


Figure 4.1: Problems Faced by Children Living in Mathare Slum

In this study, findings revealed that the majority of the respondents, 78 (83.9%), stated poverty as a top challenge they experienced while living in Mathare slums. This means that they lacked necessities such as food, shelter, and clothing. Another problem

is discrimination, of which 21 (22.6%) of the alumni stated that they experienced. Some of the respondents, 15 (16.1%), stated that they suffered abuse, while 10 (10.8%) of the respondents indicated that they were orphans, meaning they had lost one or both parents and hence they were vulnerable to hardship and challenges. 7 (7.5%) of the alumni stated that they lacked education, while in each of the following categories, 2 (2.6%) indicated that they lived on the streets, faced insecurity, and lacked opportunities.

According to the key informants, problems faced by children in Mathare slum included a lack of basic amenities like good housing, clean drinking water, proper sanitation, and drainage system. For example, MCDC-S-01 stated that *children in slum areas like Mathare live in poor environmental conditions with no good roads, housing and clean water*. MCDC-S-05 added that in slum areas there was ... *lack of amenities, poor roads and no good schools; the schools are not spacious and usually have poor standards*. The lack of good school amenities was pointed out to result in other challenges like ... *bad school performances and high drop-out rates* (MCDC-S-04).

A high level of poverty was also identified as another major problem. According to MCDC-S-02...

Children in slums tend to start school late due to the high poverty levels in the area and the difficulties for their parents/ guardians to find casual jobs to earn money for needs like school fees, uniform, books and others at home like food and rent.

MCDC-S-02 further added the following:

Due to poverty children get exploited resulting to early pregnancies, drug abuse issues and recruitment into crime gangs.

Poverty has also contributed to child neglect because in trying to find jobs and provide for their families, parents/guardians ... *are always too busy and therefore children end up being neglected as parents have no time for them* (MCDC-S-07).

Other problems mentioned included: ... *lack of opportunities for mentorship* (MCDC-S-05), *family conflicts* (MCD-S-07) and *insecurity in the slum* (MCD-S-08). MCDC-S-08 further pointed out that fire outbreaks were a problem in the slums, ...*fires destroyed houses making residents in the area homeless sinking deeper into poverty and vulnerability*. Additionally, as a result of these numerous problems, some children end up trapped in a vicious cycle ... *born in the slum, get into early pregnancies, others get married in the same slum and end up raising their children in the same poor conditions* (MCDC-0S- 03).

Criteria Used by Mathare CDC in Identifying OVC

The researcher sought to establish the criteria used to identify vulnerable children to be recruited into the program for assistance. The results are as shown in Table 4.4.

Table 4.4: Beneficiaries' Recruitment Procedure

	Frequency	Percent
Brought by Parent /Guardian	52	55.9
Referred by teacher/ church elder/ village elder	26	28.0
Selected by officer from Mathare CDC	13	14.0
Through Talent	2	2.2
Total	93	100

Findings from the study revealed that 52 (55.9%) of the CDC alumni indicated that they were brought to Mathare CDC by their parents/guardians. Often parents/guardians struggling to cater for their families seek for assistance from organizations such as the Mathare CDC known to help vulnerable people in the community. Teachers, church leaders and village elders are important partners in community-based programs since they are considered leaders in the community. They live and interact with the members of the community and identify those that are in need and link them with resources or service providers for assistance.

The study findings indicate that 26 (28%) of the respondents in this study had been referred to the program by teachers, church leaders or village elders. Only 13 (14%) of the alumni reported that they were directly recruited by officers from Mathare CDC to join the program with a further 2 (2.2%) indicating that they had been selected to join the program because of talents they manifested.

According to the key informants, it is the responsibility of the CDC social workers to identify vulnerable children in the community in need of assistance and recruit them to join the program as stated by respondent MCDC-S-04 ... *the social workers identify needy/poor families in the area.* However, ... *local leaders like church elders or the chief can also refer poor families in need of assistance to the project* (MCDC-S-10). The family background is another key factor to be considered in the recruitment process, in order to qualify for assistance, the children must be from a poor socio-economic background. Key informant MCDC-S-09 reported the following:

CDC social workers have to do a thorough social enquiry and home visits to verify the family's background and socio-economic status of the family before recruitment.

The age of the children was also a key factor to consider in the recruitment process. Table 4.5 presents findings from Mathare CDC alumni on the age at which they were recruited to join the program.

Table 4.5: Mathare CDC Recruitment Age

Age	Recruitment Age	
	Frequency	Percent
3 years	16	17.2
4 years	14	15.0
5 years	27	29.0
6 years	10	10.8
7 years	22	23.7
8 years	4	4.3
Total	93	100

The study found that 27 (29%) of the alumni joined the program at the age of five years, while 22 (23.7%) joined at seven years. Only 16 (17.2%) of the alumni

revealed that they joined the centre when they were three years while 14 (15%) joined when they were four years old. A further 10 (10.8%) of the respondents were recruited at the age of six and the lowest number of respondents' 4 (4.3%) stated they joined Mathare CDC while they were eight years. This means that most of the children join the CDC during the early and middle childhood years.

According to the key informants, for children to be recruited into the program, they must be *...a minimum of three years old (MCDC-S-01) and ...maximum of five years old, although children are allowed up to eight years in extreme cases of need (MCDC-S-06)*. Respondent MCDC-S-04 added that the children must be of *school going-age at least in pre-school*. Other factors considered in the recruitment process according to the key informants included the area of residence. Respondent MCDC-S-09 stated that *...the children must reside within the Mathare slums and its environs because the CDC was established to specifically cater for children in this area*. In cases where the children did not reside within the CDC's jurisdiction *... they were referred to other program in or near their own area of residence such as Mlango Kubwa and Huruma CDCs (MCDC-S-10)*.

Finally, it was also reported as follows:

The program only allowed one child per family to be recruited to join the CDC (MCDC-S-02).

According to respondent MCDC-S-04...

This is because the project doesn't want to encourage parents to have many children thinking that the project will cater for all of them.

However, there may be special circumstances where more than one child from the same family could be recruited. One such situation, as stated by respondent MCDC-S-06 is *... in the special case where the children joining are twins*.

