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THE INFLUENCE OF CIVIL SOCIETIES' SUPPORT ON THE WELLBEING OF ORPHANS AND VULNERABLE CHILDREN IN KAWANGWARE WARD, NAIROBI COUNTY, KENYA

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AUGUST, 2026

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DECLARATION

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DEDICATION

I dedicate this study to my sister Beryl for the unending support, encouragement and motivation provided during my master's program. Additionally, I appreciate all the orphans and vulnerable children whose resilience and strength inspire change.

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LIST OF ABBREVIATIONS AND ACRONYMS

CSOs	Civil Society Organizations
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
ERC	Ethical Review Committee
FPE	Free Primary Education
OVCs	Orphans and Vulnerable Children
UNICEF	United Nations Children's Fund

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ABSTRACT

Orphans and vulnerable children (OVCs) face significant welfare challenges arising from poverty, parental loss, limited access to healthcare, and restricted educational opportunities. Civil society organizations (CSOs) play a critical role in addressing these challenges; however, limited empirical evidence exists regarding the sustainability and long-term impact of their interventions. This study assessed the influence of civil society interventions on the well-being of OVCs in Kawangware Ward, Nairobi County, Kenya. Specifically, the study examined the effects of financial support, rights advocacy, psychosocial support programs, and life skills training on OVC well-being. The study was guided by Attachment Theory and Bronfenbrenner's Ecological Systems Theory. A convergent parallel mixed-methods research design was employed. The target population comprised 521 OVCs drawn from children's homes in Kawangware. Using stratified sampling, 226 OVCs were selected, while key informants, including CSO representatives, caregivers, and community leaders, were purposively sampled for interviews. Data were collected using structured questionnaires and interview guides and analyzed using SPSS version 27. A pilot study was done in Kibera Slums to test research instruments. Quantitative data were analyzed using statistical techniques such as descriptive statistics, which revealed that the majority of OVCs who received civil society support (67.2%) reported good well-being outcomes across education, health, and future aspirations, compared to only 1.6% of those without support. Multiple linear regression analysis was used to determine the influence of civil society interventions on OVC well-being. The findings revealed that financial support ($\beta = 0.261$, $p < 0.001$) and rights advocacy ($\beta = 0.359$, $p < 0.001$) significantly improved OVC well-being by enhancing access to education, healthcare, and protection services. Psychosocial support ($\beta = 0.167$, $p = 0.030$) positively influenced emotional resilience and coping mechanisms. However, life skills training showed a positive but statistically non-significant effect ($\beta = 0.066$, $p = 0.357$). The study concludes that civil society interventions are essential in promoting the well-being of OVCs, with financial and rights-based programs demonstrating the strongest impact. It recommends strengthening sustainable financial support, expanding legal protection services, enhancing professional psychosocial care, and integrating life skills training with economic empowerment initiatives. Future research should examine long-term and comparative impacts of these interventions, focusing on the effects of financial support, rights advocacy, psychosocial support programs, and life skills training on OVC well-being.

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CHAPTER ONE

INTRODUCTION

1.0 Overview

This chapter introduces the foundation of the study by presenting the background and context of the research problem. It outlines the statement of the problem, the purpose of the study, and the specific objectives that guide the investigation. The chapter also presents the research questions that the study seeks to answer. In addition, it highlights the justification and significance of the study in contributing to knowledge and practice. Finally, it defines the scope, limitations, assumptions, and key operational terms relevant to the study.

1.1Background to the Study

The well-being of Orphans and Vulnerable Children (OVCs) is a pressing concern, particularly in low-income settings when access to education, healthcare, and psychosocial support is severely limited. Such children are at an elevated risk of neglect, exploitation, and mental distress, factors that impair their overall development. Their well-being must be assured by comprehensive interventions that address their physical, emotional, social, and educational requirements. UNICEF (2020) asserts that millions of orphans and vulnerable children lack essential services for survival and development. Gaddah et al. (2016) highlight the potential long-term consequences of a lack of assistance, while the World Health Organization (2021) underscores the significance of inclusive programs for child well-being. The welfare of orphans and vulnerable children (OVCs) significantly contributes to the Sustainable Development Goals, including SDG 1 (No Poverty), SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 5 (Gender Equality), and SDG 10 (Reduced Inequalities), making their welfare a priority in global development efforts.

Globally, an estimated 153 million children are orphans, with millions more living in conditions that severely limit their access to essential services and opportunities for development (UNICEF, 2020). Civil society has been very instrumental in promoting orphan and vulnerable children (OVCs), particularly the ones under foster care or family crisis in the USA. As of the present day, Graham Windham was founded in 1806 in NYC, helping more than 4,500 children per year; Graham Windham

has transformed orphanages into family-strengthening programs (Shawar & Shiffman, 2023). New York Foundling offers approximately 1,200 youth each year foster care services, charter school, and trauma-informed support. SOS Children's Villages-USA has two locations in Illinois and Florida, where it provides family-based residences to accommodate 165 children and community-based counseling, with the U.S. version of its international strategy (Bull et al., 2022). Buckner International, which earns 74000 M, supports orphans through foster care, adoption, and humanitarian assistance. Moreover, the U.S. government, in collaboration with civil society under USAID and PEPFAR, supported 7.4 million OVCs in FY2021 to attach the OVC to health, education, protection, and economic resilience (Martin, 2024). Such rescue work improves care, supports family reunification, and promotes long-term healthy living.

In China, civil society organizations (CSOs), including OneSky and Children Hope Foundation, supplement the work the state does to educate, medically treat, and emotionally support orphans and vulnerable children (OVCs) (Du & Nygren, 2018). Another particular example is the program OneSky, which has already trained thousands of care providers on nurturing techniques in 20 provinces, including tackling such issues as parental migration and abandonment (Tello et al., 2024). In Australia as well, there are such civil society organizations that offer comprehensive support in the mental health, education, and child protection spheres: Royal Far West, Mission Australia, and Save the Children Australia (Shawar & Shiffman, 2023; Bull et al., 2022). These organizations focus on family-based care, which could minimize the tendency to use institutional care and ensure the overall well-being of at-risk children.

In sub-Saharan Africa, approximately 53 million children have lost one or both parents, exposing them to financial hardship, unstable family environments, inadequate healthcare, and disrupted education (UNICEF, 2020). Civil society organizations in Nigeria are essential in facilitating the plight of the more than 17 million orphans and vulnerable children (OVCs), many of whom became orphaned by HIV/AIDs (Olagbuji & Okojie, 2015). Street Child Nigeria and the North East Children Trust are also groups that ensure education and learning spaces, and CEE-HOPE helps with psychosocial well-being in urban slums. ARFH and Caritas Nigeria offer programs that provide health, vocational training, and economic empowerment services to thousands of OVCs (Tagurum et al., 2015). In South Africa, 3.7 million children are orphaned, whereas civil society organizations like Childline South Africa, the Nkosi Haven, and the Boikarabelo offer counselling, residential care, education, and community

services (Allman et al., 2023; Matshepete et al., 2025). These programs revolve around comprehensive care, protection, and empowerment with all challenges, including HIV/AIDS, poverty, and violence, to enhance the well-being of OVCs in the country.

In Uganda, the situation of orphans and vulnerable children (OVCs) reflects broader challenges associated with HIV/AIDS, conflict, disease, and poverty, which have resulted in over 2.3 million children being orphaned. These children often experience limited access to essential services such as education, healthcare, and psychosocial support, which negatively affects their overall well-being. Although various actors, including civil society organizations, are involved in addressing these challenges, disparities in access and quality of services persist across different regions. This highlights the continued vulnerability of OVCs and the need for sustained and coordinated support systems (Olanrewaju et al., 2015; Katungulu, 2024).

Similarly, in Kenya, the burden of OVCs remains significant, with approximately 2.8 million children orphaned due to HIV/AIDS and other socio-economic factors (Kenya Data, 2023). These children frequently face psychological trauma, social marginalization, and limited access to education and healthcare, which constrains their development and perpetuates cycles of poverty (Yesufu & Cole, 2024). In informal settlements such as Kawangware, the situation is further aggravated by inadequate resources and limited government response (Chemwende & Mbogo, 2021). Although government interventions such as the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) program have provided some relief, a significant number of children remain underserved, particularly in densely populated informal settlements like Kibera (Taiwo, 2023). This underscores the need to examine the effectiveness of existing support mechanisms in improving the well-being of OVCs.

Despite the existence of institutional frameworks aimed at safeguarding the rights and welfare of children, multiple challenges persist. Access to education, healthcare, and protection services remains uneven, particularly among children from disadvantaged backgrounds. While support mechanisms such as bursaries, scholarships, and social protection programs exist, their coverage is often limited, leaving many OVCs without adequate support (UNICEF, 2022; Save the Children, 2021). Additionally, financial empowerment initiatives targeting caregivers have shown potential in improving household stability, but sustainability remains a concern due to reliance on external funding and inconsistent resource flows (World Vision, 2023; Chege & Wanjiru, 2024). Furthermore, weak

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enforcement of child protection policies and bureaucratic barriers continue to hinder effective service delivery (UNHCR, 2023; UNICEF, 2023).

The well-being of OVCs is inherently multidimensional, encompassing physical health, education, emotional stability, social inclusion, and economic security (UNICEF, 2022; WHO, 2023). However, children in informal settlements such as Kawangware continue to face numerous challenges, including inadequate living conditions, exposure to abuse, and limited opportunities for personal development. Psychosocial challenges, stigma, and social exclusion further compound their vulnerability, making it difficult for them to achieve positive life outcomes (UNICEF, 2023; Chege & Wanjiru, 2024). Although some interventions focus on improving coping mechanisms and social integration, there is limited empirical evidence on how these different dimensions collectively influence the overall well-being of OVCs (Save the Children, 2021; UNHCR, 2023).

In Kawangware Ward, Nairobi County, the situation reflects a complex interplay of poverty, social vulnerability, and limited access to essential services. While efforts have been made to support OVCs, many children continue to experience unmet needs in areas such as education, healthcare, and psychosocial support (KNBS, 2023; Kawangware Children Centre, 2023). The persistence of these challenges indicates gaps in the effectiveness, coordination, and sustainability of existing support systems. Therefore, there is a need for a comprehensive assessment of how different forms of support influence the well-being of OVCs. Such an assessment will provide evidence necessary to improve policy, strengthen interventions, and ensure that support systems are responsive to the needs of vulnerable children (Chege & Wanjiru, 2024).

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1.2 Statement of the Problem

In Kenya, the population of orphans and vulnerable children (OVCs) remains significantly high, with an estimated 2.8 million children orphaned due to HIV/AIDS, poverty, and other socio-economic factors (Kenya Data, 2023). These children often face limited access to basic services such as education, healthcare, and psychosocial support, which are critical for their overall development and well-being. Despite government interventions such as the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme and Free Primary Education, many OVCs continue to experience deprivation and exclusion. National statistics indicate that a considerable proportion of these children

remain underserved, particularly in low-income and marginalized settings, thereby undermining the attainment of Sustainable Development Goals related to poverty reduction, health, and education (UNICEF, 2022).

The situation is more severe in urban informal settlements such as Kawangware Ward in Nairobi County, where the concentration of OVCs is estimated to be higher than the national average due to high poverty levels, unemployment, and social instability (Chemwende & Mbogo, 2021). In such settings, children are exposed to multiple and overlapping vulnerabilities, including inadequate housing, food insecurity, limited access to quality education and healthcare services, and increased risk of neglect and abuse. The rapid population growth and overstretched social infrastructure in Kawangware further exacerbate these challenges, making it difficult for both government and non-governmental actors to adequately meet the needs of OVCs.

Although Civil Society Organizations (CSOs) complement government efforts by providing financial support, rights advocacy, psychosocial care, and life skills training, the effectiveness and sustainability of these interventions remain uncertain. Existing studies indicate that while CSO programmes contribute to improving access to services, they are often constrained by limited resources, donor dependency, and increasing demand for support (Chemwende & Mbogo, 2021). Moreover, many interventions are implemented in isolation, with limited integration across different dimensions of child well-being, which reduces their overall impact.

Further, empirical studies on OVCs have largely focused on rural areas or institutional care settings, with limited attention given to urban informal settlements such as Kawangware. There is also a lack of comprehensive evidence examining how multiple CSO interventions collectively influence the well-being of OVCs. Most existing research tends to assess individual interventions rather than adopting an integrated approach that captures the combined effects of financial, psychosocial, and rights-based support (Okon, 2020; Okotel, 2024). This creates both a contextual and conceptual gap, as findings from other settings may not accurately reflect the unique socio-economic realities of Kawangware.

Therefore, this study seeks to address these gaps by examining the influence of civil society organizations' support on the well-being of orphans and vulnerable children in Kawangware Ward,

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Nairobi County. The study focuses on understanding how different forms of support interact to influence child well-being. The findings are expected to contribute to policy and practice by informing the design, coordination, and sustainability of interventions aimed at improving the welfare of OVCs in urban informal settlements.

