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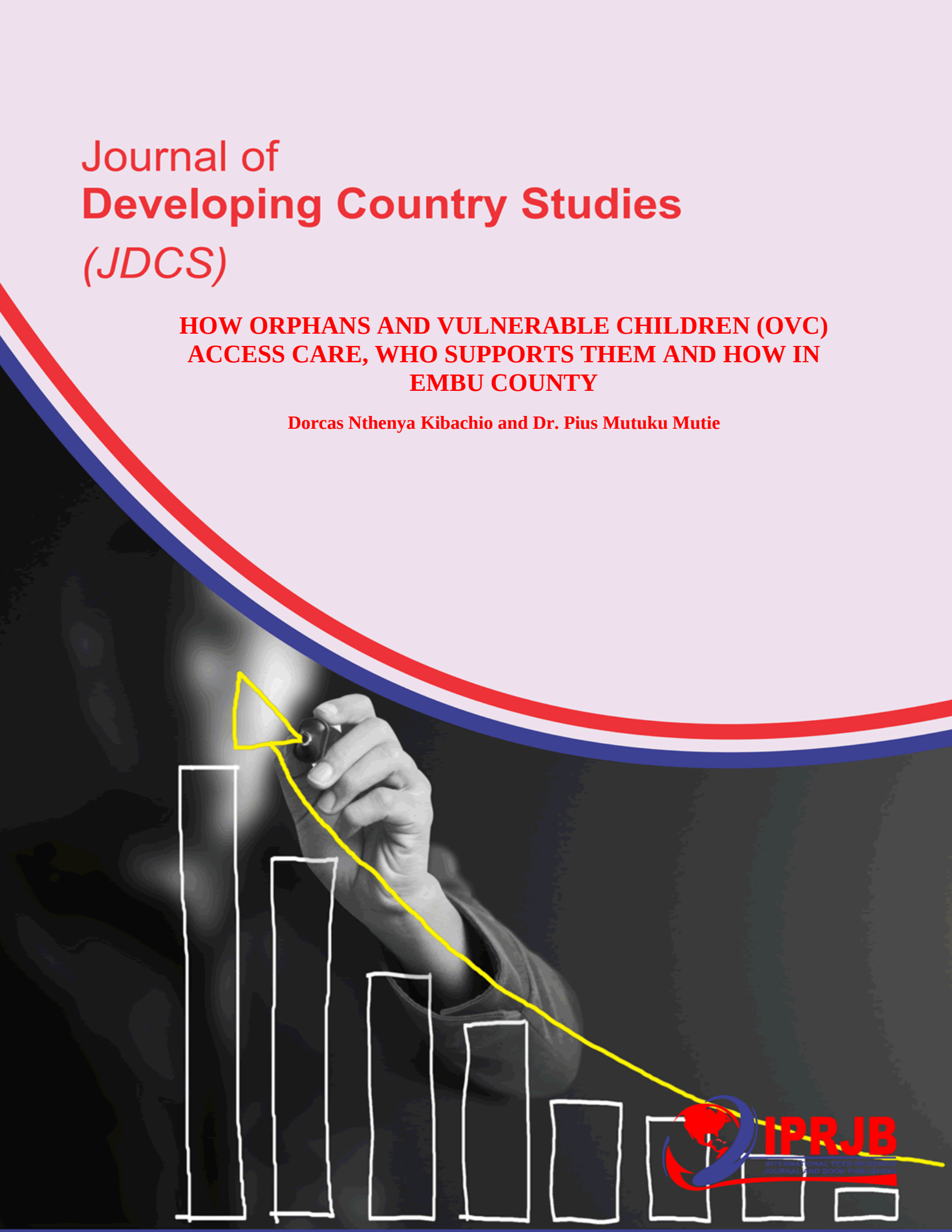
Dorcas Nthenya Kibachio and Dr. Pius Mutuku Mutie



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HOW ORPHANS AND VULNERABLE CHILDREN (OVC) ACCESS CARE, WHO SUPPORTS THEM AND HOW IN EMBU COUNTY

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Abstract

Purpose: To establish how orphans and vulnerable children access care, who supports them and how in Embu County.