The key informants unanimously agreed that the criteria currently used in recruiting beneficiaries into the program were effective. However, some felt that more comprehensive guidelines needed to be adopted. For instance, respondent MCDC-S-05 pointed out that *...most families have more than one child and all the children are equally in need of help*. The respondent further added that *...the one child per family policy has often left us in a dilemma; in some cases, it has brought conflicts among siblings as the ones left out felt that the recruited sibling is favoured*. Aspects such as disability and special needs also needed to be considered in the identification of vulnerable children for assistance at the centre. According to respondent MCDC-S-01...

There are no special needs facilities in Mathare, therefore any efforts to include children with special needs would be really helpful ... children with mental health challenges are still being considered a shame and locked in the houses.

Challenges Facing Mathare CDC Program in Empowering OVC

The study sought to understand the challenges the CDC faced in its efforts to empower the OVC who were beneficiaries of the program in Mathare. The results are as shown in Table 4.6.

Table 4.6: Challenges Experienced by Mathare CDC

Challenges Experienced by Mathare CDC	Responses	
	Frequency	Percent
More funds went to administration and little to programs/Poor distribution of resources	7	7.5%
Church Politics	2	2.2%
Corruption in identifying needy homes/improve selection without discrimination	4	4.3%
Challenges in reaching beneficiaries	2	2.2%
High poverty rate means some problems are left unsolved	2	2.2%
Lack of cooperation and understanding by local community	4	4.3%
Lack of cooperation from parents	3	3.2%
Lack of cooperation from the youth/beneficiaries/some are difficult to handle	19	20.4%
Limited funds (and sponsors/ donors) to facilitate programs especially school fee/ insufficient resources	21	22.6%
Assuming all problems are equal	2	2.2%
Moving far away from the CDC	3	3.2%
Sacrificed their time for the beneficiaries	2	2.2%
Trying to be fair to everyone and attend to everyone's needs	4	4.3%
Low number of CDC officers/ social workers and high number of beneficiaries	8	8.6%
Some workers are not friendly (youth friendly)	2	2.2%
Late funding from compassion to conduct activities (late release of funds)	1	1.1%
Limited space for the CDC	1	1.1%
Varied age groups in the program make it difficult to design activities to suite all	2	2.2%
Not all beneficiaries were able to attend the Saturday program	1	1.1%

The findings showed that 21 (22.6%) of alumni indicated that the main challenge Mathare CDC faced was the limited funds available from donors/sponsors to facilitate the running of programs. Lack of cooperation from the beneficiaries was indicated as a challenge by 19 (20.4%) of the alumni, and 8 (8.6%) of them also noted that Mathare CDC had a low number of officers/social workers against a high number of beneficiaries to serve. These made it difficult for the CDC workers to effectively carry out their duties as they were overwhelmed by the numbers and lack of cooperation.

A further 7 (7.5%) felt that there was poor allocation of the CDC finances in that more of the funding went towards administration instead of programs. In addition, 4 (4.3%) of the alumni opined that there was corruption in identifying and selecting

needy families for assistance, and hence the CDC should improve the selection process to stamp out discrimination. Moreover, CDC workers should try to be fair to everyone. Lack of cooperation from the parents and beneficiaries' moving far away from the project were each mentioned by 3 (3.2%) of the alumni as challenges for the CDC.

Other challenges included church politics, difficulties in reaching out to beneficiaries – especially when they moved away from the area, high poverty rates in the slums, and Mathare CDC assuming that all problems presented were equal. Each of these challenges were indicated by 2 (2.2%) of the respondents. Furthermore, 2 (2.2%) of the alumni felt that it was a challenge for the CDC staff to sacrifice their time for the beneficiaries, while 2 (2.2%) stated that some of the workers were not youth-friendly. The wide range of age groups within the program was also pointed out as a challenge: 2 (2.2%) of the respondents felt that this factor made it difficult for the CDC to design activities suitable for all since the program included beneficiaries from pre-school (three years) all the way to tertiary level. Other challenges like the limited space for the centre and the late release of funds were mentioned by 1 (1.1%) of the respondents.

According to the key informants, challenges facing Mathare CDC included limited resources for the program, as indicated by MCDC-S-01, who said the following:

Limited funding means that the CDC can only do so much for instance support only one child per family and provide for only part of the needs like half school fees for those in the program.

Respondent MCDC-S-10 added that *...the program can only take in children for assistance based on availability of sponsors.* Further, findings revealed that Mathare CDC had limited number of workers; according to MCDC-S-02 *... the program has very many children with only three full time workers and seven part-time workers.* This means that the CDC was also strained in terms of human resource. Mathare CDC was also found to experience a challenge with the space in which the facility is located.

Respondent MCDC-S-01 pointed out that *...currently the program occupies one room within the Redeemed Gospel Church Mathare premise as office space, the small compound also hosts a pre-school and two other CBOs*. This means that there is very little space for the beneficiaries to engage in program activities.

From the findings, rampant poverty in Mathare slums also posed a challenge to the CDC *... because of poverty, almost all the families living in Mathare are struggling to survive, they all need help in one way or another* (MCDC-S-05). This means that Mathare CDC is faced with a wide range of problems presented by numerous residents seeking assistance. The other challenges mentioned were in regard to collaboration with the other stakeholders, for instance, there were challenges of cooperation from the CDC beneficiaries, *some refuse to go to school or participate in the Saturday program activities* (MCDC-S-2); *...when they become teenagers it becomes difficult to get them to come to the centre* (MCDC-S-06). Additionally, respondent MCDC-S-07 pointed out that *... the affiliate church expects to be given priority in recruiting its members as beneficiaries; this creates conflicts with the community who complain against favouritism*. Respondent MCDC-S-08 on the other hand, stated that *... some families complain as to why only one child was picked to join the program*. Further respondent MCDC-S-09 said as follows:

Some families insist this was unfair and that all the children be included in the program.

In response to these challenges, the researcher also sought the respondents' opinion of how Mathare CDC overcomes them. Results are as shown in Table 4.7.

