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THE CATHOLIC CHURCH UNIVERSAL SOLIDARITY FUND AND EDUCATION OF ORPHANS AND VULNERABLE CHILDREN IN THE ARCHDIOCESE OF NAIROBI, KENYA

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Abstract: *The study sought to establish the influence of The Catholic Church Universal Solidarity Fund on the Education of Orphans and Vulnerable Children in Nairobi Archdiocese, Kenya. The study applied descriptive research design and used both qualitative and quantitative methods for data collection and analysis. The study sample size was 61 respondent and 10 focused group discussions. The study used Purposive and stratified sampling technique to select sample size. It was found out that before coming to the child care centers, majority of OVC had missed school since the environment they came from contributed them missing school, this was understood to be associated with the needy backgrounds the OVC came from, a finding that was supported by Global education fund Kenya report (2012) that said vulnerable children from many poor communities lack school fees for tuition. Results showed that the children were involved in a number of extra curriculum activities ranging from dancing, football, acrobatics, music, art and even agricultural skills. The study concluded that, financial constraint was affecting the quality of education as it was reported by children that there were no enough reading materials. Problems such as overcrowding in the centers due to the limited infrastructure and low quality or quantity of food was likely to affect the day to day running of children centres as well. It was recommended that, the Catholic Universal Solidarity Fund administrators, the organization should put an effort in achieving the consistency in funding to ensure the OVC fully continues with the program without interference; The centers should be assisted to start sustainable projects that would ensure smooth running of the centers even after funding is withdrawn; To the centers -There is need to mobilize the surrounding communities in order to increase support base of the center, encouraging surrounding neighbors through organized festivities and walks to raise money and other needs such as foodstuff; Involve the parents or guardians to ensure they take an active role in their children's lives through encouraging them to offer their support and counsel and Create awareness on the community that there are institutions that offer education services to OVC, this would enhance enrollment of OVC to schools.*

1.1 Study background

Studies carried out by UNICEF (2010) indicate that globally, the number of children who are totally orphaned or have lost one parent to HIV and Aids related ailments stood at 1.6 billion in 2009 and the number is still on the rise. Fatal accidents also contribute to the increasing cases of orphaned children. According to the World Bank (2005) an orphan is a child below the age of 18 years whose mother or father or both parents are dead. World Bank further opines that the term OVC refers to orphans and other groups of children who are more exposed to risks or who experience negative outcomes such as loss of their education, morbidity and malnutrition at higher rates compared to their peers.

In Kenya, it is estimated that 1.1 million children have been orphaned due to HIV and Aids. The number of OVC in Kenya is not known partly because of lack of a common country definition of OVC, especially the term “vulnerable”. Different sources have continued to use an estimation of 2.4 million orphans in need of care and support from their extended families and communities. The 2003 Demographic Health Survey found that 2.3% of boys and 1.9% of girls under age 15 are double orphans. This proportion jumped to 25% for both boys and girls under age 18 who reported one or both parents’ dead. UNAIDS estimates the total number of orphans to be between 990,000 and 1,400,000. In 1998 15.3% of households reported having foster children; details about why these children were not living with their parents is not available. These DHS and UNAIDS estimates about the number of OVC are not, however, uniformly accepted within the country. The Kenya 2008 UNGASS report estimates the number of Orphans at 2.4million, out of which 1, 149,000 are AIDS orphans (UNAIDS/NACC, 2008).

UNICEF (2006) estimated the number of orphans in Kilifi District to be 20,009 in 2003, with a projected increase to 21,249 orphans by 2008. Ministry of health (2005) opines that, in Kilifi, HIV prevalence is relatively low and stands at 2.5%. However, many children in this area are made vulnerable by food insecurity, poverty, and high illiteracy rates. Kilifi County is one of the most impoverished districts within Coast Province, and the second most impoverished district in Kenya, with 72% of residents living below the poverty line. Lack of adequate rainfall and rocky soil prevents food production, contributing to high levels of poverty. There are few community drinking water systems and the majority of families rely on ponds and rainwater, resulting in high levels of diarrhea and water-borne diseases. Lack of water impedes subsistence farming productivity, the major economic activity in the area. Public health vulnerabilities are further increased by polygamy and early marriages, as well as the proximity of the district to the nearby Nairobi-Mombasa highway, where brothels serving truckers are located (Kenya Central Bureau of Statistics, 2005).

In Imenti North sub County, Meru County, there are several projects for the OVCs and the orphaned children. They include the Thelyann children’s home, MCK Kaaga childrens home, Allamano children home, Meru children home (Nkabune), Jerusha Mwirari children’s home, Clover leaf Children home, Ripples International, and SOS villages. However, even at these projects, children still face numerous setbacks due to management still lacks the capacity to provide for all their basic and critical needs (GOK Vision 2030 blueprint, 2013].

Research from the Kenya Institute for Public Policy Research and Analysis (KIPPRA) demonstrate that the survival rate of OVC from Class One to Class Eight is below 40%, while those who survive

from Class One to university is 1.69% (KIHBS 2005/6) Many OVC still remain unreached and this is the reason for further appeal, to address the plight of OVC. Orphans and Vulnerable Children interventions are clustered into four major areas namely; interventions relating to child survival (access to food, health, clean water, hygiene). Secondly are interventions relating to child development (education, psychosocial support, social welfare and support). Thirdly, interventions relating to child protection, which include, birth registration, adoption, guardianship and foster care. Finally, OVC interventions relating to child participation, for instance, capacity building, income generating activities (UWEZO, 2012 OVC Report). Providing care and support for OVC remains a huge challenge Kenya faces today, as the growing numbers overwhelm available resources. AIDS, fueled by high poverty levels, is one of the main contributors to OVC incidence in Kenya. The Kenyan government has responded by putting in place the National Plan of Action on OVC which helps to strengthen the capacity of families to protect and care for OVC. However, the problem still persists.