Methods: This study adopted a descriptive research design. The study aimed at interviewing the 3 managers in NGO programs dealing with orphans, 7 chairpersons from CBO, FBO or a SHG supporting orphans, 5 additional group members and 20 caregivers, holding 2 focus group discussions and 4 case studies. The study used both qualitative and quantitative research methods. The responses to every question in the filled questionnaires from the respondents were edited, tabulated, analyzed and computed to percentages by use of a Statistical Package for Social Sciences (SPSS) version 20.0. Descriptive statistics such as mode, mean, percentages, standard deviations and correlation coefficients were computed and information presented in form of tables and frequency distributions.

Results: The study found that orphans do not always receive good care and support from their guardians and relatives. Many of them are living in absolute poverty and poor housing. Lack of parental care and guidance leads many of them to leave home to become street children. There is also an indication that OVC are sexually abused while some boys are used as cheap labour. It is clear from the study that the extended family system is disintegrating and households are becoming 'nuclear family centered', caring only for their children and no other relatives. Property grabbing from orphans is another area of concern.

Unique contribution to theory, practice and policy: The study recommended that government should use this model to sensitize other communities to take care of orphans in their localities. This would contribute to making OVC care sustainable.

Key Words: *Orphans, vulnerable, children, care and access*

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1.0 INTRODUCTION

1.1Background of the Study

In 2003 the UN estimated the total number of orphans to be over 43 million that is 12.3% of all children in the region. This is an increase of over 1/3 since 1990. The highest concentrations of orphans are in countries that have a high HIV prevalence level or recently have been involved in armed conflict. Even though children lose their parents for many different reasons, the issue of HIV/AIDS is hard to avoid when talking about orphans and vulnerable children. It is the leading killer worldwide of people between 15-49 years old and orphan hood is the most visible and measurable impact this disease has on children's lives. The numbers of orphans in the world would be declining if it were not for HIV/AIDS (UNICEF, 2004) and by 2008 UNICEF estimates the number of children orphaned by AIDS in Sub-Saharan Africa to reach 15.7 million, nearly twice as many as by 2001. The UN states that "the worst is yet to come", as young adults now living with HIV eventually develop AIDS and die, they will leave behind large number of orphans (UNICEF, 2008; UNICEF, 2003). The number of orphans generally increases with age; hence older orphans greatly outnumber younger ones (UNICEF, 2004).

These children will suffer long before they lose their parents. They may miss out on their education as they may be taken out of school to care for their sick parents. This is especially a problem for girls as they are often the first ones to be given the responsibility of caring for the sick. Studies show that in addition to be deprived of their education, these children often live in households with less food security and have a higher risk of suffer from anxiety and depression. Orphaned children may also be forced to relocate and in this process lose their social networks and the community they are familiar with (UNICEF, 2008). There is no doubt that the children orphaned by AIDS and the problems they face needs attention and solutions. However, this focus on children orphaned by AIDS has put the sufferings of orphans of other reasons in the shadow (Foster, 2005), as donor and aid campaigns have often been directed at solely helping children orphaned by AIDS. This study does not make any distinctions between orphans and vulnerable children of AIDS and orphans and vulnerable children of other reasons.

The vast majority of children orphaned in Sub-Saharan Africa are cared for by the extended family system, a coping mechanism that have cared for orphans and vulnerable children, aged people and disadvantaged family members for generations. However, the extended family system is overburdened by poverty, as households who take in orphans are likely to become poorer, and due to the huge number of orphans in need have care. Studies show that the biological ties to the caregivers are an important factor in how the orphans are treated. According to Foster (2005), children taken in by their extended families risk living in households that are already overburdened and where they are really not welcome. This increases the children's risk of being neglected, abused or exploited. Ahiadeke (2003), also points to the discrimination and stigmatization that follows orphans and vulnerable children, especially orphans of AIDS, as another reason

for rejection by the extended families. All this combined leaves many children to fend for themselves and they often end up as street children as they migrate to urban areas in order to survive. The problems and dangers street children are at risk of facing are many, such as malnutrition, sexually transmitted diseases (such as HIV/AIDS), drug and alcohol abuse, prostitution, sexual abuse and violence (Ahiadeke, 2003).