Table 4.7: Measures to Overcome Challenges Faced by Mathare CDC

Measures to Overcome the Challenges Faced	Responses	
	Frequency	Percent
Have an independent body to recruit beneficiaries	2	2.2%
Focus more on quality not quantity	2	2.2%
Work with parents in order to contact beneficiaries	2	2.2%
Get to know issues on the ground	3	3.2%
Open forums, training sessions (Sensitization)/ create awareness on importance of program, Teamwork	11	11.8%
Help OVC holistically and give them exposure	2	2.2%
Economic Development	2	3.2%
Provide more funds for beneficiaries/allocate more to the project	4	4.3%
Finding/ Mobilizing more sponsors/ donors	33	35.5%
More follow-up on the beneficiaries	6	6.5%
Stop asking for monthly contributions from beneficiaries (parents) as some cannot afford	4	4.3%
Enhance rapport between teenagers and social workers to encourage commitment	4	4.3%
CDC bring more trained personnel to handle beneficiaries (listen to them and keep confidentiality), friendlier	4	4.3%
Employ more staff/ social workers that can manage the number of beneficiaries	4	4.3%
Improve communication, mentorship for beneficiaries	4	4.3%
Distribute fee equally to every beneficiary	1	1.1%
Reduce age differences between the age groups	2	2.2%
Providing security to the CDC Children	2	2.2%
Be nice / Be fair	3	3.2%
Consider looking into Sustainable projects	2	2.2%
Focus should be more on skills	1	1.1%
Serving all beneficiaries without discrimination	1	1.1%

From the findings, 33 (35.5%) of Mathare alumni suggested the CDC should mobilize more sponsors to help address the challenge of limited resources. Open forums, training sessions were considered an essential part in creating awareness of the importance of the program and encouraging cooperation and teamwork from the beneficiaries and their parents/ guardians 11 (11.8%). Other suggestions included follow-up on beneficiaries 6 (6.5%), allocating more funds towards the CDC program 4 (4.3%), abolishing collection of monthly contribution from parents/guardians 4 (4.3%), enhancing rapport between teenagers and social workers 4 (4.3%), employment of more trained personnel 4 (4.3%), and improving communication and encouraging mentorship 4 (4.3%).

The alumni also recommended that the CDC should be more conversant with issues on the ground 2 (3.2%), promote economic development 2 (3.2%), CDC workers should be fair in dealing with the beneficiaries and that an independent body be used to recruit beneficiaries into the program 2 (3.2%) to eliminate favoritism in the process.

According to the key informants, solutions to the challenge of space for the centre could be through some of the following ways: ... *seeking a bigger space for the CDC would help ease the congestion since the current facility is too small to host the beneficiaries for many activities* (MCDC-S-01). The CDC should also ...*employ more workers and ensure better salaries for the workers* (MCDC-S-01). Respondent MCDC-S-08 added that ...*it would be good if we (current employees) could be given a pay rise, especially the part-timers*. Moreover, MCDC-S-10 suggested that the CDC could also *utilize the help of volunteers like program alumni*. Sensitization of stakeholders was also suggested to improve rapport, team spirit, and cooperation. According to respondent MCDC-S-08, this could be achieved through ... *regular meetings, seminars, trainings, and team building activities*, for the beneficiaries ... *through youth camps and fun interactive activities like football* (MCDC-S-03).

To mitigate the challenges of limited funds, MCDC-S- 05 suggested *seeking more sponsors and donors* since this would in turn, ... *enable the CDC to take up more programs and assist more vulnerable children*. Additionally:

... *having sustainable programs would also ensure the beneficiaries are self-reliant even after their exit from the program by being able to start and maintain their own income-generating activities* (MCDC-S-05).

Other measures suggested included: integrating counselling and de-briefing for both the beneficiaries and the CDC workers. Respondent MCDC-S-05 explained as follows:

Counselling could help the beneficiaries better handle challenges they experience in their lives” on the other hand, work can be overwhelming for the CDC

staff both physically and emotionally as they encounter desperate and sad situations and therefore they need counselling too.

Role of Mathare CDC Program in Empowering OVC

The Mathare CDC centre was found to conduct programs geared towards the following areas: education empowerment through payment of school fees and provision of school supplies, nutrition through feeding programs and distribution of foodstuff to the beneficiaries, better healthcare through regular medical camps, and facilitating access to health facilities and access to job opportunities for the CDC alumni. In this regard, the study sought to establish and document information regarding the role of the Mathare CDC program in empowering the OVC, and the findings are presented in Table 4.8.

Table 4.8: Role of Mathare CDC Program in Empowering the OVC

	Not at All	Slightly	Neutral	Very Much	Extremely
Healthcare	0	6.45%	26.8%	41.9%	24.7%
Nutrition	0	5.4%	15.1%	31.1%	46.2%
Access to Education	0	20.4%	22.6%	32.3%	22.6%
Access to job opportunities	46.2%	19.4%	16.13%	10.8%	1.08%

From the findings, all the alumni indicated that they had been positively impacted by the program. In this regard, 46.2% stated that they were extremely impacted in terms of getting good nutrition, while 41.9% of the beneficiaries stated that they had been very much impacted by Mathare CDC in terms of healthcare. In terms of education, 32.3% of the alumni indicated that the Mathare CDC had empowered them very much while 22.6% stated that they were extremely empowered, a further 22.6% and 20.4% were neutral and slightly empowered, respectively. No alumni indicated that they had not received valuable help from the Mathare CDC in terms of healthcare, nutrition, and access to education.

However, 46.2% of the beneficiaries stated that the CDC did not impact them regarding access to job opportunities. Respondent MCDC-A-051 recommended that the program *creates networks for alumni and support the current students by connecting them to mentors.*

This sentiment is echoed by alumni MCDC-A-086, who opined as follows:

... the CDC should support the youth in the program by linking them with god-fathers and those who have made it to help them get jobs after they exit from the program.