In Nairobi Archdiocese, providing care and support for OVC is one of the biggest challenges faced today, as the growing numbers overwhelm available resources. AIDS, fueled by high poverty levels in the city, is one of the main contributors to OVC incidence in Nairobi Archdiocese. Adult HIV prevalence is estimated by UNAIDS to be between 7.1% and 8.5%; and 150,000 to 180,000 children are estimated to have the virus. According to USAID, (2008), The most recent modeling of sentinel surveillance data indicates that HIV prevalence stood at 5.1% among adults at the end of 2006 compared with 10% in 1997/98. However, the exact number of OVC in Nairobi Archdiocese is not known partly because of lack of a common country definition of OVC, especially the term “vulnerable”.

The Kenya Conference of Catholic Bishops (KCCB) has responded by putting in place Plan of Action on OVC which helps to strengthen the capacity of families to protect and care for OVC, provide economic, psychosocial and other forms of social support, as well as mobilize and support community-based responses to increase OVC access to essential services such as food and nutrition, education, health care, housing, water and sanitation. To achieve this, KCCB has channeled through annual allocation called The Catholic Church Universal Solidarity funds which is channeled through the Pontifical Mission Societies National Office via Apostolic Nunciature to Kenya and South Sudan. The funds contributed are sent to the universal fund in Rome for yearly allocation for the needs of the universal church.

The Catholic Church Universal solidarity fund: Pontifical Missionary Childhood is an initiative by the Catholic Church to support OVC around the world. These funds are channeled through Society of Holy Childhood and was founded by Bishop Charles Auguste Marie de Forbin Jason in 1843. This is one of the Four Universal Missionary Societies under the patronage of the Pope. Other societies include; Society for the Propagation of Faith, Society of St. Peter the Apostle, and Society for the Missionary Union. The Catholic Universal Solidarity fund comes through Holy Childhood Society to aid in protecting the rights of OVCs and abandoned children through financial assistance and relief.

According to Pontifical Mission Societies (2006), The Society of Holy Childhood helps educators to awaken and foster a missionary awareness in children, offer spiritual and material aid to children in regions and churches in mission dependent areas of the world. The Catholic Church has set aside

October as the world Mission Month. During this period various activities are organized in order to collect offerings for the Universal Solidarity Funds for the needy all over the world. This Society believes that everyone has something to give and it rides on the motto: *children helping children*. Although the concept of Catholic Church Universal solidarity funds has helped in transformation of lives of orphans and vulnerable children to a great extent, there exists an impediment towards full realization.

1.2 Statement of the Problem

Some of the projects initiated by the government to cushion OVC from adversity such as OVC cash transfer have not borne much fruits since the amount disbursed monthly is not enough to meet the needs of these children. Additionally, some children are not registered in the program due to ignorance from relatives and caregivers. USAID (2010) posits that Kenya Cash Transfer Program (CTP) for OVC which begun in 2005 in which families with OVC are given Kenya shillings 2000 per child per month for food, education and health services yet many families are not yet reached. Additionally, these funds only provide for the education aged between 6-17 years old implying that, provision of education for children in early childhood education is not given priority contrary to the emphasis given on this segment of education in international and national instruments. A study conducted by Nzioki (2014) in Kamukunji District, Nairobi County indicate that most OVC had dropped out of school as organizations supporting them could not sustain the payment of school fees. A study conducted by Schutt (2009) on the performance of OVC projects in Meru County indicate that these projects lack sufficient funds to cater for the immediate and basic needs for children. For instance, Schutt, notes that some of these children spend nights on the floor, with little food, medical care, some walk bare-footed and partially naked. Some attend informal school lessons in mud-walled and non-equipped classrooms. Some are forced out of school due to lack of school fees.

Faith-based organizations are a vital part of society, providing a substantial portion of care in developing countries, often reaching vulnerable populations living under adverse conditions. There is therefore need to recognize them as essential contributors towards universal access efforts (WHO, 2007). They bridge in gaps which have been left wide open by other stakeholders in addressing the OVC needs in Kenya. The Catholic Church comes in as a significant player in supporting and ameliorating the challenges OVC go through. There is insufficient published work on the performance of Catholic Church Universal Solidarity fund and how it has impacted on the lives of OVCs. This study therefore seeks to investigate the performance of the The Catholic Church Universal Solidarity Fund focusing on OVCs projects in the Archdiocese of Nairobi, Kenya.

1.3 Study objective

The study sought to establish the influence of The Catholic Church Universal Solidarity Fund on the Education of Orphans and Vulnerable Children in Nairobi archdiocese, Kenya.