Although the overwhelming majority of orphans and vulnerable children are living with surviving parents or extended family, many of them are being cared for by a remaining parent who is sick or dying, elderly grandparents who themselves are often in need of care and support, or impoverished relatives struggling to meet the needs of their own children. Children living in this situations are at an increased risk of losing opportunities for school, health care, growth, development, nutrition and shelter; in short, their rights to a decent fulfilling human existence. Moreover with the death of a parent, children experience profound loss and a heavy burden falls to the surviving parent. If the second parent also dies, all aspects of that child's world are threatened. Studies in many countries find that families and communities will absorb orphaned and affected children as long as their resources are sufficient. When the family and community capacity to absorb children has been reached, increasing numbers of children must look after themselves.

Often the eldest child takes responsibility as the head of the household. Some of these children are left with no other option than to live on the streets, exposing them to even greater medical, social, psychological difficulties. Children not absorbed into the families or the community are put in orphanages till they attain the age of 18 then released back to the community to fend for themselves and their siblings. The Draft National Policy on Orphans and Vulnerable Children (2005), states that the plight of children is at stake with the number of Orphans expected to rise to two million by 2010, with HIV and AIDS contributing to 60% of the total cases. These children have indeed limited access to psychosocial and economic support, leading them to being the most vulnerable of our Kenyan society. In addition parental illness and death has robbed some children off their inheritance and above all off parental love, care and protection.

1.2 Statement of the problem

According to Holloway and Valentine (2000), a child who loses one or both parents to AIDS might also be infected with HIV. Orphans often find themselves battling the very disease that took their parents. Orphans are also at greater risk of malnourishment and stunted growth. Young orphans, healthy or not, are often forced into adult roles long before they should be. An eldest child who loses parents to HIV/AIDS might carry the heavy responsibility of caring for brothers and sisters. The loss of one or both parents has serious consequences for a child's access to basic necessities such as shelter, food, clothing, health and education. Many Orphans find they need to contribute financially to the household, in some cases driving them to the streets to work, beg or seek food. AIDS orphans often leave school to attend to ill family members, work or to look after young

siblings. Many children already function as heads of households and as caregivers and need to be supported as part of the solution.

The extended family system care for most of these children, but there are still many that are left on their own (Ahiadeke, 2003). Like in the rest of Africa, the functioning of the extended family system is changing. It has for generations functioned as a safety-net for orphans and vulnerable children, but due to modernization this is changing. Migration to urban areas creates a distance between people and their extended family and people tend to lose their feeling of responsibility towards more distant family members. The growing idea of the nuclear family also contributes to the notion of the family consisting of mainly mother, father and children, leaving out "the rest". Poverty is also a major reason why orphans are rejected by their extended families. The share number of orphans are becoming too much to handle for poor households. They simply do not have the resources to care for them. The children that have been taken in by their extended families sometimes risk abuse and neglect, but as a result of poverty they also risk being sent out to steal or practice prostitution. The latter is especially a problem for girls. Some children are also denied access to basic education, proper healthcare and nutrition (Ahiadeke, 2003). At community level, various community groups have developed a wide range of responses through their own initiative and also through support by NGOs working in their locality.

Despite the fact that children orphaned by AIDS are the most vulnerable group affected by AIDS, they have received little attention, both in terms of sectoral plans and practical programs. This is partly due to the lack of knowledge of their actual numbers, and as a consequence their living conditions and needs have not been focused on. Research with children has for a long time not been the focus of attention in geography or any other social science. Children have mainly been a part of research projects where the focus has been on more "important" themes, such as education and family. These traditional ways of doing research have been criticized for doing research on children, rather than with children. The focus has also been on adult interests and the research built on adults assumptions (Hood et al. 1996; Valentine, 1999). Hence, children have not been given a real opportunity for their voices to be heard (Oakley, 1994; Christensen & James, 2008). This is now changing with the emergence of the new social studies of childhood where children are seen as competent social actors, as beings in their own right Children are in this line of thought no less able or competent than adults (Holloway & Valentine, 2000). They are the experts of their own lives and it is necessary find meaningful ways of communicating with them.