1.3 Purpose of the Study

This study aimed to assess the influence of civil societies' support on the well-being of orphans and vulnerable children, Kawangware Ward in Nairobi County, Kenya

1.3.1 Specific Objectives

i Assess the influence of the civil societies' financial support on the OVCs' well-being in Kawangware Ward in Nairobi County, Kenya

ii Evaluate the influence of the civil societies' rights advocacy on OVCs wellbeing in Kawangware ward in Nairobi County, Kenya.

iii Investigate the contribution of the civil societies' psychosocial support programs on the wellbeing of OVCs in Kawangware ward in Nairobi County, Kenya.

iv Analyze the influence of the civil societies' life skills training on the OVCs wellbeing in Kawangware ward in Nairobi County, Kenya.

1.4 Research Questions

The study was guided by the following research questions:

i. What is the influence of civil societies' financial support on the well-being of OVCs in Kawangware Ward, Nairobi County, Kenya?

ii. How does civil societies' rights advocacy influence the well-being of OVCs in Kawangware Ward, Nairobi County, Kenya?

iii. What is the contribution of civil societies' psychosocial support programs to the well-being of OVCs in Kawangware Ward, Nairobi County, Kenya?

iv. How does civil societies' life skill training affect the well-being of OVCs in Kawangware Ward, Nairobi County, Kenya?

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1.5 Justification of the Study

Orphans and vulnerable children (OVCs) in low- and middle-income countries, including Kenya, continue to face serious health, psychological, educational, and social challenges due to poverty, weak social protection systems, and limited institutional capacity. In urban informal settlements such as Kawangware Ward, these challenges are worsened by overcrowding, unemployment, and inadequate social infrastructure. Although government and civil society interventions exist, their effectiveness is often constrained by poor coordination, limited coverage, and sustainability issues, leaving many OVCs without adequate access to essential services.

The study is justified by the need to generate context-specific empirical evidence on how civil society organizations' support influences the well-being of OVCs in such settings. It addresses existing gaps by examining the combined effect of interventions such as financial support, psychosocial care, rights advocacy, and life skills training. Additionally, the study highlights disparities in access to social services and aims to inform policymakers, CSOs, and development partners on improving child protection systems and designing more effective, inclusive, and sustainable interventions for vulnerable children

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1.6 Significance of the Study

This study is significant to various stakeholders, including policymakers, civil society organizations (CSOs), educators, households of orphans and vulnerable children (OVCs), and researchers. It examines the influence of CSO-led interventions, specifically financial support, rights advocacy, psychosocial support, and life skills training, on the well-being of OVCs in Kawangware Ward. The findings are expected to provide evidence that can inform the design and strengthening of programs aimed at improving access to education, psychosocial well-being, and socio-economic resilience among vulnerable children in urban informal settlements.

Policymakers in child welfare and social protection sectors, including the Ministry of Labour and Social Protection and the Ministry of Education, will benefit from the findings of this study. The evidence generated will assist in understanding how civil society interventions complement

government efforts in supporting OVCs. This is particularly relevant in strengthening the implementation of national frameworks such as Kenya Vision 2030 and the National Education Sector Strategic Plan (2021–2026), which emphasize inclusive education and social protection. The study findings will also provide insights that can support better coordination between government programs and CSO initiatives at both national and county levels.

Educators and community-based child support systems will also benefit by gaining a better understanding of the challenges faced by OVCs and how external support mechanisms influence their learning and development outcomes. This knowledge will help create more supportive school environments and strengthen referral systems for vulnerable children.

Finally, researchers will benefit from the study by using its findings as a reference point for future studies on child welfare and civil society interventions in similar contexts. The study will contribute to the existing literature by providing empirical evidence from an urban informal settlement context, which is often under-researched compared to rural settings.

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1.7 Scope of the Study

The study assessed the influence of civil societies' support on the well-being of orphans and vulnerable children in Kawangware Ward, Nairobi County, Kenya. Kawangware was selected because it is one of the densely populated informal settlements in Nairobi with high levels of poverty, unemployment, and a large population of vulnerable households, which contributed to a higher concentration of OVCs compared to many other urban areas. The study focused on the role of civil society organizations (CSOs) operating within the area, particularly their interventions in financial assistance, rights advocacy, psychosocial support, and life skills training, and how these influenced the well-being of OVCs.

The study involved orphans and vulnerable children, their caregivers, and representatives from civil society organizations who were actively engaged in child welfare programs within Kawangware. It examined how these CSO-led interventions were implemented and how they contributed to improving the educational, psychosocial, and social well-being of OVCs. The analysis was descriptive in nature

and focused on understanding the lived experiences of beneficiaries and service providers in relation to the support provided.

The study did not consider government financial transfers and broader macroeconomic policies in detail, except where they directly interacted with CSO interventions. External factors beyond the control of CSOs, such as national economic fluctuations, were also not the primary focus of the study. The scope was therefore limited to CSO-led programs within Kawangware Ward during the period under study, with the aim of generating context-specific findings that could inform policy and program improvement for urban informal settlements.

1.8 Limitations

The study was influenced by methodological limitations arising from the selection of a single study area. Focusing only on Kawangware Ward limited the generalizability of the findings to other informal settlements or broader national contexts in Kenya. This limitation was inherent in the case study design adopted, which prioritized in-depth contextual analysis over wide geographical representation. It was addressed by situating the findings within existing literature on similar urban informal settlements and ensuring that interpretations were context-specific rather than generalized beyond the study area.

The study also faced limitations associated with the research methodology, particularly the reliance on self-reported data from orphans and vulnerable children (OVCs) and caregivers. Such data was subject to response bias, as participants occasionally provided socially desirable answers when discussing sensitive issues such as poverty, trauma, and psychosocial challenges. This limitation is common in studies involving vulnerable populations and was mitigated through the use of trained research assistants, assurances of confidentiality, and child-friendly, non-threatening interview techniques to encourage honest and accurate responses. Additionally, challenges in accessing consistent secondary data on civil society organization interventions further constrained the completeness of the data, but this was addressed through triangulation of information from multiple sources including CSOs, schools, and community-based organizations.

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1.9 Research Assumptions

- Participants in the study, including orphans and vulnerable children (OVCs), caregivers, and representatives of civil society organizations (CSOs), provided truthful and accurate information.
- Stakeholders, including CSOs, community actors, and support agencies, cooperated effectively in the implementation of programs aimed at improving the well-being of OVCs in Kawangware Ward, Nairobi County.
- Civil society organization interventions, including financial support, rights advocacy, psychosocial support, and life skills training, were consistently implemented and had the potential to influence the well-being of OVCs positively.

1.10 Operational Definition of Key Terms

Civil Society Organizations (CSOs) – In this study, CSOs referred to non-governmental, non-profit organizations, community-based organizations (CBOs), and faith-based organizations (FBOs) operating within Kawangware Ward that implement child-focused programs aimed at improving the well-being of orphans and vulnerable children (OVCs). These included local entities such as RHYCO, Smile Community Centre, Kawangware Children Centre, and other registered NGOs and CBOs working in education support, psychosocial care, and child protection within the study area (Rosenberg, 2024).

Orphans and Vulnerable Children (OVCs) – Refers to children below the age of 18 years residing in Kawangware Ward who have lost one or both parents or are living in conditions that expose them to vulnerability due to poverty, neglect, HIV/AIDS, or lack of adequate care and protection (UNICEF, 2020).

Educational Support – Refers to CSO-led interventions in Kawangware Ward that included provision of school fees, learning materials, mentorship, and school retention programs aimed at improving school attendance, academic performance, and educational continuity for OVCs (Morel & Spector, 2022).

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Socio-Economic Well-Being – Refers to the overall living conditions of OVCs in Kawangware Ward, including access to education, healthcare, nutrition, shelter, emotional stability, and social inclusion, as influenced by civil society interventions (Halbreich, 2022).

Financial Support – Refers to monetary assistance, school fee subsidies, cash transfers, and material support such as food and clothing provided by CSOs in Kawangware Ward to improve access to basic needs and enhance the welfare of OVCs (Halbreich, 2022).

Advocacy Initiatives – Refers to CSO activities in Kawangware Ward aimed at promoting child rights awareness, strengthening child protection systems, and influencing local stakeholders and government institutions to improve services and safeguard the rights of OVCs (Save the Children, 2022).

Psychosocial Support Programs – Refers to structured emotional and social support services provided by CSOs in Kawangware Ward, including counseling, mentorship, peer support groups, and trauma healing interventions aimed at improving the psychological well-being of OVCs (Morel & Spector, 2022).

Life Skills Training – Refers to training programs conducted by CSOs in Kawangware Ward that equipped OVCs with practical, social, and coping skills such as decision-making, communication, self-awareness, and vocational skills to enhance their independence and resilience (UNICEF, 2020).

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter presents the theoretical framework, empirical review, the research gaps and the conceptual framework.

2.2 Theoretical Framework

The study was anchored in the following two main theories: Attachment theory and Bronfenbrenner's Ecological Systems Theory.

2.2.1 Attachment Theory

Attachment Theory, which John Bowlby (1969) originally created as the basis to study how early caregiver-child bonds produce particular patterns that affect emotional control, stress coping, and future social relationships. Bowlby (1969) explains that human beings possess biological instincts for forming attachments which serve survival and that relationships formed early in life support mental health yet attachments that fail generate both negative social outcomes and emotional breakdowns (Bowlby, 1969). Additionally, researchers like Patricia Crittenden (1990s) proposed that attachment styles could evolve over time based on experience. These theoretical concepts need to be understood because they help explain how OVCs in Kawangware adapt to psychological challenges stemming from broken attachments caused by losing their parents.

The study of Attachment Theory shows direct importance in understanding how civil society psychosocial support programs affect the recovery of OVCs. The unstable caregiver relationships found among many OVCs in Kawangware create emotional insecurities and anxiety and lead to difficulties in building trust. The gap in secure caregiver relationships is addressed by Civil Society Organizations (CSOs) through counselling as well as mentorship programs and peer support groups and life skills training which substitute attachment figures. The interventions assist OVCs to establish alternative safe attachments that enhance their emotional strength while building their self-confidence and psychological balance. The research uses Attachment Theory to examine how the interventions organized by CSOs affect OVCs' ability to trust as well as their emotional expression and sense of security despite their detrimental early-life experiences.

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Attachment Theory is widely used in child welfare studies and remains relevant to understanding the emotional needs of Orphans and Vulnerable Children (OVCs). Tsweleng (2023) found that AIDS-orphaned children in South Africa experienced emotional insecurity after caregiver loss, necessitating psychosocial support. Kibigo (2018) showed that mentor relationships in Charitable Children Institutions in Kapseret Sub-County improved self-esteem and reduced distress. Flores (2017) applied Attachment Theory to counseling, emphasizing the importance of stable emotional support for trauma-affected children. However, critics argue that the theory's emphasis on one-to-one caregiver bonds may not align with the communal caregiving structures common in African contexts. It also risks applying Western norms to non-Western societies, overlooking extended family and community-based support systems. Thus, while useful, Attachment Theory should be complemented by culturally grounded frameworks in CSO programming.

The use of Attachment Theory provides an excellent platform to understand the psychosocial effects of support on OVCs' well-being, yet it features specific constraints. The theory primarily examines childhood experiences from Bowlby (1969) without fully evaluating how CSO programs affect attachment formation during a later period of life. Bowlby carried out his research within Western societies, but African caregiving patterns differ from these settings because of their strong emphasis on extended family networks (Garrett, 2023). Although the theory has performance limitations the framework continues to be a useful analytical method which helps explain how OVCs in Kawangware benefit from emotional security restoration through psychosocial support.

The study was anchored on Attachment Theory and Bronfenbrenner's Ecological Systems Theory. Attachment Theory was selected because it effectively explains early emotional development and the impact of caregiver-child relationships on the psychosocial well-being of Orphans and Vulnerable Children (OVCs). However, the theory has notable inadequacies that made it insufficient on its own for this study. First, Attachment Theory largely focuses on early childhood bonding and assumes that emotional development is primarily shaped by early caregiver relationships (Bowlby, 1969). This limits its ability to fully explain the experiences of older OVCs (7–17 years) who continue to receive support interventions from civil society organizations (CSOs). Second, the theory is rooted in Western family structures that emphasize nuclear caregiving, yet in the Kenyan context, particularly in Kawangware, care is often extended, communal, and institutionally supported. This creates a conceptual gap in explaining how CSO-led interventions function as alternative caregiving systems.

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These limitations necessitated the inclusion of a second theory that could capture broader environmental and structural influences on child well-being.