The key informants unanimously agreed that the Mathare CDC program had greatly empowered its alumni. According to MCDC-S-01 the program had empowered its beneficiaries by *... providing school fees for needy children to be able to gain education giving them an opportunity for a better life. Additionally, ... the program also provides school supplies like uniform and shoes to the beneficiaries* (MCDC-S-02). Access to education for needy children gave many of them an opportunity to get an education despite their families not having the means to enroll or keep them in school. *The school fees assistance helped many children stay in class without being chased home* MCDC-S-04. Respondent MCDC-S-01 further added that because of education *... some children from the program have grown up and are doing well in life, some of them could have become criminals by joining bad groups but they are now working with good jobs and earning an honest living.*

This in a way had also created a positive outcome for the society at large as indicated by respondent MCDC-S-03, the program had *... transformed lives of children and the entire community since some children who would have ended up as a problem to society by joining crime are now empowered to become contributing members of society and are even helping others.* Moreover, the program was seen to have also

impacted the lives of the families of the beneficiaries as indicated by respondent MCDC-S-04...

Some families have benefited directly through the generous donations of their child's sponsor. Sponsors can give monetary gifts, which have to be given to the family. There are families that have been facilitated to start small businesses; another family even bought a piece of land and built a nice house.

MCDC-S-05 added as follows:

... some children have graduated, gotten good jobs and gone ahead to take their families out of the slums.

According to respondent MCDC-S-02...

The feeding program that was conducted at the centre during the Saturday program contributed towards the nutritional needs of the beneficiaries.

Families also received foodstuff during difficult times, for instance, ... *during the pandemic (Covid-19) some families were given food supplies.* Additionally,

Needy families were also liked with other organizations that offered assistance like food support and medication for those living with HIV/AIDS and government programs like Cash Transfer for OVC (MCDC-S-07).

Beneficiaries in the program were also facilitated access to better healthcare, as pointed out by MCDC-S-10:

... the program conducts regular medical camps where beneficiaries get free medical check-ups and medication.

Moreover,

There are cases where beneficiaries are facilitated to access health facilities and the medical bills catered for by the program (MCDC-S-02).

It was also pointed out that the programs' focus on spiritual development and mentorship further resulted in positive behaviour change in the beneficiaries. MCDC-S-6 stated the following:

... some beneficiaries were transformed; many got born again and were now involved in religious activities, ministry work and in giving back to the community in one way or another.

Additionally, through life skills development classes offered at the centre on Saturdays and during school holidays, it was reported as follows:

...skills have been nurtured, talents grown and beneficiaries empowered, through training in areas like hairdressing, catering, computer, music and dress making (MCDC-S-08).

It was further noted as follows:

... this has helped improve their (beneficiaries') chances of employment or enabled some of them go into self-employment (MCDC-S-09).

Respondent MCDC-S-09 said that *... any beneficiary that was focused came out successful*, while MCDC-S-06 concluded that the CDC was *... changing one life at a time and should only one life be empowered, then that was considered a huge success.*

Summary of Key Findings

From the study, the researcher established that there were more female (59.1%) than male (40.9%) alumni in Mathare CDC. A larger number of the alumni were between 26 to 30 years old, with a majority having attained tertiary education (80.6%). A total of 49 of the alumni were employed: 31.2% in formal employment, and 21.5% were self employed; while 44 (47.3%) were unemployed. The monthly income range for most of those in employment was from 10,001 to 20,000 Kenya shillings. As for the key informants, there were six female and four male workers at the CDC with an age range of between 28 and 55 years. All the staff had worked at the CDC for over 5 years, with the longest-serving having worked for a period of 14 years.

Problems experienced by children in Mathare slums were found to include lack of school fees, house rent, food, and medical care. Some of the children were orphaned, while others suffered neglect. Other challenges were insecurity, lack of opportunities, discrimination, and abuse. These hardships pushed some to become street children while others resorted to joining criminal gangs. Programs run by the CDC were mainly

geared towards education empowerment, access to better nutrition, healthcare, life skills training, and spiritual development. The CDC recruited children from 3 and 8 years to join the program. CDC workers were responsible for the recruitment process; however, referrals from community leaders like teachers, church leaders, and village elders were appreciated by Mathare CDC. In addition, parents/guardians experiencing hardship often approached the CDC in the hope of getting assistance for their children. As part of the organization's policy, only one child in a family was eligible to be recruited into the program.

From the study findings, the CDC experienced some challenges in its efforts to empower the OVC. These included limited financial and human resources, delays in the release of funds, and poor allocation of the funds, which affected the effective running of programs. Other challenges were a lack of cooperation and support from stakeholders (beneficiaries, parents/guardians, local community). Interventions, such as mobilization of more donors to increase financial base, employment of more social workers, partnering with government agencies, for example, local administration/police to handle security issues ,and enhancing good rapport between the stakeholders were suggested to mitigate the identified challenges for the program to be more effective.

Nonetheless, it was established that both the Mathare CDC alumni and key informants felt that the program had greatly impacted the lives of the OVC it served. The program had enabled them to access the following: education up to tertiary level, better healthcare, good nutrition, and to some extent ob opportunities. The key informants attested that through the program, many beneficiaries attained positive behaviour change, developed their skills and talents, and grew spiritually. Ultimately, it was evident that the Mathare CDC alumni have been empowered to become

productive members of society, pursuing gainful ventures and even giving back to the community.

Summary

This chapter has focused on the presentation of data obtained in the research. It has also presented an analysis and interpretation of the research findings. The response rate of the respondents and their demographic information have been discussed.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

This chapter presents a discussion of key findings of the study, conclusions drawn from the findings, and proposed recommendations. The conclusions and recommendations are focused on addressing the main objectives of the study. This chapter also suggests areas for further research.

Discussions of Key Findings

Demographic Information

From the data collected, it was evident that there were more female respondents compared to male respondents. This finding is consistent with Herath, Guruge, Fernando, Jayarathna, and Senarathna's (2018) study on the effect of community-based health promotions carried out in Sri Lanka, which found out that most community interventions were received by women than men. Women were more prone to gender norms, among other issues. As per the findings, the majority of Mathare CDC alumni had attained tertiary education, with few having reached only primary school level.