Ombuya and Mbugua (2013) studied socio-cultural effects on orphan hood and its influence on the girl-child's access and retention in secondary school education in Rongo district, Kenya. he results of the study indicated that several socio-cultural factors negatively affect an orphaned girl-child`s access and retention in education. Some of these factors include: Early pregnancies, forced marriages, effects of sugar daddies and

death of parents among others. The study recommended that guidance and counseling interventions be put in place to address socio-cultural and needs of orphaned girl child. The results of the study would help the government in formulation of policy and programme interventions aimed at helping the orphaned girl-child and to specifically address the needs of the families with such children by making the said policies and programmes as proactive as possible to the needs of the orphans. This study will assess the aspects of the quality of life of OVC in Embu. It analyses aspects of the children's quality of life based on a basic needs approach, supplemented by a subjective well-being approach. One of the basic assumptions of this study is that aspects of the children's quality of life vary according to the material and social structures and supplies of the homes where the orphans and vulnerable children live.

Muyanga (2014) studied factors influencing the implementation of social transfer programmes in Kenya: a case of orphans and vulnerable children cash transfer in Nginda location, Embu west district. However, it was found out that resource allocation posed a major challenge to the implementing agency as resources allocated did not match the size and growth of the programme. The amount of money transferred to caregivers should be reviewed regularly depending on market prices of goods and services and that transfer benefit should not be standard for all household but should be pegged on individual household needs and the number of children a caregiver is taking care of. From the above local studies little has been done on how orphans and vulnerable children (OVC) access care, who supports them and how in Embu County.

1.3 Objective of the study

To assess how orphans and vulnerable children (OVC) access care, who supports them and how in Embu County

2.0 LITERATURE REVIEW

2.1 Caring for Orphans

Traditionally in Africa, orphans have always been absorbed within the extended family structure and raised as children of those families. But now extended families are struggling to cope, according to (Nyirenda, 1996) this is largely because of the overwhelming number of deaths due to HIV/AIDS, economic changes which have led active young people to leave, and the fact that many middle-aged people have died, leaving the old and the young to care for children.

Most households caring for orphans and vulnerable children, including child-headed households, receive little or no support from their families, communities or the state, largely because resources are so limited. Community support is usually confined to one-off donations or handouts rather than routine, long-term care and support (Gough & McGregor, 2007). Households that are already marginalized and urban households without extended family networks often receive the least support. Orphaned children

experience changes in their lives; some are moved from town to the rural area and vice versa, others remain in their rural homes and move in with their relatives, while others remain in their actual home and the eldest child becomes the caregiver (Heidi & Theresa, 2001). This can be very difficult for children who are grieving. Some may have to leave school because there is no money for fees and uniform.

Losing a parent to AIDS can bring stigma to children, they lose self-esteem; can lead to poor results in school, bad behavior or depression. Some children are stigmatized for being HIV-positive or being thought to be because of their parents' illness (Sen, 2006). Other children can be very cruel to a child that they think is different. Guardians often report that orphans are very quiet and sad. Some families take on orphans and mistreat them. The children may have to do all the heavy work and may be abused or neglected by members of the family.