2.2.2 Bronfenbrenner's Ecological Systems Theory

According to Bronfenbrenner's (1979) theory, human development emerges from various environmental systems that interact with each other. According to EST, there exist four distinct developmental levels starting from the microsystem through the mesosystem down to the exosystem and culminating in the macrosystem. The ecological systems theory serves well for OVC assessment in Kawangware because it allows observation of CSOs' support impact on children at different environmental levels through financial assistance, advocacy, and service delivery. Researchers have effectively implemented the Ecological Systems Theory in child welfare research to reveal how diverse systems form children's learning experiences. The analysis of OVC programming used EST by Senefeld and Perrin (2014) alongside the Ghana research on teenage mothers conducted by Twintoh et al. (2021).

The Evaluation Support Toolkit enables civil society organizations to study how different influence levels create points of impact on child welfare programs. Organization of assistance on the microsystem level directly improves children's education opportunities and healthcare services and basic necessities for better overall outcomes. Financial support effectiveness depends on the coordinated relationships between caregivers and educational institutions along with medical treatment providers and CSO organizations at the mesosystem level. External factors represented by government policies, in addition to donor contributions and economic conditions, impact how sustainable and available financial aid programs become at the ecosystem level. Financial interventions are shaped by the societal structures and economic trends, along with cultural attitudes, which comprise the macrosystem level. Nationally, Ahmad utilised the Ecological Systems Theory in their research to assess aid programs targeting disadvantaged children, which validated inter-systemic interactions' critical impact on program achievement (2024).

Civil Society Organizations (CSOs) advocate for the rights of Orphans and Vulnerable Children (OVCs) by engaging across multiple systems to create protective environments. At the local level, NGOs raise awareness about child protection laws among children and their caregivers. Effective child protection emerges through mesosystem collaborations among schools, law enforcement, healthcare

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providers, and community leaders. At the ecosystem level, media, legal frameworks, and government mechanisms either support or impede advocacy. Romanian cultural beliefs and social norms also influence how national policies are shaped and perceived. While Bronfenbrenner's Ecological Systems Theory helps map these interrelated systems, critics argue that it can oversimplify power dynamics and assume system cooperation. It also lacks emphasis on structural inequalities such as poverty or political instability that may disrupt protective systems, limiting its ability to fully explain the challenges CSOs face in complex environments.

The strategy of EST shows numerous advantages, yet it encounters specific challenges which might influence its usage for this study. The theory relies on defined relationships between systems (Yang & Sanborn, 2021), which do not work well in Kawangware because its social structures develop unpredictably. EST criticizes the significance of environmental factors while potentially omitting active participation of OVCs when facing obstacles. Investigators struggle to determine precise intervention results across multiple systems because different factors create confusion when attempting to identify distinct causes.

Bronfenbrenner's Ecological Systems Theory was therefore adopted to complement Attachment Theory by addressing its limitations and providing a more comprehensive analytical lens. This theory was particularly appropriate because it explains child development through interacting environmental systems, including family, schools, community structures, and broader socio-economic and policy environments (Bronfenbrenner, 1979). Unlike Attachment Theory, it does not restrict analysis to early caregiver relationships but instead captures how multiple external systems influence child outcomes. Importantly, this theory adequately addressed two key specific objectives of the study: life skills training and financial support, by situating them within broader environmental systems. Life skills training was effectively explained through the microsystem and mesosystem levels, where CSOs interact directly with children through training, mentorship, and school-based programs. Financial support was explained through the exosystem and macrosystem levels, where economic conditions, donor funding, and policy environments influence the availability and sustainability of support to OVCs.

In this regard, Ecological Systems Theory provided a stronger explanatory framework for understanding how CSO interventions operate across different levels of influence in Kawangware

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Ward. While Attachment Theory was useful in explaining psychosocial and emotional development, its inadequacy in addressing later childhood development and structured institutional support systems justified the need for a complementary theory. Together, the two theories provided a more holistic framework for analyzing how civil society interventions influence the well-being of OVCs in an urban informal settlement context.

2.3 Empirical Review

2.3.1 Wellbeing of Orphans and Vulnerable Children (OVCs)

OVC well-being studies demonstrates that programs without full support have poor outcomes. Matshepete et al. (2025) found that community-based worker support programmes benefit vulnerable children, but operational and structural issues hinder their efficacy. According to Adejimi et al. (2019), integrated service programs that include psychological, nutrition and educational services improve OVC well-being. Sitienei and Pillay (2019) and Thomas et al. (2021) found that OVC well-being requires integrated care that combines economic, psychosocial, education, and community-intervention strategies. Due to its complexity, OVC well-being measurement and improvement require numerous lasting and suitable support options, according to studies. Matshepete et al. (2025) highlight the importance of integrated support for OVC well-being, and I agree that examining these interventions specifically within the unique context of Kawangware is essential to understand their true effectiveness.

Orphans and vulnerable children (OVCs) are studied for their physical, psychological and social health. Researchers can see from the dependent variable that OVC need varied support methods to address hunger, education, mental health, and social rejection (Ndolo, 2023). Even though OVC Bursary Scheme Policy 2000 funding enabled students attend school, According to Ntsekele-Matsela (2023), it did not address food shortages, hygiene, and mental health. Research shows that OVC well-being involves psychosocial and economic interventions beyond monetary aid for effective management. Lawlor et al. (2019) and Ndolo (2023) recommend tailoring household stability programs to child-specific mental health and education initiatives. The authors emphasize the need for holistic support beyond financial aid, and I argue that current policies fall short in addressing the complex, lived realities of OVCs in urban informal settlements like Kawangware.

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This study by Matshepete, Makhado, and Mashau (2025) examined the role of community-based psychosocial support in enhancing the well-being of Orphans and Vulnerable Children (OVCs) in the Vhembe District, South Africa. The study adopted a qualitative exploratory-descriptive design, using focus group discussions with community-based workers involved in OVC care. Findings revealed that psychosocial support interventions such as educational assistance, emotional care, socialization activities, and caregiver involvement significantly contributed to improving children's emotional stability and social functioning. However, the study also identified critical challenges including inadequate resources, limited training, and high demand for services, which constrained the effectiveness of these interventions. The study concludes that while community-based support systems play a vital role in improving OVC well-being, strengthening institutional capacity and resource allocation is necessary to enhance sustainability and impact (Matshepete et al., 2025).

A study by Melese, Pedro, and Somhlaba (2024) investigated the influence of basic needs provision and social support on the mental well-being of institutionalized vulnerable children in Ethiopia. Using a quantitative research design, the study analyzed the mediating role of psychological capital in shaping positive mental health outcomes. The findings indicated that access to basic services such as food, shelter, and education, combined with strong social support systems, significantly improved the psychological well-being of vulnerable children. Additionally, psychological capital comprising resilience, optimism, and self-efficacy was found to mediate the relationship between support services and mental health outcomes. The study highlights the importance of integrated support systems that address both material and psychological needs in promoting the holistic well-being of OVCs (Melese et al., 2024).

A systematic review and meta-analysis conducted by Thomas, Tan, Ahmed, and Grigorenko (2020) evaluated the effectiveness of interventions targeting HIV-affected Orphans and Vulnerable Children globally. The study synthesized findings from multiple empirical studies to assess the impact of community-based and psychosocial interventions on OVC outcomes. Results demonstrated that interventions focusing on psychosocial support, education, and community engagement had significant positive effects on children's cognitive development, emotional well-being, and social behaviour. However, the effectiveness of interventions varied depending on contextual factors such as program design, duration, and implementation environment. The study emphasizes the need for

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context-specific and multi-dimensional intervention strategies to effectively address the complex vulnerabilities faced by OVCs (Thomas et al., 2020).

2.3.2 Influence of the civil societies' financial support on OVCs' wellbeing

In his study, Ntsekele-Matsela (2023) reviewed the impact of the OVC Bursary Scheme Policy 2000 on OVC secondary school enrolment using qualitative research and social studies, and Ubuntu ethics. Principals, OVCs and guardians joined teachers to respond to interviews and record assessment results. Financial aid boosted educational access for OVCs, but it did not remove hunger, hygiene product shortages, or psychological concerns that decreased their confidence and school attendance. Financial aid alone cannot meet OVC demands unless administrators provide comprehensive support programs. The research proposed combining mental health resources with economic development techniques and other support to improve HIV and abandonment-affected children's health. Ntsekele-Matsela (2023) shows financial aid alone is insufficient, and I agree that exploring integrated support through urban CSO interventions is crucial to addressing these unmet needs.

In droughts, money helps buy food and manage finances. Lawlor et al. (2019) examined the Zambian Child Grant Programme's effects on family resilience in a randomized data panel of 2,515 rural families from 2010 to 2012. The research showed that financial aid helped maintain food purchases and economic balance during droughts, floods, and market disturbances. While cash transfers shield households against vulnerabilities, this study focused on household results rather than OVCs. The authors advised creating financial support programs with child-centered interventions for specific child needs. Lawlor et al. (2019) demonstrate the value of cash transfers for household resilience, but I argue that a more child-centered approach is necessary to effectively address the distinct vulnerabilities of OVCs.

Rural children's agricultural production and economic security improved with cash transfers. Ndolo (2023) followed 1,540 recipient households and 754 non-recipient households across three research periods to see how cash transfer programs improved agricultural output rates among vulnerable children in seven Kenyan regions. Cash transfers of 30.4% and 72.5% increased agricultural productivity, according to the study. Ordinary least squares analysis showed a 256.5% decline in labour market behaviour; however, IV estimation suggested a 1,634% gain. Financial aid beneficiaries

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saw an 8.5% increase in agricultural output and a 121% increase in labour spending for a better life. The research team found that financial aid stabilizes rural economies, but only in cash. The report suggested expanding financial aid beyond farming enterprises and adding psychosocial support, education sponsorship, and mentorship initiatives to boost young well-being. Ndolo (2023) highlights the positive economic impact of cash transfers in rural areas, and I agree that further research is needed to explore how integrated support services can address the holistic well-being of OVCs in urban environments.

South African community-based assistance initiatives for disadvantaged children are challenging but rewarding. Matshepete et al. (2025) studied community-based worker support programs for South African Vhembe District OVCs using quantitative exploratory-descriptive qualitative methods. Researchers used Tesch's open analytic guide to analyse focus group talks with community-based workers from four municipalities. Community-based workers provided physical, educational, psycho-educational, social, carer involvement and professional referral services as psychosocial interventions. The survey found Community-Based Organizations have trouble delivering services. The study found that community intervention initiatives help vulnerable children, but operational and structural constraints restrict their effectiveness. The initial statement advocated for strengthened collaborations, financial resources, and worker training for community-based personnel to sustain psychosocial care for OVCs. Matshepete et al. (2025) highlight operational challenges in community-based support, and I agree that investigating these issues within urban informal settlements is essential for improving program sustainability.

Programs that assist people living with HIV have helped improve child well-being so that community services could be established. Adejimi et al. (2019) investigated the HIV Programme Development Project (HPDP) in Osun State, Nigeria, funded by the World Bank to provide support and care for orphans and vulnerable children (OVCs). The District Health Information System 2 (DHIS2) platform, together with key informant interviews, analysed information regarding services provided to the Osun State Agency for the Control of AIDS by eight CSOs from 2013 to 2015. Psychological support reached 12,353 OVCs who accounted for 79.8% of the total, while dietary aid services reached 43.6% of the population, educational aid services reached 43.0%, and healthcare services reached 15.4%. Family heads, along with orphaned vulnerable children, received economic strengthening services in

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percentages of 4.1% and 2.2%, respectively. This research established that OVC and HIV/AIDS intervention programs enhance overall well-being, which directs the requirement for community-wide adoption. Adejimi et al. (2019) demonstrate the benefits of HIV-related support programs and that addressing service disparities is crucial to achieving equitable and comprehensive care for OVCs in urban settings.

Community-based organisations require greater funding to help OVCs seeking psychosocial support. Sitienei and Pillay (2019) used a variety of study approaches to examine psychological assistance to orphans and vulnerable children (OVCs) at a Kericho CBO. Together with social workers and child counselling psychologists, the study team interviewed OVCs and administered unstructured questionnaires and standardised "YES/NO" surveys. OVCs received healthcare, lodging, psychological support, and education. The study found that CBOs' low resources required family members to generate revenue sources to remove their dependency on CBO services. The study showed that CBOs are vital to OVC welfare but need more government and international financing to maintain and expand psychosocial support programs for OVCs in Kenya and abroad. Sitienei and Pillay (2019) emphasize the critical funding shortages faced by CBOs, and that exploring sustainable financing strategies is essential to enhance CSO support for OVCs in urban informal settlements like Kawangware.