This means that the program had attained the education empowerment of its beneficiaries. This concurs with a study done by Marais et al. (2014) in South Africa on community-based mental health program where the majority of the beneficiaries of community programs were found to be individuals aged 18 to 30 years and were able to attain college or university education. Moreover, the findings reveal that the CDC programs are in line with the SDGs number 4 towards the attainment of quality education opportunities for all (Holford, Hodge, Milana, & Waller, 2017).

In this study, many of the Mathare CDC alumni were found to be in some form of employment (either formal or self-employment) and earned a monthly income of between 10,001 to 20,000 Kenya shillings. Only 7 (8.6%) were found to earn above 30,001 Kenya shilling per month. According to Goodman, Kaberia, Morgan, and Keiser (2014), majority of the beneficiaries from OVC programs earned middle to low income while some were unemployed. The same is reflected in this study as the monthly income of most of the alumni was below 20,000 Kenya shilling despite majority of them having attained higher levels of education. This trend is in a way contrary to the rationale behind the SDG number four as, according to Holford et al. (2017), education was aimed at enabling an upward socioeconomic mobility and escape from poverty.

Socio-economic Needs of OVC Addressed by Mathare CDC Programs

Mathare is one of the largest slums in Kenya with a majority of the population living in low-income households. This means that the general population experiences various challenges. Many respondents stated that they faced poverty, discrimination, abuse, lacked education, experienced food shortage, and lacked adequate opportunities. According to the UN (2009), rapid urbanization in the 20th century left the vast majority with limited access to basic services, employment, and housing. Kenya is reported to have witnessed a growth in urban poverty with about 55 percent of urban population living in poverty in slum areas.

According to a report by The New Humanitarian (2013) on the hidden crisis in urban slums, life in slums is characterised by several challenges ranging from poor infrastructure, overcrowding, limited resources to poor sanitation facilities. Other common problems include malnutrition among children and ease of spread of communicable diseases like typhoid, malaria, dysentery and tuberculosis. These conditions create a crisis and further disrupt the functioning of society.

According to the structural functional theory, institutions/structures must collaborate in order to address the needs of individuals; moreover, the much-needed stability can only be achieved when a society's social institutions are able to effectively meet the needs of its people. This study agrees with the concepts presented by the structural functionalism theory. Mathare being a slum, there is an overwhelming need for the larger community to come together forming a macrostructure that support the wellbeing of OVC in the area. The structural functional theory emphasizes on the interdependence of the different components of the system.

This is true for community-based initiatives like Mathare CDC where the different components of society like families, churches, administrative authorities among others, are crucial in supporting one another towards self-maintenance. Community-based programs endeavour to ensure that the OVC are given an opportunity to grow and become good/responsible citizens. They cannot achieve this alone, much support and cooperation is needed from the other institutions and structures in the society. In supporting OVC to be able to meet their needs, the theory asserts that these children too are empowered to become integral, contributing members of the community thus maintaining an overall social equilibrium.

Criteria Used by Mathare CDC in Identifying OVC

The researcher further sought to know the criteria used by Mathare CDC to identify OVC in the area. Some of the key factors considered in selecting children to join the program were that the children must first of all be residing within the Mathare slum. Secondly, they had to be from poor backgrounds, this was assessed through home visits conducted by the CDC workers before recruitment. According to a study done by Lee et al. (2014), in Kenya, it is estimated that there are approximately 3.6 million children aged <18 years who have been orphaned or who are vulnerable. With such

high numbers of children in need of assistance, it is a difficult process for organizations to identify and select those they are able to assist; in-depth assessment needs to be done to ensure that the neediest of the needy get a fair chance to receive the needed intervention.

A third factor considered was the children's age. From the study, the age at which beneficiaries are recruited to join the program was between three and five years. This was true for 57 (61.2%) of the Mathare CDC alumni who participated in this study. However, under special circumstances, the CDC allowed children over the age of five to join the program. The remaining 36 (38.8%) alumni reported they had joined the program between the age of six and eight years. Black et al. (2017) highlighted the importance of early years; the authors emphasised the profound benefit of investing in the development of children in the early years for more effective outcomes not only in learning but also in health, future productivity and social cohesion. This is consistent with this study; Mathare CDC recruits beneficiaries in their early years and invests in their development through a series of programs. The CDC journeys with them in becoming empowered and productive members of the community and hence contributing to social cohesion.

In addition, from the study beneficiaries were either directly identified by the Mathare CDC workers, brought to the CDC by their parents/guardians or referred to the CDC by key community leaders like teachers, church leaders or village elders. Majority of the alumni indicated that they had been brought to Mathare CDC by their parents or guardians seeking assistance. This is consistent with findings by Lee et al. (2014) who noted that as a result of poverty, many parents send their children to community-based programs hoping for some form of assistance.

Challenges Faced by Mathare CDC Program in Empowering OVC

The researcher also wanted to know the challenges faced by Mathare CDC program in empowering the OVC. Common challenges identified that beneficiaries go through include little support that is unable to cater for all their needs, monthly contributions made by their parents, discrimination, favoritism and lack of enough attention and support from the staff at Mathare CDC. Other minor challenges agreed by the respondents include beneficiaries feeling they have left out their siblings since only one child is allowed per family, restrictions on where to shop with the gift vouchers provided through the CDC, getting robbed when given anything at the CDC and poor communication channel from the office.

These results align with Oino, Towett, Kirui, and Luvega (2015), who agreed that billions of shillings have been spent in communities globally to enhance the living situation of the local people. Oino et al. (2015) further stated that community support increases the efficiency of a project, hence impacting positively on project sustainability. Thus, where there is low support then programs are susceptible to stall and lack in their effectiveness. Additionally, the results agree with findings by Muiya (2014) who did a study on nature, challenges, and consequences of urban youth unemployment. The study found out that lack of education and necessary skills was the major reason behind youth unemployment in Mathare. Additionally, youth unemployment in informal settlements further compounded challenges of housing, rise in prostitution, school dropouts, marginalization, rape, HIV/AIDS infections and early marriages.

According to the CDC workers, lack of sufficient funding was a major challenge as it limited programs and operations of the CDC. Parents did not like the policy that only one child per family could be accepted. Poverty was also noted to be a challenge

thus parents were unable to make their monthly contributions. The staff also identified problems that were faced by the beneficiaries in Mathare CDC; many of them did not have access to clean water, schools and good hospitals.