2.2 Poverty

Spicker (2007) describes poverty as a "complex set of ideas which mean different things to different people". How people understand the concept of poverty impacts the problems they identify. Poverty can be absolute or relative. The first relates to not having enough subsistence to survive (Lund, 2008). This is often referred to as basic needs, including food, safe water, sanitation facilities, health, education and information. Poverty can also be relative, meaning people's ability to sustain a lifestyle in line with the norms and standards of the society in which they live. This means that poverty is socially determined and when assessing poverty one has to take the specific cultural context into consideration. The concept of poverty also changes with time, as societies change so does the standards of what is considered poverty (Spicker, 2007). Poverty is a multi-dimensional concept and there has been a shift from the income focused approach to a broader approach. This includes both basic needs and non-material needs, such as rights and liberties (Shanmugaratnam, 2003). Three approaches are used in this study; poverty as non-material deprivation, social exclusion and vulnerability.

The first approach is poverty as non-material deprivation or as Sen (2006), calls it; capability deprivation. The approach of poverty as capability deprivation came as a response to the mainstream perception of poverty as mainly focused on income. The thought was that even though proper income levels are important as a way to eradicate poverty, it is far from enough. According to Sen (2006), development is an "expansion of people's capabilities, as a process of emancipation from necessities that constrain fuller realization of human freedom" (Shanmugaratnam, 2003). Hence, poverty is not only connected to the state of impoverishment a person experience, but also the lack of opportunities due to social constraints and personal circumstances (UNDP, 1997).

Social exclusion is "the process through which individuals or groups is wholly or partially excluded from full participation in the society in which they live" (Shanmugaratnam, 2003). Social exclusion can manifest itself in a variety of arenas in society, such as the social, economic and cultural arena.

The third approach is poverty as vulnerability. "Vulnerability is a stage of high exposure to certain risks, combined with a reduced ability to protest and defend oneself against those risks and cope with their negative consequences" (Khan, 2003). The level of exposure to risks and the ability to cope with them changes through different stages of life. The types of risks can also change depending on circumstances and situations. Vulnerability changes over time and space and is thus a dynamic and relative concept. Children are a very vulnerable group of people and being an orphan contributes greatly to this vulnerability.

2.3 Theoretical Perspective

The study was based on the theory of structuration developed by Anthony Giddens. Understanding the underlying structures in a society and what impact the actions of the agents have on these, is important when trying to understand fundamental problems in a society. The theory of structuration as developed by Anthony Giddens (1995), emphasizes the concepts of "structure" and "agency" and how these work to recreate and reshape each other. The main idea of Giddens' theory is the duality between "agency" and "structure"; structures shape practices and actions and these can again create and re-create social structures (Gatrell, 2002).

The theory of structuration is relevant to the problem under consideration because it is essential in understanding how the material and social structures and supplies that surround the children in the study areas affect aspects of their quality of life. The theory of structuration also gives room to see the children as competent social actors that act as individuals rather that a homogeneous group. The children are not passive objects under the structural constraints that surround their lives (Giddens, 1995). Resources provided by the homes intended to benefit all the children equally, can be redistributed due to hidden hierarchies among the children and create differences in aspects of their quality of life.

3.0 METHODS

This study adopted a descriptive research design. The study aimed at interviewing the 3 managers in NGO programs dealing with orphans, 7 chairpersons from CBO, FBO or a SHG supporting orphans, 5 additional group members and 20caregivers, holding 2 focus group discussions and 4 case studies. The study used both qualitative and quantitative research methods. The responses to every question in the filled questionnaires from the respondents were edited, tabulated, analyzed and computed to percentages by use of a Statistical Package for Social Sciences (SPSS) version 20.0. Descriptive statistics such as mode, mean, percentages, standard deviations and correlation coefficients were computed and information presented in form of tables and frequency distributions.

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4.0 DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 General Information on Respondents

4.1.1 Gender of caregivers

The purpose of interviewing caregivers was to find out their experiences and the challenges of caring for OVC and how to address these. In all, about 12.5% were male while female were majority (87.5%). Majority caregivers were grandmothers and few aunts. Of significance too is that one of the grandmothers was blind, a phenomenon that makes it more challenging to perform the role of a caregiver. Likewise, some of the males caregivers interviewed were a grandfather who was responsible for orphaned children.