2.3.3 Rights Advocacy and the Well-being of OVCs

OVCs struggle to learn in underfunded schools and need psychological support to overcome cultural barriers that the government must push for. Chirowamhangu (2022) examined legislative frameworks and activism for OVCs' basic education in South African Eastern Cape. Telephone and internet interviews with NGOs, elementary schools and government offices were used to collect qualitative data. The research found that poor educational facilities, insufficient psychological aid, discriminating behaviour towards children and risky traditional rituals like child weddings and unapproved traditional ceremonies inhibit education. HIV/AIDS-related infections and poverty prevented pupils from attending school, yet government funding was insufficient in rural primary schools and ECD centres. The conclusion showed how NGOs are crucial to solving these issues and fighting for laws and government funding for OVC education. The study acknowledged the need for quantitative data to assess advocacy success. Chirowamhangu (2022) highlights the challenges hindering OVC education

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and the role of NGOs, and that combining qualitative and quantitative data is necessary to fully evaluate advocacy efforts in urban contexts.

Urban OVC advocacy needs community presence and leadership success to succeed. Through interviews, focus groups and direct organisational observation of three Kenyan advocacy organisations, Matelski et al. (2021) examined the legitimacy of civil society organisations fighting for land rights. This study found that CSO legitimacy requires political and pragmatic factors, successful leaders, and community involvement to survive. Legitimacy is tenuous since governments and businesses aggressively fight CSOs by giving their populations instant rewards. Advocacy CSOs gain credibility by verifying marginalised groups' positions with evidence and standing in solidarity with them. Urban OVC advocacy in Kawangware benefits little from this rural land rights research. The findings suggested supportive interventions and sustained policy changes, but further research is needed to assess advocacy's overall impact on vulnerable children's health. Matelski et al. (2021) emphasize the importance of community involvement and leadership for CSO legitimacy, and that examining these factors within the specific context of urban OVC advocacy in Kawangware is necessary to understand their true influence.

Ethiopian primary carers need extensive support for well-being. Tadesse et al. (2025) examined the lives of rural Ethiopian primary carers of orphans and vulnerable children during great poverty, conflict, environmental calamities, and the HIV epidemic. The mixed-methods approach collected data from six Oromia cases through interviews, surveys, focus group discussions, and document analysis. PCGs scored higher in spirituality and communal cohesiveness but suffered significant negative repercussions on their well-being, with economic stability being their top concern. Lack of social support increased carer stress and loneliness. This study adds legitimacy to OVC well-being research in Kawangware by showing why comprehensive supportive systems must include support for care providers. The study focused on rural Ethiopia, limiting its applicability to urbanites. Research suggested policy to strengthen community interactions and follow-up analysis of PCG health determinants. Tadesse et al. (2025) highlight the critical need to support primary carers in rural settings, and that investigating how urban caregivers in Kawangware face similar challenges is essential for comprehensive OVC well-being research.

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Future OVC assistance programs should offer full CSO services to vulnerable children and orphans. Adejimi et al. (2019) evaluated the World Bank-funded HIV Programme Development Project (HPDP) in Osun State, Nigeria, in conjunction with eight CSOs that supported orphans and vulnerable children. This project ran from 2013 to 2015. DHIS2 and KII data showed 12,353 OVCs received psychosocial (79.8%), educational (43%), and healthcare (15.4%) help. Only 4.1% of OVCs received economic aid. Data collection is done through reporting systems, which limit independent research and focus on AIDS-related OVCs, which does not address child vulnerability. These findings suggest why holistic assistance should be a priority and civil society intervention programs should increase, making Kawangware OVC well-being research more important. Adejimi et al. (2019) reveal gaps in the scope of support for OVCs and that independent, holistic evaluations of CSO programs are crucial to effectively address the diverse vulnerabilities of urban OVCs in Kawangware.

Care systems must be upgraded to protect orphans and vulnerable children. Mawila and Munongi (2025) examined how Johannesburg's residential institutions affect black orphans and vulnerable children's resilience and rights. The qualitative phenomenology study examined 20 single children's home residents using semi-structured interviews collected by purposive sampling. The investigation found inconsistent outcomes because some children improved their resilience and rights protection, while others struggled. The research suggests that providers should create homes that build children's resilience rather than weaken it. The study is hard to generalise because of the single research method. These findings highlight the need to assess institutional care for child rights and psychological health in OVC well-being studies in Kawangware. Mawila and Munongi (2025) highlight mixed outcomes in institutional care, and that examining diverse care environments in urban areas like Kawangware is vital to understanding their effects on OVC resilience and rights.

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2.3.4 Contribution of civil societies' psychosocial support programs on OVC well-being

OVCs require assistance from NGO organizations to receive better facilities together with psychosocial help and avoid educational discrimination. Using a qualitative method Chirowamhangu (2022) investigated barriers that OVCs in the Eastern Cape of South Africa face in their education process regarding legal safeguards and advocacy work. The research team phoned and conducted interviews with government institutions, NGOs, and schools to find three main barriers to education:

learning space inadequacy alongside student discrimination and student psychosocial support requirements, as well as cultural practices such as Ukuthwala and illegal initiation rites. The research demonstrates how NGOs play a vital role in addressing educational problems affecting OVC in Kawangware as they work to safeguard child rights. Qualitative research approaches used in the study enable an evaluation of how advocacy influences educational outcomes. Local investigation of OVC rights advocacy in Kawangware becomes essential because Kenya and South Africa possess different legal and policy frameworks. The research employs quantitative and qualitative approaches to assess community organizations that enhance educational and welfare outcomes for Kenyan children in vulnerable urban areas**.** Chirowamhangu (2022) underscores NGOs' role in addressing educational barriers for OVCs and that employing mixed methods is crucial to fully assess advocacy influence within Kawangware's distinct legal and social environment.

In Kawangware, poor staff training and counselling programs to help OVCs understand their predicament hamper psychosocial aid. Bimha and Sibiya (2023) examined psychosocial support services for OVCs in Eswatini's early childhood centres and primary schools using an exploratory sequential mixed-method methodology. The study used psychosocial support specialist interviews, OVC discussion groups and a 296-person educator survey. Research found that material and spiritual requirements were met yet psychological and social needs were not due to insufficient counseling facilities and inexperienced educational professionals. The investigation shows that psychological service management fragmentation hinders accountability. Kawangware civil society analysis relies on this study since it shows government policy implementation challenges and the need for educator qualification criteria. Eswatini's centralized system differs from Kenya's decentralized structure; hence service delivery must be examined separately. This study uses a multi-dimensional evaluation method to assess Kawangware civil society organizations' psychosocial assistance services. Bimha and Sibiya (2023) identify critical gaps in psychosocial support due to staff training deficiencies, and that a context-specific evaluation of Kawangware's decentralized system is essential to understand and improve local CSO services.

HIV/AIDS killed one or both parents of 2.5 million South African children aged newborn to 14. Mufalali et al. (2022) explored this. Orphaned and vulnerable children (OVC) with HIV/AIDS treatment adherence and retention lack psychosocial support. This study describes the South Africa

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Red Cross Society (SARCS) community intervention to give psychosocial support to HIV/AIDS-positive OVC in Maluti sub-village, Matatiele Local Municipality, Alfred Nzo District, Eastern Cape, South Africa. OVCs' perceptions of SARCS community intervention effectiveness were assessed using descriptive qualitative appreciative inquiry. World Café was used to collect data in an informal café setting where individuals can discuss a subject in small groups around tables. Thirty 13–17-year-old OVC were randomly assigned to tables to debate interview guide questions in small groups. Meeting psychological needs helps OVC thrive, study finds. SARCS Maluti helped OVC and their communities create psychological, economical, and HIV/AIDS support systems. The study underlined the importance of a holistic approach and activities for OVC needs and psychological adaptation. Mufalali et al. (2022) demonstrate the benefits of holistic psychosocial support for OVCs, and that similar tailored approaches must be explored within the unique urban context of Kawangware.

Social protection programs help poor children most, and community-based programs need system-level operational adjustments to work better. Thomas et al. (2021) meta-analysed 74 studies to assess how well HIV/AIDS therapies assist OVC. The review evaluated psychological (d=0.30), cognitive (d=0.14), social protection (d=0.36), and community-based interventions (CBI). Social protection measures had the greatest advantages (d=0.36), while CBI treatments had mixed results and occasionally exacerbated situations. The study emphasises CBI enhancement because this intervention paradigm has cultural origins but needs system-level changes to succeed. This research confirms the efficacy of civil society programs for Kawangware youngsters. This study covers a large area but does not specify particular communities or discriminate between immediate and sustained effects. CBI initiatives in Kawangware are examined for long-term viability and execution approaches. Thomas et al. (2021) affirm the value of social protection programs but highlight challenges in community-based interventions, and that focused research is needed to evaluate their long-term effectiveness specifically in Kawangware.

HIV-affected families who receive emotional support from CBOs need financial aid. A mixed-study analysis by Sitienei and Pillay (2019) examined how a Kericho, Kenya community-based organisation provided psychosocial care to orphans and vulnerable children. OVC, social workers, and child counselling psychologists were interviewed for qualitative data, while structured and unstructured questionnaires provided quantitative data. Mental health counselling, peer-group communication,

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school clothes and materials, healthcare, shelter, and accommodation were provided to OVC. The results showed that families must earn to reduce their dependence on struggling CBOs. The research survey's small sample size and lack of a long-term impact study limited its usefulness. This study investigates numerous CBOs in Kawangware to establish their influence on OVC program sustainability. Sitienei and Pillay (2019) highlight the importance of financial empowerment for families to reduce dependency on CBOs, and that my study should broaden the focus to multiple Kawangware CBOs to assess long-term program sustainability.

2.3.5 Influence of civil societies' life skills training on OVC well-being

Resilience affects life skills self-efficacy without addressing Kawangware OVC issues. Sagone et al. (2020) examined resilience and life skill self-confidence in 302 Eastern Sicilian teenagers. Using the perceived social support scale and Italian-RASP, the researchers found that flexibility and engagement were linked to empathy and problem-solving self-efficacy, whereas competence and humour were moderately correlated. Students with high self-efficacy solved problems well despite having weaker stress management resilience and self-control. The study looked at Italian adolescents from a general demography, not orphans and vulnerable youngsters with significant socioeconomic problems. Due to poverty, stress, and instability, life skills training may affect OVCs in Kawangware differently. The study did not examine life skills education's long-term impacts. This research approach assesses civil society organisation programs that affect OVC resilience and social and economic consequences to fill these knowledge gaps. Sagone et al. (2020) identify links between resilience and life skills. Ultimately, adolescents are examined, but examining these relationships specifically among Kawangware's socioeconomically vulnerable OVCs is essential to understand context-specific influence.

Life Skills were hard to measure, but research didn't illustrate how they affect OVC resilience. Darlington-Bernard et al. (2023) examined definitions of life skills in school health promotion. The NVIVO examination of 48 English and seven French publications revealed various discipline definitions, research methods, academic taxonomy and educational purposes. No conceptual definition was reached; hence, epistemological, ontological, and semantic explanations are needed. Life Skills are crucial to juvenile health promotion, but their ambiguity makes program and policy evaluation difficult. Life Skills definitional consensus is challenging due to transdisciplinary research. The paper is helpful; however it does not explain how Life Skills programs build resilience in orphans and

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vulnerable children. The research examined how life skills education programs help OVC in Kawangware improve their emotional and economic well-being. Darlington-Bernard et al. (2023) reveal the definitional ambiguity of life skills, and that my study must go further by directly connecting life skills education to measurable resilience outcomes among OVCs in Kawangware

Due to resource constraints, OVCs need additional government support for academic success, especially vocational training. Okon et al. (2020) examined the socioeconomic conditions of OVCs in two orphanages in Calabar South, Cross River State, Nigeria. Researchers interviewed 26 male and 38 female key carers of 64 OVCs aged 2 to 18 using a descriptive approach to obtain data using questionnaires. OVCs favoured high school with continuous attendance without vocational training, according to studies. OVCs had educational challenges due to resource shortages. Based on these findings, state governments were advised to expand educational spending, make vocational training a fundamental education requirement, and strengthen public-private collaborations. Okon et al. (2020) emphasize the importance of vocational training for OVCs facing resource challenges, and my study should explore how such training can be meaningfully integrated into urban OVC support programs in Kawangware.

Mental health initiatives like life skills training and counselling at Smile Community Centre have no economic or emotional benefits for orphaned children. Smile Community Centre (2024) research paper examines how Nairobi children's shelters help orphans and vulnerable youngsters with mental health issues. As a result of HIV/AIDS, COVID-19, and other crises, many OVCs have experienced neglect, discrimination, and depression. The Centre provides life skills education, educational awareness, psychological counselling, and clinical mental examinations. The establishment's well-being support system includes gardening, debating, and sports. The research article says mental health solutions are studied, but their long-term influence on survival and economic development are not. This study would examine how life skills training affects OVCs in Kawangware's economic and emotional well-being. Smile Community Centre (2024) highlights the provision of mental health support for OVCs but lacks evidence on long-term outcomes, and assessing the sustained economic and emotional impact of life skills programs is essential for understanding their true effectiveness in Kawangware.