1.4 Conceptual framework

Independent variable

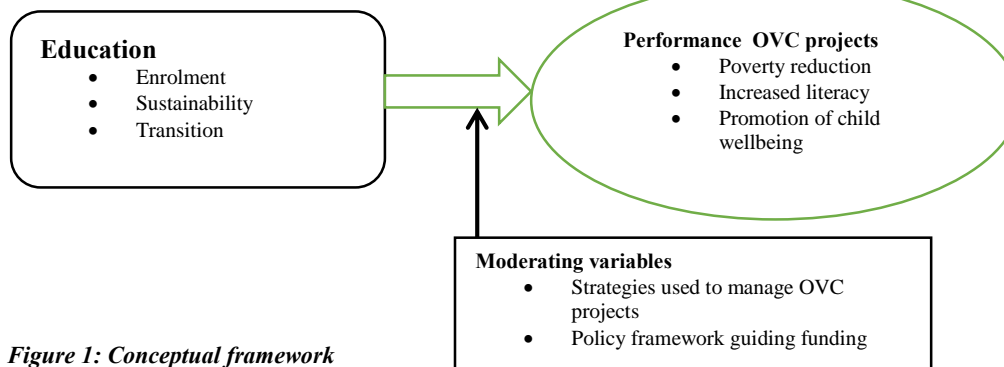


Figure 1: Conceptual framework
 Source: Own conceptualization, 2018

1.5 Literature review

This session presents the related review literature supporting this study. Sociological perspective describing the phenomenon has been presented. Lastly, empirical work and gaps related to the study theme is also presented.

Theoretical review

Ecological and system theories

Ecological and systems theories describe an individual's functioning when considering the context of the environment. Rather than considering the problems people face to stem only from within, ecological and systems theories explain the difficulties by looking at the interactions with the environment. Although ecological and system theories were developed as separate frameworks, they are often integrated and are called ecosystems theories or ecological and systems theories because of similarities in their underlying explanation of human behavior. They both share the fundamental commonality of looking at how people affect and are affected by physical, social and cultural context of their lives (Carol.L. & Cynthia. A, 2015). The idea associated with systems theories was first discussed by Von Bertalanffy (1968), as a way of understanding Biology as an organized system of interrelated part of a whole. On Bertalanffy (1968), suggested a more complex view of biology describing reciprocal transactions as a better explanation for how one element of a system may affect another. The systems theory in social sciences is used to understand social systems such as families, communities and organizations as entities that are maintained as interrelated parts. Therefore, using system theories means understanding the interdependent nature of a system. It involves a holistic look which recognizes that changing one component of the system affects not only the other component of that system but also the system as a whole. For example, if a parent of a child dies, the child is unlikely to afford basic needs like food, as a result, the child will be hungry which force the child to go and look for food instead of going to school, as a result, the education of the child will be affected. However, not only the child will be affected by the loss of parent but also the community since the community is going to have increased number of vulnerable children through orphan hood which means increased burden of children who need community support whereby if not controlled it might exceed the community's capacity

to support them. So, the idea in this theory is that when a parent dies this affects the child, family, community and also the child's education and therefore, it is important for a change agent when dealing with OVC related projects to help individuals by making changes not just at the individual level but also in the family and community level.

Whereas system theory was rooted in biology, the ecological theory was developed out of ideas stemming from field ecology. In this, Ecologists examines the reciprocal relationships between organisms and their environment. Carol & Cynthia (2015) defines ecosystems as the sum of a set of diverse organisms and nonliving environment aspects that affects and are affected by one another. Similar to systems theory, ecological theory has been used to explain social ecology, the understanding of how people experience reciprocal relationships with elements in their environment. Ecological theory suggests that humans are organisms that maintain helpful or unhelpful transaction with their environment. These ideas suggest that change agents come to understand how OVC interact with the social, physical and cultural aspects of their environment. Further, the application of this theory to OVC access to education is associated with the work of Bronfenbrenner (1979) who discussed the theory from the perspective of child development by identifying the microsystem, mesosystem, ecosystem, macro system and chronosystem. Understanding these systems helps in understanding factor which affects the child. These systems assist the change agent to take holistic view of orphan and vulnerable children, offering full consideration of how people, places, policies and physical environment can affect their education.

The idea associated with systems and ecological theories informs all stakeholders offering intervention to OVC on how to practically apply them more so during intervention. To change agent, it is fundamental to look at the idea that an individual problem can be best explained when looking at the difficulty in the context of the environment (person in environment perspective). Fundamental to OVC access to resources, these perspectives give attention to the environmental forces that contribute to and address problems associated with OVC access to resources. At family level, factors which affect the child's education may include child relationship with remaining parent/guardian/family, peers and at community level it may include culture, beliefs and traditions that discourage the orphan vulnerable child from accessing education. The environment also involves macro system influences such as local or federal policies that hinder OVC access to education. The effects of child labor, sexual abuse sexism and other oppressive beliefs and practices are part of the environment which any one intervening to help OVC should consider. In application of these theories, social worker or any other change agent involves action that seeks to enhance the functioning of the child. Use of these theories seek to enhance the functioning of a system by improving the goodness of fit between the client and the systems with which she interacts. Intervention is aimed at changing how people interact with their environment or changing the environment itself. Systems can include individuals, parents, families, social groups, communities' organizations and structural systems such as state and federal policies.