Major problems listed were drug abuse, peer pressure, poverty and poor environment. This is in line with the sociocultural theory which purports that the environments in which children grow up influences how they think, what they think about and by extension it influences the life choices they make and ultimately how they turn out (Stinchcombe, 2017). This is no exception for the vulnerable children growing up in Mathare slum; environmental factors force some of them to succumb to peer pressure, drop out of school or even join criminal gangs.

Similarly, Kanyi's (2019) study identified challenges encountered by children going to CDCs to include sexual exploitation, discrimination, and isolation by the society and drug abuse. According to the author, the state organs in slum areas needed to offer guidance and protection against physical and sexual abuse. Some of the social challenges identified include lack of school fees, basic needs and poverty. Mathare CDC was noted to offer several services such as paying school fees, conducting feeding programs, medical camps, nurturing talents, spiritual growth through devotions, sending gifts to children, mentorship and counselling, business funding, and life skills such as tailoring, computer literacy, practical skills, music classes and hairdressing.

The study also analysed challenges experienced by Mathare CDC. The respondents indicated that there were limited funds available in the CDC to fully satisfy their needs like pay full school fees for beneficiaries. Secondly, the CDC is said to have very few staff in charge of many beneficiaries. Additionally, some of the beneficiaries do not give full cooperation to the program leading to more stress and work overload for the staff. These findings agree with a study done by Gikonyo (2015) on challenges

facing implementation of slum upgrading programmes. Gikonyo (2015) stated that poverty levels, inadequate funding and less staff are some of the major challenges that face upgrading programmes in the slum areas.

The respondents went further to suggest how these challenges could be overcome. More sponsorship and donor funding were identified as the main factors that would improve operations at the Mathare CDC. Having sustainable programs was also identified and this concurs with Muluh, Kimengsi, and Azibo (2019) who opined that to increase project sustainability, it is recommended for such projects to be provided with tailor-made training especially for the “not-educated” members. Self-sustainable projects would ease the dependence on donors and the families will also be uplifted to be able to afford basic need.

Fostering teamwork, enhancing rapport between staff and beneficiaries, and improving communication were suggested to deal with the identified challenges. Other measures that could improve operations at the CDC were: proper follow-up on beneficiaries, abolishing the monthly contributions made by the parents/guardians of the beneficiaries, having more trained personnel and promoting economic development of families.

Role of Mathare CDC Program in Empowering OVC

Many of the Mathare CDC alumni agreed that the CDC had played an important role in empowering them and making them better individuals capable of positively contributing to society. The program enabled them access education, better healthcare, nutrition, and for some alumni access to job opportunities. These findings echo O’Neil, Kaye, and Gottwald (2013) who stated that community centres have a unique capacity to contribute to community development, they work in the grassroots using prevention

and early-intervention measures to assist the disadvantages in the community through life skills development, social inclusion, and health and wellness programs.

Moreover, these centres engage community members who have been disadvantaged through teaching of literacy skills thus laying a foundational to civic participation, workforce engagement and social and economic inclusion (O'Neil et al., 2013). Majority of the beneficiaries however, stated that the CDC did not aid them in accessing job opportunities. In addition, Kibachio and Mutie (2020) thought that impact offered by CDC may be futile if no follow-up is made. There needs to be input from varied stakeholders to ensure OVC are holistically empowered and their quality of life is improved.

Conclusion

Following the preceding findings and discussions, the study concluded the following:

1. The socio-economic needs faced by children in Mathare were poverty, discrimination, loss of parents, abuse, lack of education, insecurity and lack of opportunities. Drug abuse, peer pressure, poor environment, unemployment of parents, neglect, lack of basic needs, family conflicts, illicit brew(alcoholism), fires, poor healthcare, and poor sanitation.
2. The socio-economic needs of OVC addressed by Mathare CDC program were education through partial sponsorships, nutrition through the feeding program, healthcare through regular medical camps and assistance to access health facilities, spiritual development, mentoring and nurturing of skills and talents.
3. Children admitted to the Mathare CDC program resided in Mathare slum, were recruited aged between 3 and 8 years old and were from poor family backgrounds. Needy children were referred by key community leaders such as

teachers, church leaders, and village elders or recruited by CDC workers to join the program. Some were also brought in directly by their parents or guardians seeking for assistance from the program.

4. Mathare CDC faced some challenges in addressing the needs of the OVC in the program; these included limited resources, both financial resources needed in effectively running of programs as well as human resource in terms of the number of CDC workers. The limited space available for the CDC to run activities from, high poverty levels in the slum, lack of cooperation from beneficiaries, parents and the community, illiteracy levels of parents and ignorance on the value of the programs.
5. The CDC workers also experienced challenges like the limited number of staff to beneficiaries, low salaries with huge workloads, insecurity, criticism from beneficiaries, host church politics, organizational policies and dynamic changes in operational procedures such as communication systems.
6. Mathare CDC program played an important role in the empowerment of the OVC it served. The program had empowered them in a holistic manner by giving them access to education, better healthcare, better nutrition and to opportunities to learn life skills and nurture their talents. The Mathare CDC has also helped in nurturing positive character development and spiritual growth.

Recommendations

From the findings and analysis, the study makes recommendations to Mathare CDC, parents/guardians of the beneficiaries of the program, and Compassion International as the umbrella organization and policy makers for the CDC Programs.

Recommendations for Mathare CDC

The CDC should hold regular sensitization forums like trainings, workshops and seminars in order to build rapport and enhance collaboration with the beneficiaries and parents/guardians. These will also assist in creating awareness of the Mathare CDC programs and improve communication.

The Mathare CDC should adopt comprehensive follow-up programs for beneficiaries in the program to ensure that they are all progressing well and none is left behind. Follow-up on the alumni will also benefit the program as some of them may be able to give back to the program or community through resource mobilization or mentorship.

Mathare CDC could incorporate a mentorship or apprenticeship program thus providing what Lev Vygotsy's Social Cultural Theory terms as Instructional Scaffolding. Where the CDC partners with organizations, institutions or even individuals willing to take in beneficiaries and aid them learn practical skills and may even turn out as possible potential employers to the beneficiaries.