4.1.2 Age Distribution of Caregivers

The majority of care givers that participated in this study were aged between 30-50 years elderly aged above 50 years (62.5%). Those aged between 40-49 years and 30-39 years all tied at 18.8% consecutively. The finding shows that young people who are below the age of 35 years are mostly not involved in care giving but prefers going to big towns to look for employment. It also emerged that most young people have died of HIV/AIDS living their aged parent taking care of orphans. Some of the orphans that have been left behind are also HIV positive and this brings about a lot of constrain to the old citizen who were looking forward to a peaceful retirement but meet a new challenge of taking care of many orphans and widows. The figure below shows the distribution of age in the entire study region.

4.1.3 Occupation of Caregivers

As a measure of socioeconomic status, the researcher endeavored to measure variables like the care givers occupation and income. Of the respondents interviewed, most of the respondents (63.0%) main source of income was from small scale farming through sale of farm produce, 3% were civil savants, 14 % operated small businesses, and 9% were working in private sectors and 11% provided casual labor. Observations revealed that majority of small businesses being operated are micro, generate minimal income and are agricultural based.

4.1.4 Number of OVC per Caregiver

In this study majority (31.3%) care givers indicated that they had 4 OVCs they were taking care of while 6.3% had more than 5 OVCs. The number of children orphaned by acquired immune deficiency syndrome (AIDS) is soaring in the study region. The number of AIDS orphans is expected to rise since most parents are living positively with HIV virus. Some children are also HIV positive. AIDS orphans are basically children 17 years of age or younger who have lost either their mother or both their parents to the disease. Since the infection rate of HIV seem to escalate the number of orphans is expected to increase. The table below summarizes the findings.

Table1: background information

	Variables	Items	Percentage
a	Gender of the respondent	Male	12.5%
		Female	87.5%
b	Respondents Age	40-49 years	18.8%
		30-39 years	18.8%
		above 50 years	62.5%
	Occupation of Caregivers	Small scale farming	63.0%
		civil savants	3.0%
		small businesses	14.0 %
		private sectors	9.0%
		casual labor	11.0%
d	Number of OVC per Caregiver	1 OVCs	18.8%
		2 OVCs	25.0%
		3 OVCs	18.8%
		4 OVCs	31.3%
		More than 5 OVCs	6.3%

Source: field data

4.2 How Orphans Access Care and Support

4.2.1 Access to support

The objective of this study was to establish how OVCs access care, who supports them and how. To identify OVCs for support purposes, majority of the care givers indicated that this task is done by CBOs, while chief's "barazas" and church was cited by 6.7% respondents consecutively. Registration of OVC with social workers was seen as essential for providing basic care for them. Likewise, registering OVC with social workers for instance made it possible for them to have access to social services such as counseling and healthcare. Majority of OVCs (38.2%) stated that they had received some sort of assistance from a support service provider while the majority (61.8%) receiving

none. Poor families find it challenging to cater for the basic needs of OVCs, such as food, clothing, education and decent housing.

4.2.2 Sources of OVCs support

Results from analysis shows that the support from care givers as was highest at 67.3% OVCs, local churches at 48.6% and NGOs. Government agencies were cited by 15.7% respondents while CBOs was cited by 14.5%. The result shows that very few OVCs get support all together. The care of orphans often falls to impoverished grandparents, many of whom depended on financial support from adult children who died of AIDS.

4.2.3 Types of support received from an OVC project

OVCs had received different types of support either from one or more sources. Psychosocial support was cited by majority of OVCs at 81.9%, food and nutrition followed at 73.6% and education was third at 59.9%. Only few OVCs had received support for Shelter & Care, Health, Protection and Economic strengthening.

4.2.4 Educational support

Of the OVCs, who had accessed education support, 44.9% of support was in form of school fees, 61.1% was in form of books and 12.1% was in form of school supplies. None of the OVCs had been supported with vocational training. The table below summarizes the findings.

4.2.5 Food and Nutritional support

For food and nutrition component, 36.4% support was in form of assistance to access more food and 18.2% was assistance with farm inputs to increase farm production of food stuff.