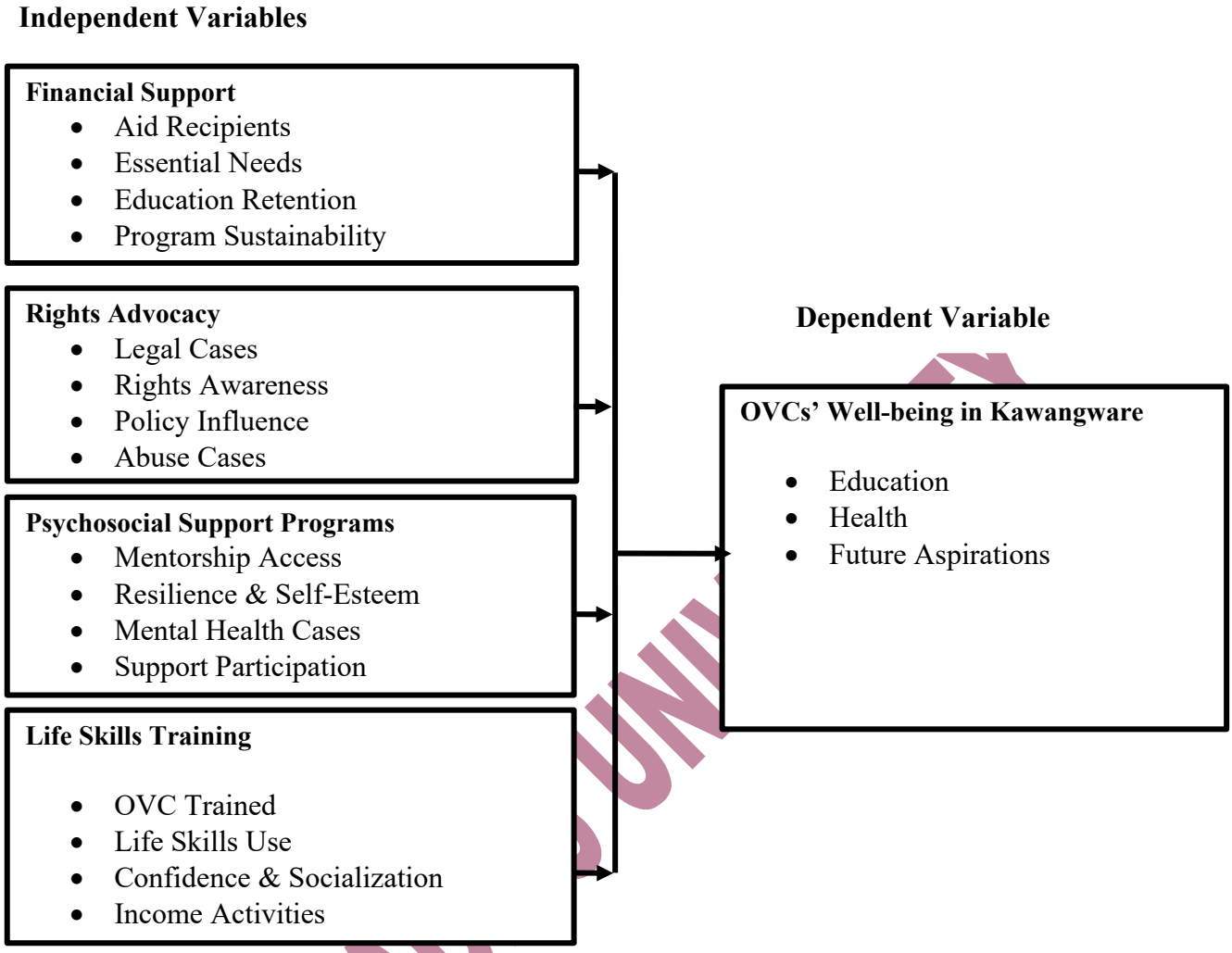
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Research on orphaned teenagers in Uganda addresses education, job, and healthcare issues, but it does not evaluate existing intervention programs. Okotel (2024) examines Ugandan adolescent orphans' health, education, and support services. Over 50% of teens struggle with school, health, employment and health awareness, according to this study. These issues among Uganda's youth strain the ageing population and economy. The findings suggest a comprehensive approach to adolescent needs. The report highlights main impediments but does not assess how well existing initiatives address them. The study evaluates life skills program outcomes on emotional resilience, problem-solving, and socio-economic empowerment of OVCs in Kawangware. Okotel (2024) identifies key challenges faced by orphaned adolescents in Uganda but does not assess existing interventions, and evaluating the effectiveness of current life skills and support programs is crucial to addressing similar challenges among OVCs in Kawangware.

2.4 Conceptual Framework

The conceptual framework shows the interaction of four primary variables financial support, rights advocacy, psychosocial programs, and life skills training and their cumulative influence on the well-being of OVCs in Kawangware. Financial support focuses on fulfilling necessities and ensuring children's education, whereas rights advocacy pertains to securing legal protections and influencing relevant regulations. Psychosocial programming focuses on enhancing resilience, self-esteem, and mental health, while life skills training also provides OVCs with increased confidence and income-generating opportunities. The framework effectively delineates multiple support areas; nevertheless, it requires more causal connections and more precise definitions to ascertain the influence on education, health, and aspirations.

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Source: (Author, 2025)

Figure 2.1; Conceptual Framework

The study examines civil society support interventions as key independent variables influencing the well-being of orphans and vulnerable children (OVCs). These interventions include financial support, rights advocacy, psychosocial support programs, and life skills training. Financial support enhances access to basic needs such as food, healthcare, education, and shelter, while rights advocacy promotes awareness and protection of children's rights. Psychosocial support strengthens emotional stability and resilience through counseling and mentorship, whereas life skills training equips OVCs with decision-making abilities and self-reliance for independent living. The dependent variable, OVC well-

being, is viewed as a multidimensional outcome encompassing education, health, psychosocial stability, social integration, and overall quality of life.

However, the relationship between these interventions and OVC well-being is influenced by various contextual factors, including government policies, stakeholder coordination, donor funding, socio-economic conditions, and community participation. These intervening factors can either enhance or limit the effectiveness of civil society programs. For instance, supportive policies and strong community involvement can improve outcomes, while weak coordination and inadequate resources may hinder impact. Therefore, the study acknowledges that OVC well-being is shaped not only by direct interventions but also by the broader social, economic, and institutional environment in which these programs operate.

2.5 Summary and Research Gap

Existing academic literature on Orphans and Vulnerable Children (OVCs) has largely focused on specific vulnerability drivers such as HIV/AIDS, poverty, and household instability, with particular emphasis on financial assistance and psychosocial support. Studies such as Ntsekele-Matsela (2023) and Lawlor et al. (2019) highlight the importance of financial support in improving school attendance, household resilience, and basic welfare outcomes among vulnerable children. However, these studies tend to treat financial support in isolation and do not adequately explore how multiple civil society organization (CSO) interventions operate in an integrated manner to improve overall child well-being. This creates a gap in understanding how combined interventions such as financial assistance, rights advocacy, psychosocial care, and life skills training interact to produce holistic outcomes for OVCs.

Further literature by Matshepete et al. (2025) and Ndolo (2023) recognizes the importance of psychosocial interventions but emphasizes that sustainable child well-being requires integrated approaches that include mentoring, education support, and life skills development. Similarly, Adejimi et al. (2019) and Chirowamhangu (2022) argue that psychosocial well-being is strongly influenced by financial stability, reinforcing the need for multi-dimensional support systems. Despite these contributions, most studies remain heavily focused on HIV/AIDS-related vulnerability, which limits their applicability to broader categories of OVCs affected by multiple and overlapping causes such as

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parental neglect, abandonment, urban poverty, and domestic instability, particularly in informal settlements like Kawangware Ward.

A further gap is observed in studies addressing institutional and community-based interventions. Research by Tadesse et al. (2025) and Mawila & Munongi (2025) provides insight into institutional care and structured support systems; however, these studies largely focus on controlled environments such as orphanages or rural programs and fail to capture the complexity of urban informal settlements. Additionally, Bimha and Sibiya (2023) and Mufalali et al. (2022) highlight challenges in delivering psychosocial support but provide limited evidence on long-term sustainability and real-world effectiveness of such interventions when implemented by CSOs in resource-constrained urban settings.

A clear conceptual and contextual gap therefore exists in distinguishing the roles of Civil Society Organizations (CSOs), Non-Governmental Organizations (NGOs), and other child-focused institutions in Kenya. CSOs in this study refer broadly to community-based organizations, faith-based organizations, and local advocacy groups operating within Kawangware Ward, while NGOs are typically structured, donor-funded organizations operating at national or international levels, and institutions refer to formal government or institutional service providers such as schools, health facilities, and social welfare offices. However, existing studies rarely differentiate these actors clearly or examine how their coordinated or fragmented operations influence OVC outcomes.

Therefore, this study seeks to address this gap by examining the combined influence of CSO interventions financial support, rights advocacy, psychosocial support, and life skills training on the well-being of OVCs in Kawangware Ward, Nairobi County. It further investigates how institutional coordination and contextual urban factors shape the effectiveness of these interventions, providing a more comprehensive understanding of OVC support systems in low-income urban settings in Kenya.

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CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology adopted in conducting the study. It describes the research design and the study area, and explains how the sample size was determined and the sampling techniques employed. The chapter further details the data collection instruments used, including both quantitative and qualitative tools. It also discusses the pilot study and the procedures applied to ensure the reliability and validity of the research instruments. Finally, the chapter presents the methods of data analysis, diagnostic tests conducted, and the ethical considerations observed throughout the research process.

3.2 Research Design

The study adopted a convergent parallel mixed methods research design to examine the influence of civil society support on the wellbeing of orphans and vulnerable children (OVCs) aged 7–17 years in Kawangware Ward, Nairobi County. This design enabled the simultaneous collection of both quantitative and qualitative data, allowing for a balanced and robust examination of the research problem (Creswell & Plano Clark, 2023). Quantitative data were collected through structured questionnaires to measure key indicators related to the wellbeing of OVCs and the extent of civil society support, thereby enabling statistical analysis of patterns and relationships. In addition, qualitative data were gathered through interviews with caregivers and civil society organization (CSO) representatives to capture in-depth perspectives and lived experiences regarding the effectiveness of these interventions (Crabtree & Miller, 2023). The integration of the two data strands during analysis enhanced the validity of the findings by allowing for triangulation, where numerical trends were explained and enriched by descriptive insights. This approach therefore facilitated a more comprehensive understanding of how civil society support influences the wellbeing of OVCs and informed evidence-based policy and intervention recommendations.

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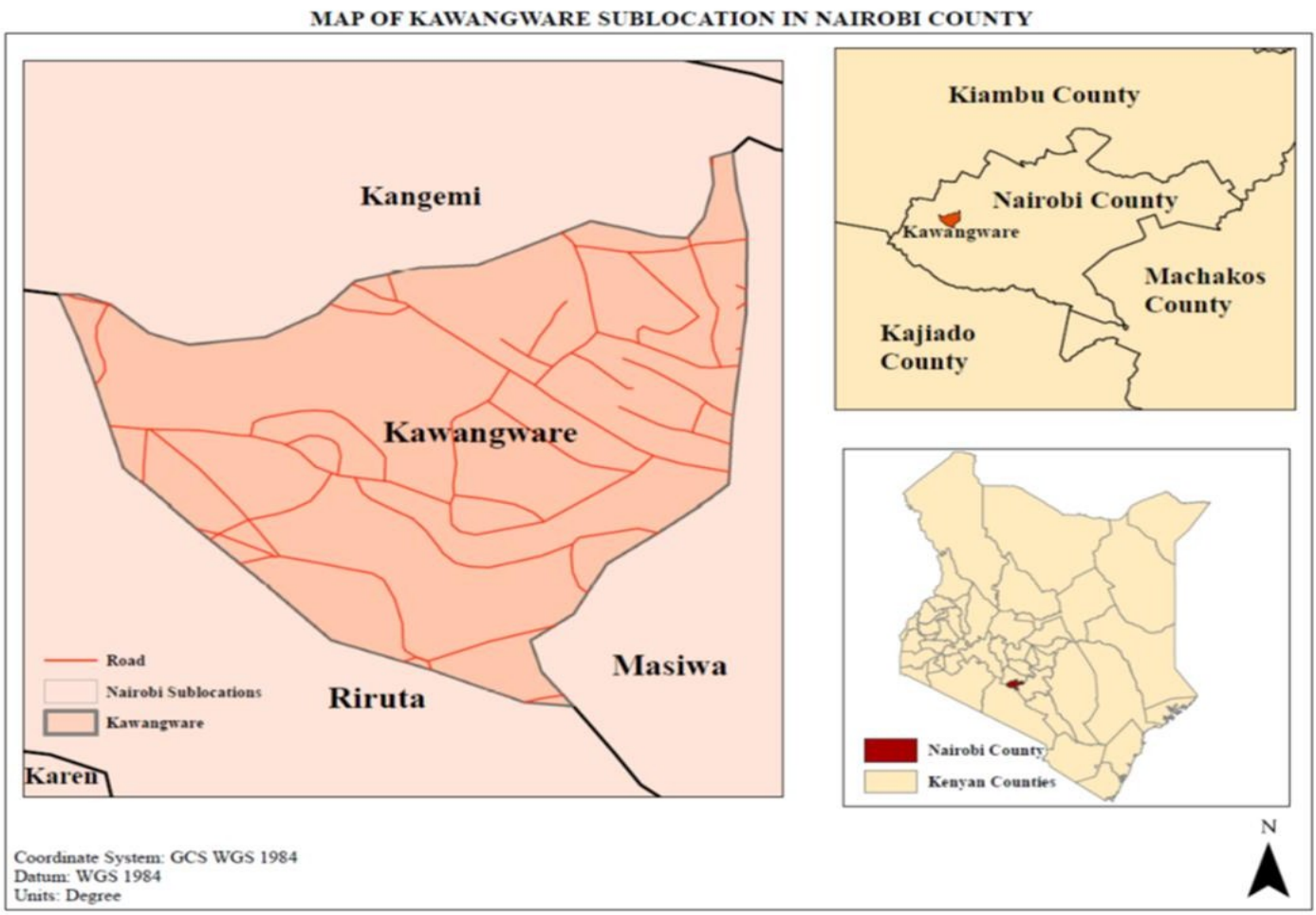
3.3 Study Area