Recommendations for Parents/Guardians

Despite the pressure for parents to work and provide for the needs of the family, they should create time to be with their children, to monitor, protect and guide them. This role should not be left to the Mathare CDC workers or teachers. It is also important that parents/guardians cooperate with the CDC workers and support the programs created to assist their children.

Recommendations for Compassion International

Compassion International is the umbrella organization overseeing the establishment and running of CDCs with Mathare being one of them. Policies like

offering support to one child per family could be reviewed and where possible based on factors like level of need more children from the same family could be incorporated into the program.

The organization is also tasked with staffing of CDCs, thus the researcher recommends that more workers be employed in Mathare CDC, the current ratio is quite low and the workers are overwhelmed. The workers' salaries should also be reviewed and an increment considered ensuring that they stay positively motivated.

Lack of sufficient financial resources to effectively run the CDC programs, has been identified as one of the biggest challenges. Compassion International should come up with diverse fundraising strategies to increase the resource base; self-sustainable options like income generating ventures should also be considered to ensure the program does not solely rely on donor funding.

Finally, the study recommends that the organization develops programs like businesses management training and entrepreneurship geared towards the economic empower of families. This will assist households to be able to enhance their income and satisfy basic needs without being fully dependent of the CDC programs.

Recommendations for Further Research

Despite the findings obtained by the study, there are still areas which need further research to provide a better understanding of the problem of OVC and empower them more holistically.

1. From this study, it was evident that there are more female beneficiaries in the program than male. In order to ensure that children of both genders are empowered at par, such that the girl child is empowered without leaving the boy child behind; the researcher suggests that studies be done to evaluate the gender-sensitive and inclusion strategies employed by community-based programs.

2. A study on self-sustainability of community-based programs. From the findings of this research, it is apparent that the centre has limited donors and struggles with raising sufficient funds and resources to effectively run its programs. Additional and more sustainable streams of income would ease dependence on donor funding and enhance organizations' capacity to effectively run their programs.

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APPENDICES

Appendix A: Consent Form

Hello,

My name is Fiona Musungu, a Masters Student at Daystar University. I am currently conducting a study entitled “Role of Community-based Programs in Empowering Orphans and Vulnerable Children in Kenya: A Case of Mathare Child Development Center, Nairobi County.” The study is based on three key objectives:

1. Establish the socio-economic needs of OVC addressed by Mathare CDC, Nairobi County;
2. Establish the criteria used in identifying OVC by Mathare CDC, Nairobi County;
3. Analyze challenges faced by Mathare CDC program in empowering the OVC;
4. Assess the role of Mathare CDC program in empowering the OVC’s.

I am therefore requesting you to participate in this study by signing this form. Please note that participating is purely voluntary, and you can opt out at any point. By signing below, you are also validating the following:

1. That the study has been explained to you in details and any questions you had answered.
2. Your participation is voluntary.
3. You understand that all the information that you provide for this research will be treated with confidentiality and that your identity will be anonymous.
4. You understand that you have a right to withdraw from the process at any time or refuse to answer any questions that may be uncomfortable to you without any consequences.

- 5. You understand that you shall not get any payment for participating in the research.

Signature of research participant

Date:

.....

.....

Signature of the researcher

Date:

.....

.....

Appendix B: Interview Schedule for Employees of Mathare CDC

Name of Interviewer:

Place of Interview:

Date of Interview:

1. Background Information
 - a) Age
 - b) Gender
 - c) How long have you worked at Mathare CDC?
2. Socio-economic needs of OVC addressed by Mathare CDC
 - a) What are the problems faced by children in Mathare?
 - b) What are the problems for which children/ families seek assistance or are recruited to join the project?
 - c) What are the needs addressed by Mathare CDC?
3. Criteria used by Mathare CDC in identifying OVC in the area
 - a) What are the criteria used by Mathare CDC in identifying OVC in the area to join the program?
 - b) Do you feel these criteria are effective?
 - c) In your opinion, what other aspects should be considered in identifying OVC to join the program?
4. Challenges facing Mathare CDC program in addressing the needs of OVC
 - a) What challenges does the CDC encounter in its effort to address the needs of the OVC in the program?
 - b) What challenges do you as the CDC staff encounter?
 - c) What should be done to address these challenges?
5. The role of Mathare CDC in empowering the OVC

- a) Has the project empowered the lives of the OVC?
 - b) In what ways, do you think the project has empowered the OVC?
6. Any other remarks/ Comments?

THANK YOU
FOR YOUR PARTICIPATION

Appendix C: Questionnaire for Alumni of Mathare CDC

Hello,

My name is Fiona Musungu, a Masters Student at Daystar University. I am currently conducting a study entitled “Role of Community-based Programs in Empowerment of Orphans and Vulnerable Children in Kenya: A Case of Mathare Child Development Center, Nairobi County.” The study is part of requirements for my graduation, and is not intended for any other purpose.

This is a research study on the Role of Community-based Programs in Empowering Orphans and Vulnerable Children in Kenya. The study is focused on the case of Mathare CDC in Nairobi County. Kindly complete this questionnaire with honesty and help in the study. Note that this study is purely for education purpose and all the information given will be treated with confidentiality.

Section A: Background information

1. Gender: Male [] Female []
2. Age: 18 – 25 years [] 26 – 30 years [] 31 – 35 years []
3. Marital Status: Married [] Single []
4. Education level: Primary [] Secondary [] Tertiary []
5. Work Status: Employed [] Self-Employed [] Unemployed []
6. If employed/ self-employed, what is your average monthly income? 10,000 or below [] 20,001 - 35,000 [] 50,001 - 70,000 [] 10,001 - 20,000 [] 35,001 - 50,000 [] Over 70,000 []

Section B: Issues related to role of community-based programs in empowering orphans and vulnerable children in Kenya.

Part I: Socio-economic needs of OVC addressed by Mathare CDC programs

- a. What were some of the problems you experienced as a child in Mathare?