4.2.6 Shelter and Care Support

Lack of adequate housing was one of the main issues that emerged from this study. Most of the participants interviewed expressed the opinion that providing housing for OVC was essential in that it would improve their lives. Within this context, various factors were identified that made housing an issue of concern in caring for OVC. Firstly, some of the OVC lived in incomplete housing structures, which meant that they were not adequately protected from natural elements such as rain and winter cold. About 21.8% % of shelter support received was in-form of house repair and 7.1% was form of house construction. “One OVC explained that the house they inhabited was infested with rats and that the rats at times bit them”.

Table 2: Sources of OVCs support

	Variables	Items	Percentage
a	How OVCs are identified for support	Chiefs barazas	6.7%
		Church	6.7%
		CBOs	86.7%
b	**Access to support:**	had received some sort of assistance	38.2%
		None	61.8%
c	**Sources of OVCs support:**	CBOs projects	14.5%
		Well-wishers e.g neighbor, local politician, business men/women	15.7%
		Government agencies	24.6%
		NGOs (World concern, APHIA II, MAP Int.)	37.7%
		Caregivers (parent, guardian, older sibling)	62.3%
		Local church / mosque	48.6%
d	Types of support received from an OVC project	Psychosocial support	81.9%,
		food and nutrition	73.6%
		education	59.9%.
e	Educational support received	school fees	44.9%
		Books	12.1%
		school supplies	12.1%
f	Food and Nutritional support	Access to food	36.4%

g	Farm inputs	Access to arm inputs	18.2%
h	House repair	Has access to support	18.7%
	House construction	Has access to support	6.1%
	Household furnishing, supplies	Has access to support	1.5%
	Psychosocial support	Has access to support	50.0%
	Counseling during home visits		
	Assistance at home (HCBC)	Has access to support	3.5%
	Membership/support from Care Group	Has access to support	17.2%
	Health care support	Has access to support	35.9%
	Assistance getting health care when sick		
	Assistance getting ARVs	Has access to support	1.5%
	De-Worming	Has access to support	25.8%
	Vitamin A	Has access to support	18.2%
	Home Based Care	Has access to support	5.1%
	Legal Protection support	Has access to support	33.3%
	Training/advise on rights of the child		
	Procedure of reporting assault	Has access to support	14.1%
	Economic strengthening support:	Has access to support	23.2
	Business training		
	Cash transfer	Has access to support	14.1
	Access to IGA support from the OVC project	Has access to support	80.0

4.2.7 Psychosocial support

For Psychosocial support, 50.0% was in-form of counseling during home visits3.5% was in the form of assistance at home (HCBC), and 41.8 was in form of membership in care and support groups.

4.2.8 Health care support

For Health care support, 35.9% was in form of assistance in getting health care when sick, 1.5% was in the form of assistance in getting ARVs, 25.8% was in the form of de-worming drugs, 18.2% was Vitamin A and 5.1% was Home and Community Based Care.

4.2.9 Legal Protection

For OVCs protection support 33.3% was in form of training/advise on rights of the child and 14.1% was in form of procedure of reporting assault.

4.2.10 Economic strengthening support

For OVCs economic strengthening support 46.0% was in form of business training and proposal writing to access business start-up grants, and 28.0% was in form of government cash transfer through the Children's office.

4.2.11 Access to IGA support from the OVC project

In this study, 80.0% care givers indicated that they had received support to start income generating activities while 20.0% indicated that they had not The loss of a parent or family member and the requirements of caring for the ill often result in OVCs and their caretakers experiencing diminished productive capacity and economic hardship. Economic strengthening is often needed for the family/caregivers to meet expanding responsibilities for ill family members or to welcome OVCs into the household. Also, maturing children and adolescents need to learn how to provide for themselves and gain sustainable livelihoods. However, focus groups discussions revealed that that some of those that received support did not use the funds for the intended purposes but bought provision for their children and OVCs.