The study was conducted in Kawangware Ward, an informal settlement located in Dagoretti North Sub-County of Nairobi County, Kenya. According to the Kenya National Bureau of Statistics (KNBS, 2019), the ward has an estimated population of 91,487 residents and is characterized by high population density, widespread poverty, unemployment, and inadequate access to basic social services. These socio-economic conditions disproportionately affect orphans and vulnerable children (OVCs), exposing them to challenges such as limited access to education, healthcare, and stable family support systems (Ondere, 2022). Recent findings from the Kenya Demographic and Health Survey (KDHS, 2022) indicate that OVCs in urban informal settlements such as Kawangware continue to experience significant deprivation in key wellbeing indicators, including schooling, nutrition, and access to healthcare, highlighting the need for targeted interventions.

Kawangware hosts several civil society organizations (CSOs), with estimates indicating that there are more than five active organizations operating within the area, providing essential services such as educational sponsorship, psychosocial support, healthcare assistance, and livelihood programs for vulnerable households (Chirowamhangu, 2022). Despite the presence of these CSOs, gaps remain in the coverage, coordination, and sustainability of interventions, as evidenced by the continued vulnerability among OVCs. The variation in program approaches and resource limitations raises concerns about the overall effectiveness of these interventions. Therefore, Kawangware Ward presents a suitable context for examining how civil society support influences the wellbeing of OVCs and for identifying strategies to enhance the impact and sustainability of such interventions in resource-constrained urban settings.

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Map of the Study Area



3.4 Target Population

The target population for this study comprised 521 orphans and vulnerable children (OVCs) aged 7–17 years residing in Kawangware Ward, Nairobi County, as reported by the Kenya National Bureau of Statistics (KNBS, 2019). These children are beneficiaries of support programs offered by selected civil society organizations (CSOs) operating within the area. In addition to the OVCs, the study also targeted key informants who play a critical role in the delivery and oversight of these interventions, including CSO representatives, caregivers, and community leaders. These groups were considered important in providing in-depth insights into the nature, effectiveness, and challenges of civil society support on the wellbeing of OVCs.

Table 3.1: Target Population

Organization	Number of OVCs	Percentage of Total
Kawangware Initiative Centre	57	10.93%
Matha Little Angels Home	40	7.67%
Aswani Kizito's Project of Hope	90	17.26%
Real Hope for Kawangware's Street Children	134	25.70%
Kawangware Kids Foundation	200	38.37%
Total	521	**100%**

Source: (KNBS, 2019)

The OVC population was drawn from five active CSOs in Kawangware, namely Kawangware Initiative Center, Matha Little Angels Home, Aswani Kizito's Project of Hope, Real Hope for Kawangware's Street Children, and Kawangware Kids Foundation. These organizations collectively support a total of 521 OVCs through various interventions such as education sponsorship, healthcare services, and psychosocial support. Caregivers, Community leaders and CSO representatives were also targeted for in-depth interviews, which enabled the study to obtain both quantitative and qualitative data necessary for a comprehensive analysis of the influence of civil society support on the well-being of OVCs in Kawangware Ward.

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3.5 Sample Size

This study used probability stratified sampling strategy to sample OVCs residing in Kawangware. Probability stratified sampling was employed to ensure equitable representation of the principal subgroups within the OVC population of Kawangware, precisely categorized by the five CSOs offering Support to OVCs in Kawangware. A proportional random sample was utilized, selecting one stratum at a time. This method of obtaining a final sample ensured that each subgroup is well represented, hence enhancing the precision and generalizability of the study's conclusions. The study used Yamane Formula to get the number of OVCs that is accurate and representative. The study achieves accurate and universal findings by including 226 OVCs, which would ensure result reliability. Additionally, the study used purposive sampling to select 10 caregivers, 2 Community leaders and 5 CSO representatives for in-depth interviews.

The workings for OVC sampling is shown below;

N= population of study

K= constant (1)

e. degree of error expected

n.= sample size

$$n = \frac{N}{K + N(e)^2}$$

= 521 / 1 + 1.3025 = 226 OVCs

Table 3.2: Sample Sizes

Organization	Number of OVCs	Percentage of Total
Kawangware Initiative Center	24	10.93%
Matha Little Angels Home	17	7.67%
Aswani Kizito's Project of Hope	38	17.26%
Real Hope for Kawangware's Street Children	58	25.70%
Kawangware Kids Foundation	89	38.37%
Total	226	**100%**

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3.6 Sampling Techniques

The study employed a probability-based approach to select 226 OVCs from a total population of 521 beneficiaries drawn from five civil society organizations (CSOs) in Kawangware Ward. The population was first organized into the specific CSOs providing support. Thereafter, participants were randomly selected from each category in proportion to their representation within the overall population. This enhanced representativeness and reduced sampling bias. The approach also allowed for meaningful comparisons across different groups in relation to the influence of civil society support on their wellbeing outcomes.

For the qualitative component, non-probability purposive sampling was used to select 17 key informants, comprising 10 caregivers, 2 community leaders, and 5 CSO representatives. These participants were deliberately chosen based on their experience, roles, and involvement in OVC-related interventions. This enabled the study to obtain in-depth and context-specific insights, thereby complementing the quantitative data and strengthening the overall analysis.

3.7 Data Collection Tools

This study utilized both quantitative and qualitative data collection tools to obtain comprehensive information on the influence of civil society support on the wellbeing of orphans and vulnerable children (OVCs) in Kawangware Ward. The use of multiple tools instruments enabled the researcher to capture both measurable outcomes and in-depth perspectives, thereby enhancing the validity and richness of the data. The selection of tools was guided by the study objectives and the need to ensure reliability, relevance, and appropriateness to the target respondents.

3.7.1 Quantitative Data Collection Tools

The study utilized a structured questionnaire to collect quantitative data from Orphans and Vulnerable Children (OVCs). Structured questionnaires were appropriate for this study as they provided standardized responses, making the data easy to code, analyze, and compare across respondents. The instrument enabled the researcher to gather reliable and consistent information regarding the experiences, needs, and well-being of OVCs.

The questionnaire was organized into several sections. The first section captured background information, including key demographic characteristics of the respondents. The second section focused on the well-being of OVCs, examining aspects such as educational status, health conditions, and future aspirations. The third section assessed financial support, particularly its influence on access to basic needs, academic performance, and healthcare services. The fourth section addressed rights advocacy, evaluating awareness of children's rights and access to legal support. The fifth section examined psychosocial support, focusing on emotional and mental health interventions. The sixth section covered life skills training and its contribution to the development and self-reliance of OVCs. Finally, the last section assessed intervening variables, including policy frameworks, stakeholder involvement, and the sustainability of support programs.

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3.7.2 Qualitative Data Collection Tools

Semi-structured interviews were conducted to collect qualitative data from selected informants. A total of 17 key informants participated in the study, comprising 10 caregivers of OVCs, 2 community leaders, and 5 representatives from civil society organizations (CSOs). Participants were selected using purposive sampling based on their roles, experience, and level of engagement with OVC-related programs, ensuring that only individuals with relevant knowledge contributed to the study.

The qualitative method was used to collect in-depth, descriptive data on key issues affecting OVCs. This included insights on the well-being of OVCs, effectiveness of financial support, access to education and healthcare, awareness and implementation of children's rights, availability of psychosocial support, and the impact of life skills training programs. In addition, qualitative data captured contextual factors such as stakeholder involvement, policy implementation, and the sustainability of interventions supporting OVCs.

Semi-structured interviews provided flexibility by allowing the researcher to ask guided questions while also probing for clarification and exploring emerging themes. This approach facilitated the generation of rich, detailed information that complemented the quantitative findings.

3.8 Pilot Study

A pilot study was conducted in Kibera informal settlement to test the research instruments and assess their suitability prior to the main study in Kawangware. Kibera informal settlement was selected because it shares similar socio-economic characteristics with Kawangware, particularly the high concentration of Orphans and Vulnerable Children (OVCs), making it appropriate for pre-testing the instruments. The pilot study involved a sample of 30 respondents, representing approximately 10% of the total sample size of 226 OVCs presented in Table 3.2. The respondents included OVCs, caregivers, community leaders, and representatives from civil society organizations (CSOs), reflecting the categories targeted in the main study. The use of respondents (rather than participants) is consistent with the quantitative orientation of the study.

Feedback obtained from the pilot study was used to refine the research instruments, including the structured questionnaires and interview guides, to enhance clarity, relevance, and alignment with the

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study objectives. Ambiguities in questions were corrected, and items that did not effectively capture the intended variables were revised or removed. The pilot study also enabled the researcher to address practical issues related to data collection, such as time management, accessibility of respondents, and administration procedures. In addition, ethical considerations, including informed consent, assent from minors, and confidentiality of information, were tested and strengthened. The adjustments made following the pilot study improved the validity and reliability of the instruments and enhanced the overall quality and ethical integrity of the main study conducted in Kawangware.

3.8.1 Reliability of Research Tools

The research instruments underwent extensive testing for reliability thanks to the definition of reliability as the dependability of tools that produce consistent, predictable outcomes (Creswell & Creswell, 2018). A reliability test was conducted using Cronbach's Alpha to measure internal consistency with the target alpha value set at 0.7 as per Mugenda and Mugenda (2003). The research instruments use well-designed questions which reduce ambiguous interpretations and the team removes items with poor correlation results to achieve better reliability. The process serves to maintain a consistent measurement of financial support and rights advocacy and psychosocial support and life skills training.

Standardized interview procedures and response documentation was achieved through adequate training for all interview personnel across the data collection process. A standard coding system was created to support consistent response interpretation and independent reviewer checks was performed on interview subsets as per Patton (2015). The combination of these measures enhanced study credibility while improving research outcomes' validity.

The language of the data collection tools was primarily English, as it is widely used in formal education contexts. However, for younger children, particularly the 7–9-year-olds, the study incorporated Swahili and simplified verbal explanations to ensure comprehension. Research assistants translated and explained questions in a conversational and age-appropriate manner, allowing children to respond comfortably and accurately. For older respondents, the questionnaires were largely administered in English, with occasional clarification in Swahili where necessary. This multilingual and flexible approach ensured inclusivity and improved the quality and reliability of responses across all age groups. Internal Consistency Reliability was used as a diagnostic test.

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3.8.2 Validity of Research Instruments

Research instruments need valid verification to provide accurate data about Civil Society Organization (CSO) effects on Kawangware OVC well-being during this investigation. The study utilizes content validity together with construct validity and face validity for its assessments. Content validity helps the instruments align with the study's aims, using both academic sources and specialist expertise. The construct validity test took place through a Kibera field study where instruments were evaluated against their measured constructs. The face validity assessment was conducted through pilot testing with a small group of participants who needed to understand the research materials, particularly for OVCs with different reading abilities. Multiple data collection methods strengthened validity because they produced duplicate findings through cross-validation. The validity and ability to yield reliable outcomes of the instruments are confirmed by expert reviews, pilot testing, and triangulation methods.