Review of empirical literature

Education is a key pillar to the realization of the rights of OVC. Through education, the OVC become empowered and are able to achieve their dreams and aspirations. According to Global education fund Kenya report (2012), vulnerable children from many poor community's lack school fees for tuition, sanitary pads, textbooks, food security, uniforms and supplies which easily force these children to drop out of school as these expenses cannot be borne by foster parents and

caregivers. Several initiatives have been put in place to enhance education for all as enshrined in the SDG goal number four. For instance, The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) funds OVC projects and provided nearly \$50 million for OVC in 2010. With these funds, the government provides other OVC services such as free medical services for children below five years; free primary school, including scholarships for OVC; and legal support for inheritance. Approximately 60 percent of vulnerable children in Kenya receive some kind of support funded by PEPFAR. According to the presidency (2009), when it comes to education, poor children are the most vulnerable as their parents or guardians cannot afford school fees and uniforms, and can often remain outside the education system.⁸

In the United States according to Barnet & Hustedt (2011), the federal government aims at improving school attendance and retention of OVC by introducing a Head Start program for preschool children where the government provides funds for comprehensive education, health, nutrition, social and other services for disadvantaged 3-5-year-old. This funding is significant in promoting the rights of these children to education.

In Brazil, there Bolsa Escola program in Brazil that provided cash transfer to households with school going children conditional on the children being enrolled in school and had an attendance record of at least 85% (Rawlings and Rubio, 2003). In 2004, the government consolidated all existing cash transfer programs into Bolsa Familia (Barrientos & DeJong, 2006). In Mexico, PROGRESA was introduced in 2007 to support poor households with children of school going age in marginalized rural communities (Morley & Coady, 2003). Abebe, T (2005) in her study of OVC projects in Colombia entitled *familias en accion* found out that, there was increased school attendance of vulnerable children aged 12-17 years old it had no effect on school attendance of children between 8- and 11-years old pointing to the possibility that impacts may not be uniform across the age groups.

In most of the African countries, nearly half of the children enrolled in primary schools cannot smoothly transit and access secondary education because of the inability of the caregivers to finance their education at this level (UNAIDS 2010). In Malawi, there are numerous projects geared towards supporting vulnerable children. According to Freidus (2010), most FBOs have a tendency of working with orphans in order to capture the attention of the donors. For instance, two faith Based Organizations, Miracles Orphanage which began in 2005 and now houses approximately 140 orphans, and AIDS Interfaith Coalition are working with orphans in Malawi. Through donor support, they are able to solicit for funds to assist fund OVC education and keep these children in schools.

In South Africa, The Director of Education and social planning began a massive drive to ensure that OVC go to school. Initially the program focused on providing food and health packs, facilitating back-to-school campaigns and lobbying for school fee exemptions. In 2006, a more comprehensive approach was developed by the Directorate. Through the UK DFID, the Eastern Cape department of education developed Caring Together – A School Based Approach to Care and Support of Orphans and Vulnerable Children (OVC). It was agreed that the Directorate would fund stipends for school-based OVC Caregivers and Cluster Managers and MSP, as well as a long-term OVC Technical Advisor and consortium of service providers to support the implementation of the project (DFID MSP Best Practices, 2008). The aim of this project was to project was to develop

and implement a school-based approach to provision of care and support to OVC in 100 schools in the Eastern Cape, working with OVC caregivers and OVC Cluster Managers, school Health Advisory Committees and communities.

A study conducted by Kassaw (2006) in Ethiopia found out that Civil servants and some NGO employees offer financial support to AIDS orphans and their surrogate parents, as a way of keeping these children out of the streets so that they can continue with their education. According to the findings, these initiatives have proven successful in keeping children in foster or surrogate care, instead of living in the streets. A portion of the money paid to caregivers is used to pay school fees and buy uniforms, and keep these children in school. The study further notes that these orphans prefer to live with close relatives like grandparents and aunts with their siblings because of the love and support they get from this category of surrogate parents.

A study conducted by in Zimbabwe by Manyonganise (2013) found out that, OVC do not continue with education after the death of parents due to HIV and Aids. Manyonganise further elucidates that most of these children head families as well as looking after their sick parents. The most notable effect is absenteeism from school which culminates to poor performance. Another notable finding was that not only girls, but boys look after ailing parents. Rossiter et al (2008) postulate that, some of the educational challenges faced by OVC included; the inability to afford school fees and buy uniforms. Manyonganise further argue that, Zimbabwean government introduced the Basic Education Assistance Module (BEAM), the main objective of which was to prevent the irreversible welfare losses for poor households. However, assistance through the BEAM only covers fees, levies, and examination fees. OVC have to find funds for uniforms, exercise books, pens, etc. In most cases children fail to obtain such assistance. What came out clearly was these funds could not meet other aspects of these children needs in school (Manyonganise, 2013). UNICEF (2005) opines that The National AIDS Council (NAC) offers support for school fees and school stationery, supports the Zunde Ramambo programs to support food security, while the Department of Social Welfare administers the Basic Education Assistance Model (BEAM) through the Ministry of Education. UNICEF however feels that the funds provided are not sufficient to meet the school needs of OVC in Zimbabwe.

Swaziland has adopted partnership with Ministry of education, UNICEF and FAO in provision of funds for meals, education, water and sanitation which has impacted on OVC enrolment and retention in schools (Belfield, 2006). In Zimbabwe Africare, a charitable US organization partners with schools by providing resources in exchange that schools waive fees for an agreed number of OVC (Africare, 2010). In Tanzania the Most Vulnerable Children Program provides OVC with school fees, transport to school and purchase of uniforms and books (USAID, 2008)

In Kenya, many faith-based programs are small-scale, supporting fewer than 100 vulnerable children, although some groups support over 1,000 children and most initiatives were expanding (Foster, 2004). Many congregations indicated their only source of support was contributions by members of their congregations. This reflects the motivation of religious groups who commit their own time and resources to ensure the future well-being of vulnerable children in their areas. Lack of adequate funds dwarfs some of the efforts put in place to ensure that OVC continue with their education. Nyangara, Thurman & Hutchinson (2009) conducted a study to determine the effects of funding the OVC in four unique settings in Kenya and Tanzania. The evaluation revealed that

providing school supplies or school fees had no effect on children's educational outcomes such as enrollment, appropriate age for grade, or regular attendance. However, in one area, children's possession of basic school supplies positively influenced educational outcomes.