	Not at all	Slightly	Neutral	Very Much	Extremely
Healthcare					
Nutrition					
Access to education					
Access to job opportunities					

Any other comment?

.....

.....

.....

.....

THANK YOU
FOR YOUR PARTICIPATION

Appendix D: Ethical Clearance

DAYSTAR UNIVERSITY

VERDICT – PASS
Daystar University Ethics Review Board

Our Ref: **DU-ERB/14/10/2020/000462**

Date: 14th October 2020

To: Fiona A. Musungu

Dear Fiona,

RE: ROLE OF COMMUNITY- BASED PROGRAMS IN EMPOWERMENT OF ORPHANS AND VULNERABLE CHILDREN IN KENYA: A CASE OF MATHARE CHILD DEVELOPMENT CENTER

Reference is made to your ERB application reference no. 150920-01 dated 15th September 2020 in which you requested for ethical approval of your proposal by Daystar University Ethics Review Board.

We are pleased to inform you that Daystar University Ethics Review Board has reviewed and approved your above research proposal. Your application approval number is **DU-ERB-000462**. The approval period for the research is between **14th October 2020 to 13th October 2021** after which the ethical approval lapses. Should you wish to continue with the research after the lapse you will be required to apply for an extension from DU-ERB at half the review charges.

This approval is subject to compliance with the following requirements.

- i. Only approved documents including (informed consents, study instruments, MTA) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by Daystar University Ethics Review Board.
- iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to Daystar University Ethics Review Board within 72 hours of notification.
- iv. Any changes anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to Daystar University Ethics Review Board within 72 hours.
- v. Clearance for export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of a signed one page executive summary report and a closure report within 90 days upon completion of the study to Daystar University Ethics Review Board via email [duerb@daystar.ac.ke].

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://oris.nacosti.go.ke> and other clearances needed.

Yours sincerely,


Mrs. Purity Kiambi,
Secretary, Daystar University Ethics Review Board

Encl. Review Report

*"...until the day dawn and the daystar
arise in your hearts"
2 Peter 1.19 KJV*

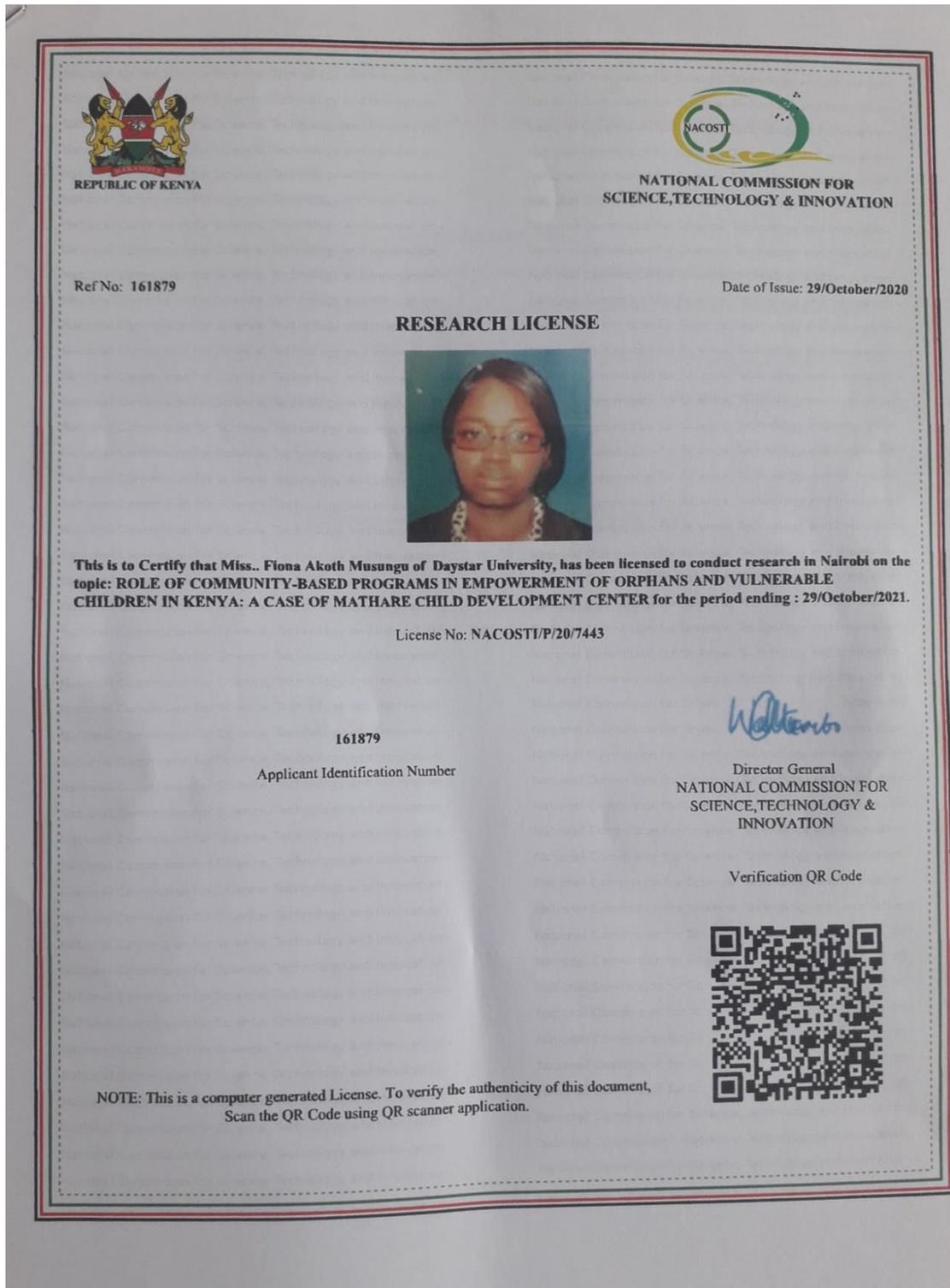
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Appendix E: Research Permit



Appendix F: Plagiarism Report

Fiona Musunga Thesis - 2nd Nov. 2021

ORIGINALITY REPORT

8%	6%	2%	4%
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