With regard to validity and reliability, the study adopted multiple strategies to ensure the credibility and consistency of findings. Content validity was achieved by aligning the* instruments with the study objectives and subjecting them to expert review. Construct validity was assessed through a pilot study conducted in Kibera, where the instruments were tested to confirm that they accurately measured constructs such as well-being, financial support, and psychosocial support. Face validity was ensured by pre-testing the tools among a small group of OVCs to evaluate clarity, relevance, and suitability, especially for younger respondents. Reliability was enhanced through the use of structured questionnaires, standardized administration procedures, and thorough training of research assistants. Additionally, triangulation through the use of both quantitative and qualitative methods helped to cross-validate findings, thereby strengthening both validity and reliability.

In addition to the reliability and validity tests outlined above, the study incorporated diagnostic tests as part of the overall assessment of the research instruments under Section 3.8. These diagnostic tests were used to further confirm the reliability and validity of the regression model and to ensure that the data met the necessary statistical assumptions for inferential analysis. Specifically, diagnostic tests like Face Validity were used to complement Cronbach's Alpha reliability testing and validity assessments by examining the suitability and robustness of the quantitative data for regression analysis. This integration ensured that both measurement quality and statistical assumptions were adequately addressed within the study.

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3.9 Data Analysis

3.9.1 Quantitative Data Analysis

Quantitative data was analyzed using statistical techniques such as descriptive statistics and multiple regression analysis to examine the relationship between the dependent variable (OVCs' well-being) and independent variables (financial support, rights advocacy, psychosocial support, life skills training). Descriptive statistics characterized data trends and patterns, and regression analysis showed correlations between support interventions and OVC well-being. Individual simple regressions were run on each independent variable (life skills training, psychosocial support, rights advocacy, and financial support) to determine their effects on OVC well-being. A multiple regression model was also used to examine the overall influence of all support variables at once and show how each affects OVC well-being when the rest are held constant. This will reveal the therapies' independent and interactive effects on well-being. The study conducted data analysis procedures in SPSS version 27. The study uses connected indicators of OVCs' well-being to analyze their continuous-dependent status through healthcare measurements, emotional stability, and socioeconomic status evaluations. The model evaluates multiple determinants that influence a single continuous outcome.

The dependent variable, OVCs' well-being, was treated as a continuous variable, with various indicators such as healthcare access, emotional stability, and socioeconomic status used to measure it. These indicators were combined to assess OVCs' overall well-being. The regression model allows evaluation of multiple determinants influencing this continuous outcome, providing insights into how each factor contributes to variation in OVCs' well-being. The use of multiple regression is appropriate, as it helps to isolate the unique impact of each independent variable while controlling for the others, thereby offering a comprehensive understanding of the factors that affect OVCs' well-being.

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The Multiple Regression Model Formula

$$Y=\beta 0+\beta 1X1+\beta 2X2+\beta 3X3+\beta 4X4+\epsilon$$

Where:

Y = OVCs' well-being (the dependent variable).

β_0 = Intercept.

$\beta_1, \beta_2, \beta_3, \beta_4$ = Coefficients of independent variable

X_1, X_2, X_3, X_4 = Independent variables (financial support, rights advocacy, psychosocial support, and life skills training).

ε = Error term.

3.9.1.1 ANOVA (Analysis of Variance)

Analysis of Variance (ANOVA) was used to determine whether the overall regression model was statistically significant. Specifically, ANOVA tested whether the independent variables (financial support, rights advocacy, psychosocial support, and life skills training) jointly had a significant effect on the dependent variable (OVC well-being). The F-statistic and associated p-value were used to assess model fitness, where a p-value less than 0.05 indicated that the model was statistically significant.

3.9.1.2 Regression Coefficients

Multiple regression coefficients were used to determine the direction and magnitude of influence of each independent variable on OVC well-being. The unstandardized coefficients (B) were used to interpret the expected change in the dependent variable for a one-unit change in each predictor, while standardized coefficients (Beta) were used to compare the relative strength of the predictors. The significance of each predictor was determined using t-statistics and p-values, where $p < 0.05$ indicated statistical significance.

3.9.2 Qualitative Data Analysis

Qualitative data was analyzed thematically using a systematic coding approach. Thematic analysis with systematic coding allows for identifying patterns and deeper insights from participants' experiences, enriching understanding of how support programs affect OVCs beyond numerical data. The analysis process requires identifying regular patterns, thematic elements, and key analytical insights that emerge from interview transcripts and other qualitative data. Specific themes in the data classification system revealed essential experiences and support service access challenges experienced by OVCs. By using this methodology, the researcher reached a deeper level of understanding regarding environmental elements that influence how organizations provide support for OVCs. The study employs thematic analysis to reveal in-depth details about OVC experiences, thus identifying

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potential support areas for improvement and contributing to complete knowledge about proper OVC support systems in Kawangware.

3.10 Ethical Consideration

Ethical considerations in this study were guided by formal research authorization processes and strict protection of Orphans and Vulnerable Children (OVCs), who are a highly sensitive and vulnerable population. The study adhered to established national research ethics procedures in Kenya, beginning with a letter of introduction from the university, followed by the acquisition of a research permit from the National Commission for Science, Technology and Innovation (NACOSTI). In addition, permission was obtained from relevant local administration authorities through a formal letter of introduction before engaging any respondents in Kawangware.

The study acknowledges that orphan and vulnerable children (OVCs) have substantial ethical obligations, considering that they are children, have gone through trauma, and are socio-economically vulnerable. Several ethical concerns that could be encountered are informed consent and assent, emotional distress, breaching privacy and power discrepancies between adult researchers and minor participants in the study. In this regard, all under-18 participants needed to obtain informed consent from caregivers or legal guardians, and the study obtained it.

Child assent was sought for the children aged 7-17 who were capable of appreciating the purpose of the survey so that they could participate willingly. For children under the age of assent, data were obtained indirectly with the help of caregivers or professionals, but not from the children themselves. Participants were informed of their right to skip questions or withdraw from the study at any stage. In addition, referral mechanisms were established with local community-based organizations and social support providers in Kawangware to ensure that any child or caregiver who experienced emotional discomfort accessed appropriate psychosocial support. Interviews were conducted in safe and familiar environments to further minimize anxiety

Proper data handling practices were followed in terms of anonymized data and password-secured storage. No personally identifying information was distributed beyond the research team, and all publications presented the data aggregated. Since the low-income, urban informal settlement Kawangware is a unique cultural environment with robust community-based social systems, the

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research engaged local civil society organizations and community leaders' active participation. These respondents would offer cultural knowledge, aid in fostering trust among the participants, and make the research process culturally considerate of local norms and practices. Engaging them ensured that misinterpretation, suspicion, or resistance among the community is not created, particularly when researching children, which often falls under informal community norms protecting them. The study adhered to the ethical standards according to national research regulation agencies in Kenya and an Institutional Review Board (IRB) and National Commission for Science, Technology and Innovation (NACOSTI).

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CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter outlines data analysis, presentation and discussion in relation to the objectives of the study. The chapter details the response rate, validity tests, reliability tests and the demographic attributes of the respondents, then outlines the influence of civil society groups on the welfare of orphans and vulnerable children (OVCs) in Kawangware Ward. The analysis integrates quantitative and qualitative data to provide comprehensive insights into the existing avenues of financial aid, rights advocacy, psychosocial treatment and life skills training. The analysis is captured in tables and text to emphasize the findings, while statistical methods are employed to evaluate relationships and draw conclusions. Their interpretation is anchored in current literature and theories, providing a basis for discussing and recommending results.

4.2 Response Rate

This section presents the response rate of the study respondents sampled from civil society organizations operating in Kawangware Ward, Nairobi County. It shows the number of respondents who were sampled, the number who successfully completed the questionnaire, and the corresponding percentages. The response rate is used to determine the adequacy and completeness of the data collected for analysis.

Table 4.1: Response Rate

Organization	Sample Size	Responses	Percentage
Kawangware Initiative Center	24	22	91.7%
Matha Little Angels Home	17	15	88.2%
Aswani Kizito's Project of Hope	38	33	86.8%
Real Hope for Kawangware's Street Children	58	50	86.2%
Kawangware Kids Foundation	89	75	84.3%
Total	**226**	**195**	**86.3%**

Source: (Research Data, 2025)

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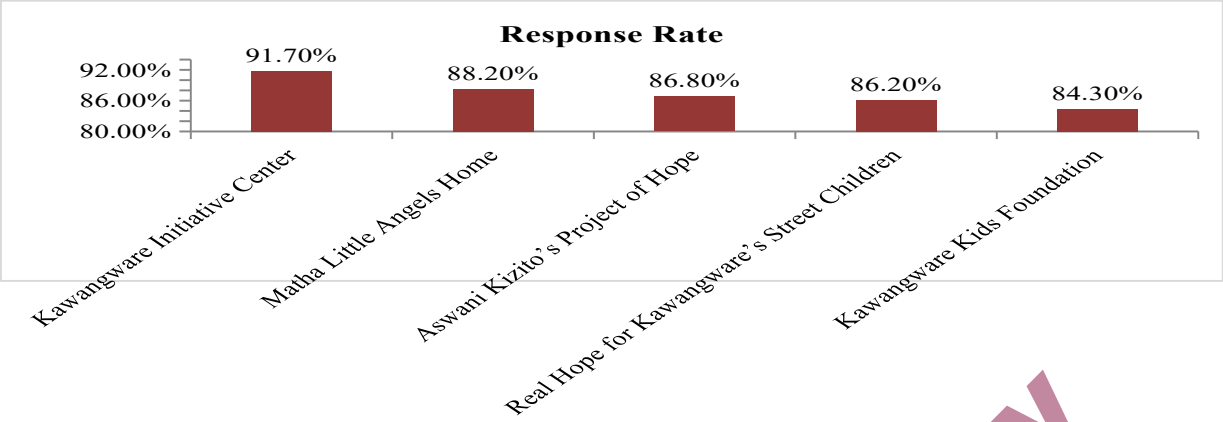


Figure 4.1 Response Rate

Table 4.1 presents the response rates from the sampled civil society organizations in Kawangware Ward. Out of the 226 sampled respondents, 195 successfully completed and returned the questionnaires, resulting in an overall response rate of 86.3%. The Kawangware Initiative Center recorded the highest response rate at 91.7%, followed by Matha Little Angels Home at 88.2%. Aswani Kizito's Project of Hope and Real Hope for Kawangware's Street Children recorded response rates of 86.8% and 86.2%, respectively, while Kawangware Kids Foundation recorded the lowest response rate at 84.3%. Overall, the response rate was considered adequate for analysis, as it exceeded the minimum acceptable threshold for social science research.

In addition to the quantitative respondents, 17 key informants participated in the study, including 10 caregivers, 2 community leaders, and 5 representatives from civil society organizations. These respondents provided qualitative insights into the experiences of Orphans and Vulnerable Children (OVCs) in Kawangware Ward. Caregivers and community leaders provided information on children's daily needs, challenges, and local support systems, while CSO representatives offered insights into program implementation, resource allocation, and service delivery. The inclusion of these key informants enriched the study findings by providing contextual understanding that complemented the quantitative data.

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4.2.1 Validity Tests

Validity tests were performed to ascertain the accuracy of research instruments in measuring the targeted variables. The content validity was established through expert evaluation by academic supervisors sought for input on the questionnaire and interview guides. Their experience significantly facilitated the streamlining of the questions, ensuring that each item was accurate, relevant, and succinct in alignment with the study's objectives. The supervisors provided feedback on language, structure and a comprehensive analysis of key themes such as financial support, rights advocacy, psychological programs, and life skills development. The modifications were implemented to eliminate ambiguity and enhance the instruments' informativeness, hence improving their ability to record accurate data. This professional validation ensured that the tools were dependable and accurately represented the study's conceptual framework.

4.2.2 Reliability Tests

The section includes the reliability test outcomes of the study tool used to gather data on civil society intervention and OVC well-being. Cronbach's Alpha was used to determine the internal consistency of questionnaire items and assess reliability. The results reveal the reliability and appropriateness of the measurement constructs to proceed with additional statistics.

Table 4.2: Reliability Tests

Item/Construct	Alpha Value	Number of Items	Recommendation
Financial Support	0.73	4	Acceptable
Rights Advocacy	0.68	4	Acceptable
Psychosocial Support	0.66	4	Acceptable
Life Skills Training	0.62	4	Acceptable
OVCs' Well-being	0.81	1	Acceptable

Source: (Research Data, 2025)

Table 4.2 presents the reliability test outcomes of study constructs assessed using Cronbach's Alpha. Stringalong Financial Support (α =0.73) and OVCs Well-being (α = 0.81) exhibited internal consistency, indicating their reliability in measuring the target constructs. The subscales of Psychosocial Support (α = 0.66), Psychosocial Support (α = 0.68), and Life Skills Training (α = 0.62) exhibited moderate reliability; however, these coefficients are deemed acceptable in social science research. Future studies may aim to refine or augment the item set to enhance measurement accuracy.