Funding meant at improving the lives of OVC in Kenya include the Cash Transfer Program (CTP) for OVC which commenced in 2005 in which families with OVC receive Kenya shillings 2000 per child per month for food, education and health services yet many families are not yet reached (USAID, 2010), thus exposing these children to school dropout and wanton exploitation. The funds only provide for the education 6-17-year-old OVC in Kenya. GoK (2003) further came up with financial support to enhance retention of OVC in school. For instance, funds were channeled to OVC projects to strengthen schools and ensure access to education for OVC by increasing enrolment and retaining OVC in schools through mobilizing sufficient resources for tuition fee waivers, establishing accessible bursary funds, educational supplies and establishment of school feeding programs. UNICEF (2007) adds that when funds are available, adequate and well allocated to needs, school managers are enabled to reduce both direct and indirect costs of education for OVC through removal of fees, allocation of bursary fund, provision of curriculum support materials and uniforms, introduction of programs to feed the children and offering scholarships to retain the children in school.

Mishra et al (2005) argue that OVC are more likely to be tired and hungry at school with the consequences of fainting during classes. School feeding programs enhance alleviation of child hunger and enhance nutrition especially where food is fortified with sufficient nutrients to enhance growth and wellbeing of these children. The gap identified here is that, the Cash transfer program leaves out OVC children below the age of 6 years. This implies that an important segment is left out from a program aimed at bettering the lives of these OVC. Additionally, Kenya PEPFAR through the GOK provides services such as free medical services for children below 5 years. FPE including scholarships for OVC and legal support (MOGCSD, 2011). The PEPFAR funds support community and family-based service provision but does not support the expansion of educational support for children in ECE centers this is a gap.

1.6. Methodology

The study employed descriptive survey research design to assess the performance of the Catholic Church Universal Fund on OVC projects in the Archdiocese of Nairobi, Kenya. Descriptive survey is a research design that makes use of interviews or questionnaires to a sample population. The Archdiocese of Nairobi has 27 children homes from 14 deaneries. The target population of this study were OVCs from 10-18 years, in all Catholic Church children homes in Nairobi Archdiocese, administrators and social workers in each Centre and priest in charge of the solidarity universal funds program in Nairobi Archdiocese. The study used purposive sampling. It was applied to the children homes within Nairobi Archdiocese whereby catholic sponsored children homes were targeted. The same was used to identify children in those homes that lacked one or both parents or those whose parents have chronic illness back at home. Purposive sampling was used to select only children above 10 years who had benefited from the funds for more than two years. This was because they were deemed to have enough knowledge on the Universal Solidarity Fund and its effect on provision of basic needs, education, nurturing of talents and evangelization of the gospel. For the social workers and administrative heads in the children homes, the respondents were selected by the use of stratified random sampling methods whereby stratification was based on the

duration of residence in the institution (who had stayed more than two years). In order for a researcher to select representative sample, he/she must first have a sample frame for the target population. Nairobi Archdiocese is made up of 14 deaneries and 27 Catholic Church sponsored children Centers. Each deanery has more than two children homes. The researcher used simple random sampling to identify 5 deaneries as respondents. The 5 deaneries were at arrived through using the Mugenda and Mugenda Criterion of more than 30% of the target deaneries. In each deanery, two catholic children home were randomly picked as respondent. In each children home, 4 children, one social worker, one administration head and the priest in charge of the Universal solidarity fund Nairobi Archdiocese were selected as respondents in this study. A focused group of 4 – 8 children and 1 social worker in each Centre will be included. Children were picked through stratified sampling technique alongside their gender and ability to ensure equal representation. Therefore, 40 OVCs (4 x 10), 10 social workers (10 x 1), 10 administration heads (10 x1) and 1 priest in charge of the Universal solidarity fund Nairobi Archdiocese were considered to have made the larger population of respondents.

Table 1: Sample size for respondents

Variables	Sampling technique	Sample size
OVCs	Purposive	40 Respondents
Social workers	Purposive	10 Respondents
Administration heads	Purposive	10 Respondents
Priest in charge	Purposive	1 Respondent
Focus group discussion	Stratified	10 Groups

Source: Researcher's formulation, 2019

1.7 Study findings

Table 2: Response rate

Category	Dispatched	Returned	Percentage (%)
OVC	40	40	100.0
Social Workers/Counsellors	10	6	60.0
Administrators	10	5	50.0
Priest in Charge	1	1	100.0

Source; field data 2019

Table 3: Academic level

OVC	Frequency	Percentage (%)
Primary	30	75
Secondary	10	25
Total	40	100
Social Workers/Counsellors	Frequency	Percentage (%)
Diploma	4	66.7
Certificate	2	33.3
Total	6	100

Source: Field data, 2019

Results displayed in table 3 indicated that 30(75%) OVCs were at primary level, 10(25%) were in secondary school, the category of social workers/counsellors showed that 4(66.7%) had diplomas while 2(33.3%) had a certificate level education. This showed that majority of the respondents were educated enough to understand and provide data on performance of the Catholic Church universal solidarity fund: case study of the orphans and vulnerable children's project in the Nairobi Archdiocese, Kenya. The staff who participated in the study were social workers, 4(66.7%) and 2(33.3%) being counsellors. Social workers are in charge of children's affairs in children's institutions. This assured the researcher that information obtained was relevant since it was from a well-informed and persons.