4.3 Current OVC basic needs

This study revealed that food (66%) is one of the most important commodities that are required by orphans. Education was cited by 61.3% respondents to be the second most required support. Clothing for orphans was cited by 52.6% respondents. Caregivers and guardians especially elderly ones are very poor and weakly to be able to feed, educate, cloth the orphans among many other things. Since most houses are made of mud, and have not been repaired, they leak inside when it rains and some are almost falling apart. Since most of the orphans are in this kind of houses, 37.1% respondents indicated that orphans require improved shelter.

Some orphans are born with HIV/AIDS virus while others get infected when trying to nurse their dying parents. This has not spared the study region as 47.4% respondents

indicated orphans requires health attention. Some are very sick and are at AIDS stage. They die slowly while others watch since medical services for HIV/AIDS are far from them.

Table 3: Current OVC basic needs

	Variables	Items	Percentage
a	Current OVC basic needs	Education	61.3%
		Health	47.4%
		Clothing's	52.6%
		Food	66.0%
		Shelter	37.1%

Source: field data

CASE STUDY: David Rugendo

My name is David; I live with five of my siblings and my ailing mother as our only source of support. The house we lived in before receiving support from World Concern was tiny. When World Concern Staff visited us during one of the OVC recruitment exercises, I can say that we were living in abject poverty. Despite these very harsh conditions of living, and with the projects encouragement, I completed my KCPE (Kenya Certificate of Primary Education) attaining an astounding 413 points out of the maximum 500 marks. As a result, I earned myself a rare place in one of the best national schools in the country by the name Mangu High School. Unfortunately my mother could not afford the high school fees in this school. She therefore decided to take me to a nearby school that was more affordable. World Concern partnered with a local church in our area in an effort raise my school fees. The local church approached the local secondary school for my admission and the head teacher gladly welcomed me to start high school education. The local church and the headmaster managed to secure a bursary for me for the next four years of my secondary education. Through the project's mobilization, our house was also expanded and renovated hence creating better living conditions. My mother later visited World Concerns project manager to offer her heartfelt gratitude for the support that was availed to me through the partnership with the local church. She informed the manager that I had completed high school, passed well and that I had been admitted to study at the Kenya Polytechnic University College (a subsidiary campus of the University of Nairobi). The manager later called my mother and informed her that an individual had committed to paying half of my university fees. The OVC program gave a small contribution towards servicing the remaining fees balance. I beat the odds by excelling in my education despite the fact that I didn't make it to one of the best schools in the

country.

HIV can be said to create and worsen poverty. Having a sick mother almost denied David an opportunity to get an education. World Concern did not provide much, but rather built the capacity of a lasting partner (the church) and mobilized it to support and care for those in need in the area. This is a good example of how "small" initiatives can go a long way in bringing big results. It is necessary that "external" projects deliberately work to strengthen existing community structures that can sustainably ensure that those in need in the community are served.

5.0 SUMMARY AND CONCLUSION

5.1 Summary

It is evident from the study that orphans do not always receive good care and support from their guardians and relatives. Many of them are living in absolute poverty and poor housing. Lack of parental care and guidance leads many of them to leave home to become street children. There is also an indication that OVC are sexually abused while some boys are used as cheap labor. It is clear from the study that the extended family system is disintegrating and households are becoming 'nuclear family centered', caring only for their children and no other relatives. Property grabbing from orphans is another area of concern. This calls for greater collaboration and partnerships in orphan care at national, district and community levels. The study also highlighted another important factor in the care of OVC. In Embu there was strong community involvement in the care of OVC, with individuals and community organizations, including the commercial sector, contributing to the care of OVC. Government should use this model to sensitize other communities to take care of orphans in their localities. This would contribute to making OVC care sustainable.

5.2 Conclusion

This study has shown that the family members are currently taking care of over 90% of OVC is under extreme pressure, and unless governments and international development partners redouble their current efforts to increase the capacity of the families to cope, the quality of lives of foster OVC and all children in vulnerable households remain in danger. Interventions aimed at preventing and reducing child vulnerability and those that aim to reduce household poverty and increase household investments will go a long way in reducing the numbers of vulnerable children.

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