Respondents were further asked to state the number of siblings in their family, this would enable the researcher to know the size of the families where the OVC respondents came from, the results are depicted in figure 4 below.

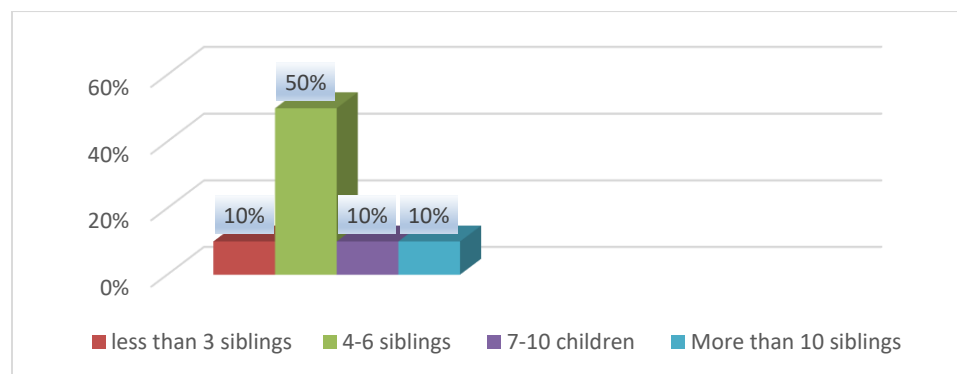


Figure 1: Number of siblings

Source: Field data 2019

Results showed that 12 (10%) of the respondents came from a family with 3 siblings or less, 20 (50%) said there was between 4-6 siblings within the family, 4 (10%) indicated the number of siblings to be 7-10 children and 4 (10%) said they came from families with 10 or more siblings. As observed from the findings, 70% of the respondents had come from a family with 4 and above siblings. The researcher assumed that large family size made some of the respondents to move out of the family the parents/guardians may not be able to provide them with at least basic needs. This showed that children from large family size were likely to be OVC than those from smaller family size

The researcher also investigated whether the parent(s) of the respondents were alive. They were asked to indicate which parent(s) was alive. Results showed that 24(60%) respondents said both their parents were alive, 12(30%) said only their mother was alive while 4(10%) of the respondents said none of their parents were alive. This showed that majority of the respondents came from a complete family while only a few were fully orphaned. However only 60% of the respondents reported their fathers to be alive compared to 90% who reported their mothers to be alive. This implied that majority of the OVCs family had no father. The researcher strongly believed that this was one of the key factor made children vulnerable since majority of the fathers are the bread winners of their family. This implied that children are more likely to be vulnerable once they lose their father. Results are shown in table 4 below.

Table 4: Parents alive

Parents alive	Frequency	Percent (%)
Both father and mother	24	60
Mother only	12	30
None	4	10
Total	40	100

Source: Field data 2019

The researcher sought to know the duration spent by the respondents within the institution. Respondents were asked to indicate how long they had been in the center. It was found out that 4(10%) had been in the institution for less than 2 years, 32(80%) had stayed in the institution for 3-6 years, 4(10%) said have been in the institution for 7-10 years while no record showed respondents who had stayed within the institution for 11 or more years. The researcher investigated the duration the staff had worked in the institution. Table 5 below shows the distribution of responses.

Table 5: Duration spent within the institution

Duration	OVC		Staff	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Less than 2 years	4	10	1	16.7
3-6 years	32	80	3	50
7-10 years	4	10	6	33.3

Source: Field data 2019

1 (16.7%) had worked for less than two years in the institution, 3 (50%) indicated they had worked for 3-6 years in the institution while 2 (33.3%) said they had been working in the institution for 7-10 years. This implied that majority of the respondents had worked in the organization for a period between 3- 6 years and therefore they were deemed to have adequate knowledge on the effectiveness of the catholic solidarity funds to OVCs. There was no record among the respondents showing anyone who had worked for 11 or more years in the institution.

Influence of the Catholic Church Universal Solidarity Fund on Education of OVC

The second objective of the study was to establish the influence of the Catholic Church Universal Solidarity Fund on Education of OVC in the Archdiocese of Nairobi, Kenya. Respondents were asked whether they had ever missed out of school due to the environment they stayed. 28(70%) agreed missing school while 12(30%) disagreed having missed school due to the environment they

stayed. The researcher thus understood that majority of children were missing school because of their background which made it was difficult for them to afford education. The reason for this could be because they were not aware that there were organizations offering education to the OVC a case which was confirmed by majority of social workers and counsellors 4(66.7%), in their response when asked the reason why OVC at home miss school, they said it was because of lack of information on institutions offering the service, 3(50%) of the respondents said inadequacy of resources. Figure 3 presents the results

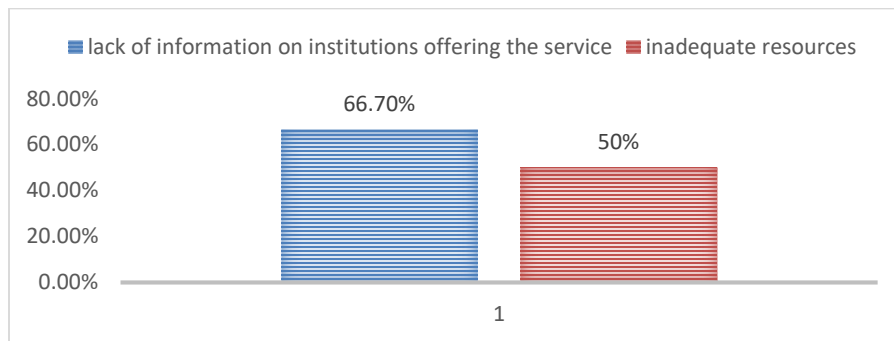


Figure 3: Reasons for missing school

Source: Field data 2019

Moreover, the researcher investigated whether the respondents' social life in school was being affected because of living in an institution of care and protection. The researcher asked them whether they felt different from other children while at school. Majority, 28(70%) affirmed that they felt different while at school, while 12(30%) of the respondents said they didn't feel different from other children in school.

The researcher went ahead to examine why the respondents felt different from other children in school by asking the respondents to state why they felt that way. Findings indicated that 8(20%) said they felt different because other children had their parents supporting them, 4(10%) said they felt different because their past made them focus on their future, 4(10%) said it was because the support from the institution that made them feel different while 12(30%) said that they had a different background which was what made them feel different. When asked from their observation whether OVC felt different from other children while at school, majority of social workers, 4(66.7%), affirmed OVC being different from other children while in school which they said the observation was because they were emotionally unstable. 2(33.3%) of the respondents from the staff said that the OVC feel discriminated while in school. This implied that the children were still being psychologically affected by the fact that their parents were either not around or felt bad that their parents were not assisting them. Their background also affected their social life thus the reason why they felt different

The study examined the factors which determined school enrollment of OVC who stayed at home. Respondents were asked to indicate a statement that best described what determined the enrollment of OVC to school and findings recorded on table 6.

Table 6: Determinant of OVC enrollment to school

OVC	Frequency	Percentage (%)
Standard of living of the house hold	28	70
Characteristics of house head	18	45
Relationship between OVC and house head	10	25
Social Workers/Counsellors	Frequency	Percentage (%)
Standard of living of the house hold	4	70
Characteristics of the house head	3	50

Source: Field data, 2019

As seen, majority, 28(70%) said standard of living of the house hold highly determined OVC enrollment to school, the rest 18(45%) and 10(25%) said enrollment of OVC to school was determined by characteristic of head of house hold and the relationship between the OVC and decision-making adult in the family respectively. On the same issue, 4(70%) social workers and counsellor respondents, also believed that standard of living in house hold was a determinant with 3(50%) indicating characteristic of head of house hold, this implied that for many families, poverty was the major reason that made children not access education. An interview with the one of the administrators, R1, regarding enrollment and completion of school among OVC, the following response was given;

“Enrollment to school is greatly achieved, this is possible because the school is providing feeding programs and since most of the children have no enough food at home, children are enrolling to schools to acquire education and get food”.

Respondent R1, 22nd, July 2019

Another respondents R2 gave the following statement on same on the same issue;

“Some don’t complete school here because they drop out, we cannot do much about that since some of the reason they drop is because they don’t want to follow rules, others follow their previous peer group after staying in the center for some time and even low cooperation from parents sometimes makes it hard to control the children”.

Respondent R2, 22nd July, 2019

The researcher sought to determine how the church was influencing the education of the children, respondents were asked whether the church had helped them realize their education dreams, all the respondents 40(100%) affirmed that the church had influenced their education by helping them realize their dreams. All the institution’s staff 6(100%) also were in agreement that the church helps the OVC realize their education dreams. This implied that the children in the institution and staff believed the church was making a positive impact with regards to the education of the children.

The researcher also asked the respondents how the church had influenced their education dreams. This would enable the researcher understand how the church was influencing the education of the

children. 8(20%) of the respondents said the church had taken them to school, another 8(20%) of the respondents said they were now able to interact with others, 4(10%) of the respondents said they had gained more knowledge through bible study while 16(40%) said the church had encouraged them to work hard. Same question to the staff showed that all of them 6(100%) said the church helped OVC realize their education dreams because they enable them access education, also they all said they that the church had influenced children's education dreams through encouraging the children to work hard. This means the church had succeeded to provide education to all OVC. Findings are depicted on table 7.

Table 2: Influence of the church on OVC's education dreams

OVC	Frequency	Percentage%
Church has taken OVCs to school	8	20
OVCs were now able to interact with others	8	20
OVCs had gained more knowledge through bible study	4	10
Church had encouraged OVC to work hard	16	40
Social workers/counsellors	Frequency	Percentage
Church enable OVC access education	6	100
Church encourages the children to work hard	6	100

Source: Field data 2019

More so, the researcher examined how the OVC respondents felt about education. They were asked whether they believed education was important to their lives. All the respondents 40(100%) agreed that education was important to their lives.

They were asked to explain why they believed education was important to their lives. 19(47.5%) of the respondents said because they make friends and learn from others, 28(70%) said they had hope to succeed through education while 15(37.5%) said they have gained more knowledge through education. This showed the OVC understood the value of education in their lives and they believed they would succeed through it. Table 8 displays the distribution of responses.

Table 3: Importance of education to OVC

Category	Frequency	Percentage (%)
Enabled gain more knowledge	15	37.5
Gives hope to succeed	28	70
Enabled making friends and learning from others	19	47.5

Source: Field data 2019

The researcher asked the institution's staff whether they believed education they offered the OVC benefited in long term. All 6(100%) respondents were in agreement that the education offered by the center benefited the OVC in long term. This implied that the social workers/counsellors had faith in the quality of education they offered the OVC.

Furthermore, the researcher sought for more information regarding education of the OVC. Staff respondents were asked to state how the education they offered benefited OVC in long term, the results were displayed in figure 4.

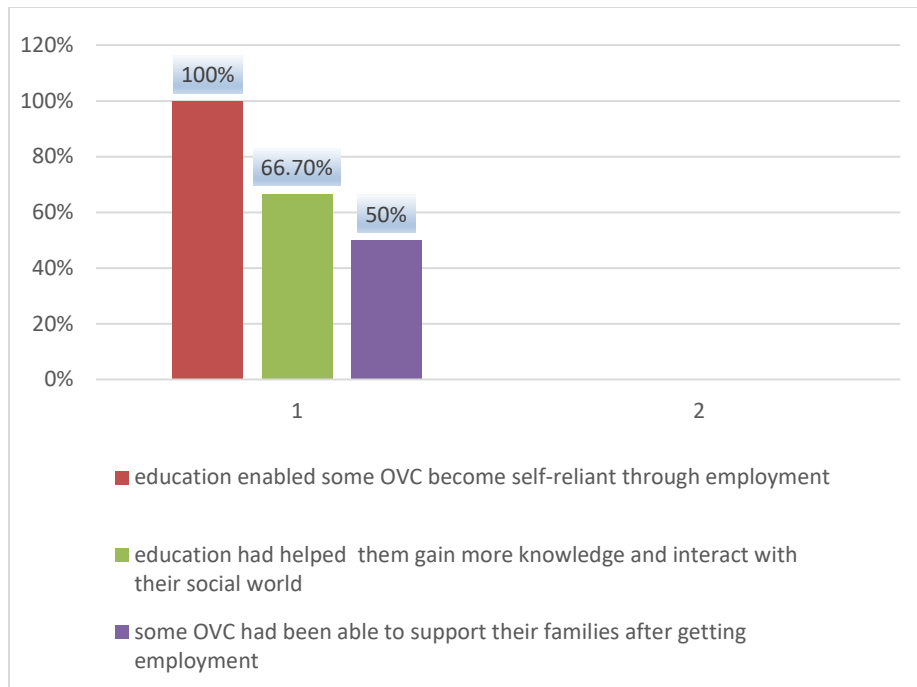


Figure 4: Long term benefits of education offered to the OVC

Source: Field data 2019

Findings shows that 6(100%) of the respondents said that through education some OVC have become self-reliant through employment, 4(66.7%) said that education had enabled them gain more knowledge and interact with their social world, 3(50%) indicated that some OVC have been able to support their families after getting employment, this shows that educating the OVC has enabled them get an income. This gives the other OVC in the program hope and inspiration. More so, during an open discussion with OVC, they were asked how OVC benefited from education, they said through learning to read and write and molding behavior, on a different focused group discussion with social workers/counsellors, they said the OVC have acquired agricultural skills and learnt commitment.

The researcher went ahead to engage the staff on same matters of education in an aim to find out the hindrances in realizing access to quality education to the OVC. Respondents were asked the major challenges they experienced in ensuring quality education to OVC. It was discovered that 6(100%) of the respondents said limited resources was a major challenge which consequently made them unable to acquire enough books for the children, 4(66.7%) said non-cooperating parents was a challenge to them. This implied that the number of pupils using a single text book is higher than the UNESCO recommended ratio of 1:2 thus overcrowded which means doing assignments or reading is hard. One of the respondents, R3 serving as a priest in charge of the program, said during an interview that, among the challenges they experienced in providing quality education to OVC was late delivery of reports from the centers benefiting from the funds and also, the funds were not adequate to meet the number of persons in need of the assistance. When was asked to explain whether the funds disbursed were enough for OVC's education, R3 said the following;

"The Catholic Universal Solidarity Fund is not enough because it does not fund the project fully

since one of the requirements to receive these funds is for the center to have an existing project and donors or well-wishers helping the center, and the money only funds such projects partly. Therefore, you find that where the children's education is supposed to be funded up to university level the funds are only enough for feeding”.

Respondents R3, 22nd July, 2019

1.8 Conclusion

The study concluded that the Catholic Education Solidarity Fund had enabled more OVC to access education through supporting children whose families were economically disadvantaged; this has led to increased enrollment rate of OVC to school. The study also concluded that the counselling services offered at the center to enable children deal with their past and present status had not fully enhanced adaptability among children. Also, availability of funds was highly contributing to the education programs aimed at enabling OVC's access to education.

1.9 Recommendations

- i) To the Catholic Universal Solidarity Fund administrators, the organization should put an effort in achieving the consistency in funding to ensure the OVC fully continues with the program without interference.
- ii) The centers should be assisted to start sustainable projects that would ensure smooth running of the centers even after funding is withdrawn.
- iii) To the centers -There is need to mobilize the surrounding communities in order to increase support base of the center, encouraging surrounding neighbors through organized festivities and walks to raise money and other needs such as foodstuff.
- iv) Involve the parents or guardians to ensure they take an active role in their children's lives through encouraging them to offer their support and counsel.
- v) Create awareness on the community that there are institutions that offer education services to OVC, this would enhance enrollment of OVC to schools.

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