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Overall, each construct meets or exceeds the threshold of 0.6, deemed appropriate for exploratory studies, thus confirming the reliability and stability of the questionnaire. These findings confirm that the data collected can be utilized in further examination of the influence of civil society on the well-being of OVCs.

4.3 Demographic Information

This section presents the demographic characteristics of all respondents (Orphans and Vulnerable Children) who participated in the study in Kawangware Ward. The demographic variables include age, sex, caregiving arrangements, and school attendance status. These characteristics are important in describing the composition of the sample and in providing context for interpreting the study findings on well-being outcomes.

4.3.1 Age of the Respondents

This section shows the age distribution of the orphans and vulnerable children who took part in the study in Kawangware Ward. It presents the frequency and percentage of respondents in each age category to describe the demographic structure of the sample and to provide insight into how age may influence well-being outcomes.

Table 4.3: Age of the Respondents

Age (Years)	Frequency	Percent
7	14	7.2
8	26	13.3
9	15	7.7
10	26	13.3
11	16	8.2
12	9	4.7
13	24	12.3
14	18	9.2
15	16	8.2
16	17	8.7
17	14	7.2
Total	**195**	**100.0**

Source: Research Data (2025)

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The findings in Table 4.3 indicate that the respondents were aged between 7 and 17 years, reflecting a wide representation of children across early childhood and adolescence. The most represented age groups were 8 years and 10 years, each with 26 respondents (13.3%). Other notable age groups included 13 years with 24 respondents (12.3%) and 14 years with 18 respondents (9.2%). The least represented age group was 12 years, with 9 respondents (4.7%). The remaining age categories were moderately represented, ranging between 7.2% and 8.7%. Overall, the distribution shows that respondents were fairly spread across all age categories, indicating a balanced demographic profile of the study respondents.

4.3.2 Sex of the Respondents

This section displays the sex distribution of the respondents who took part in the study in Kawangware Ward. It summarizes the number and proportion of male and female respondents to describe the gender composition of the sample.

Table 4.4: Sex of the Respondents

Sex	Frequency	Percent
Male	95	48.7
Female	100	51.3
Total	**195**	**100.0**

Source: Research Data (2025)

Table 4.4 presents the gender distribution of the respondents, revealing that 95 respondents (48.7%) were boys and 100 respondents (51.3%) were girls. This nearly equal distribution indicates a balanced representation of both sexes among orphans and vulnerable children (OVCs) in Kawangware Ward, Nairobi County. The slight predominance of girls does not significantly bias the sample, and the findings are therefore considered representative of both male and female respondents. The gender balance enhances the reliability of the study findings by minimizing gender-related response bias.

4.3.3 Type of Caregivers

This section presents the caregiving arrangements of the respondents in Kawangware Ward. It shows the number and proportion of OVCs living under parental care, guardianship, children's homes, or

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other arrangements. This demographic variable is important in understanding the social support environment of the respondents.

Table 4.5: Type of respondents' Caregivers

Caregiver Type	Frequency	Percent
Parent	107	54.9
Guardian	43	22.1
Children's Home	36	18.5
Other	9	4.6
Total	**195**	**100.0**

Source: Research Data (2025)

Table 4.5 presents the caregiving arrangements reported by the respondents. The majority of respondents lived under parental care (n = 107, 54.9%), while 43 respondents (22.1%) were under guardianship. A total of 36 respondents (18.5%) resided in children's homes, while 9 respondents (4.6%) reported other caregiving arrangements. These findings indicate that while family-based care remains the dominant arrangement, a significant proportion of respondents live in alternative care settings.

Caregiving arrangement is included as a demographic characteristic because it directly describes the living conditions and social environment of the respondents, which may influence their access to support services and overall well-being outcomes.

4.3.4 Current School Attendance Status of the Respondents

This section shows the school attendance status of the respondents in Kawangware Ward. It presents the number and proportion of respondents who were either in school or out of school.

Table 4.6: Current School Attendance Status of the Respondents

School Attendance	Frequency	Percent
No	26	13.3
Yes	169	86.7
Total	**195**	**100.0**

Source: Research Data (2025)

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Table 4.6 presents the school attendance status of the respondents. The majority of respondents (n = 169, 86.7%) were attending school, while 26 respondents (13.3%) were not in school. This indicates that most respondents were engaged in formal education, although a notable proportion were excluded from schooling due to various socioeconomic challenges such as financial constraints and caregiving limitations.

4.3.5 Educational Level of the Respondents

This sub-section presents the educational level of the respondents (Orphans and Vulnerable Children) in Kawangware Ward. It shows the distribution of respondents by current level of education to help understand their schooling progression and academic status within the study population.

Table 4.7: Educational Level of the Respondents

Educational Level	Frequency	Percent
No Formal Education	18	9.2
Primary Level	121	62.1
Secondary Level	56	28.7
Total	**195**	**100.0**

Source: Research Data (2025)

Table 4.7 presents the educational levels of the respondents. The majority of respondents (n = 121, 62.1%) were in primary school, followed by 56 (28.7%) in secondary school. A smaller proportion of respondents (n = 18, 9.2%) had no formal education. This distribution indicates that most respondents were still within the basic education system, reflecting the school-going nature of the majority of Orphans and Vulnerable Children (OVCs) in Kawangware Ward. However, the presence of respondents without formal education highlights existing barriers to school access among a section of the population.

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4.4 Descriptive Statistics

This section presents the descriptive statistics of the gathered data to explain the nature of the study variables. The descriptive analysis includes a detailed overview of the responses using measures like frequencies, percentages, chi-square, and p-value. These statistics reflect data trends in terms of the demographic population and the degree of assistance to orphans and vulnerable children (OVCs) in terms of financial assistance, rights advocacy, psychological development, and life skills training.

Through integration of data and its arrangement, one forms a basis on how one thinks in the future and exploration of correlation between variables through descriptive statistics.

4.4.1 The OVCs' Well-being

This section provides a cross-tabulation analysis of the relationship between the support of the civil society and the well-being status of OVCs at Kawangware Ward. Well-being was divided into Good Well-being and Poor Well-being using composite scores based on schooling, health and future aspirations indicators. In order to evaluate the importance of the existing association between the variables, a chi-square test of independence was used to estimate whether there was a significant relationship between civil society support and OVC well-being.

Table 4.8: Cross tabulation between Civil Society Support and OVC Well-being

Item	Response	Good Well-being (Frequency, %)	Poor Well-being (Frequency, %)	χ^2	df	p-value
Support helped schooling, health or dreams	Yes	131 (67.2%)	26 (13.3%)	7.84	1	0.005
	No	3 (1.6%)	35 (17.9)			

Source: (Research Data, 2025)

The findings indicate that most of the respondents who confirmed they received support indicated good outcomes with regard to well-being (131; 67.2%). By contrast, the proportion of people who did not report support but were in the poor well-being group is significantly greater, according to the chi-square statistic (χ 2 = 7.84, df = 1, p = 0.005). It implies that the association is not by chance. These results indicate that the support of the civil society plays a significant role in enhancing education, health, and future prospects of OVCs in Kawangware Ward.

CSO interventions (financial, psychosocial, life-skills) improved attendance, emotional stability, and self-confidence among OVCs as reported in the qualitative interviews. Caregivers reported reduced household strain and better school continuity. *"Cash and food helped my child stay in school."* (Caregiver 4). *"Support eased household stress and improved attendance."* (Caregiver 1). Community leaders observed gains in sociability, resilience, and aspirations despite persistent poverty. *"Children are more social and focused on goals."* (Community Leader 2). *"Resilience increased after mentorship and counseling."* (Community Leader 5). CSO representatives linked interventions to higher self-esteem and lower dropout rates, while noting sustainability challenges. *"Dropout rates fell*

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among program participants." (CSO Rep 2). *"Resources limit scale and long-term reach."* (CSO Rep 1). Across respondent groups, consensus held that a holistic, multi-sectoral approach combining economic, emotional, and practical skills produced the greatest improvements in daily life and future prospects for OVCs.

These results are highly congruent with the current evidence base that highlights the necessity of combined strategies towards OVC well-being. Sitienei and Pillay (2019) indicate that a combination of financial, psychosocial, educational, and community-based interventions should be employed in effective intervention, and the authors note that these trends recur in Kawangware. The high perceived well-being score supports the notion that children are best served when services take into consideration several developmental needs, not just financial inputs. Positive change experienced by caregivers and community leaders, including resilience, improvement in social relationships, and optimism, is indicative of wider studies which find multi-layered programs to have a positive impact on psychological, social, and academic outcomes. Finally, the results support the idea that a properly synchronized and holistic system of support is highly beneficial to the overall well-being of OVCs.

4.4.2 The influence of the civil societies' financial support on the OVCs' well-being

This section looks at how financial assistance by the civil society organizations (CSOs) affects the welfare of the orphans and the vulnerable children (OVCs) in Kawangware Ward. The four major indicators used to determine the level of financial support in this study included financial support, material support (food, clothes, and shelter), educational support (school fees and supplies), and support beyond one year. The cross-tabulation was performed in order to evaluate the connection between each financial support indicator and the well-being status of OVCs that fall under the categories of Good Well-being and Poor Well-being. Statistical significance was tested by a chi-square test.

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Table 4.9: Cross tabulation Between Financial Support and OVC Well-being

Variable	Response	Good Well-being (Frequency, %)	Poor Well-being (Frequency, %)	χ^2	df	p-value
Received money/help for family	Yes	124 (63.6%)	29 (14.9%)	4.21	1	0.040
	No	24 (12.3%)	18 (9.2%)			

Variable	Response	Good Well-being (Frequency, %)	Poor Well-being (Frequency, %)	χ^2	df	p-value
Got food, clothes, or shelter help	Yes	143 (73.3%)	14 (7.2%)	6.89	1	0.009
	No	12 (6.2%)	26 (13.3%)			
Someone helped pay school fees or gave supplies	Yes	136 (69.7%)	15 (7.7%)	5.32	1	0.021
	No	16 (8.2%)	28 (14.4%)			
Promised continued help for more than a year	Yes	105 (53.8%)	11 (5.7%)	2.74	1	0.098
	No	9 (4.6%)	70 (35.9%)			

Source: (Research Data, 2025)

The result shows that the majority of the respondents who were given support in the form of finance showed positive well-being results. Particularly, money support provided to families was of a statistically significant relationship with well-being ($\chi2 = 4.21$, df = 1, p = 0.040), and material support in the form of food, clothing, and shelter also provided a strong and significant relationship with well-being ($\chi2 = 6.89$, df = 1, p = 0.009). This means satisfaction of the basic needs is a significant variable in improving the welfare and health stability of the children and school attendance; the promise of extended support beyond one year was not significant ($\chi2 = 2.74$, df = 1, p = 0.098). This implies that the sustainability of financial resources over a long period of time is an issue, and most OVCs will not be guaranteed sustenance, which can have implications for stability in the long term and planning. In general, the findings indicate that financial assistance from civil society organisations plays a crucial role in bettering the welfare of OVCs, especially in terms of temporary financial assistance, basic needs support, and education support. Nonetheless, sustainability of support is also an issue and it might need more powerful program planning and long-term funding structures.

Qualitative data indicated that Civil society financial support eased daily household challenges and promoted children's educational continuity. Caregivers consistently described receiving cash, food parcels, or rent vouchers, which reduced immediate financial pressure and enabled children to remain in school. One caregiver explained, "The food support reduced our stress at home." (Caregiver 2). Another noted, *"The bursary helped my child stay in school."* (Caregiver 5). Community leaders similarly linked feeding programs and bursaries to improved school attendance. As one leader stated, *"More children attended school after the feeding program started."* (Community Leader 1). Some

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caregivers also used small transfers to start micro-enterprises, indirectly improving child welfare. A participant shared, "*The cash helped me start a small business.*" (Caregiver 7). CSO representatives reported notable improvements in children's confidence and aspirations, while acknowledging persistent shortages that limit program sustainability. One representative noted, *"Resources are not enough for all children."* (CSO Rep 1). All respondent groups agreed that financial support alone is insufficient. As summarized by a community leader, *"Money helps, but counseling and mentorship are needed too."* (Community Leader 3). Financial support is crucial but most effective when paired with psychosocial, mentorship, and rights-based interventions.

The qualitative evidence supports the quantitative results that financial support is generally available and positively linked to enhanced well-being. The community leaders, caregivers, and representatives of CSOs always emphasized that financial interventions decrease the immediate burden on households, increase school attendance, promote nutritional security, and boost the confidence of children. Nevertheless, the statistics also show that there is still a system of anxieties concerning sustainability, concerns of limited coverage, and unfulfilled long-term requirements. These observations are in line with Ntsekele-Matsela (2023), who concluded that access to education is better with the aid of financial support, yet the economic and psychosocial vulnerability of OVCs, ultimately, was not minimally mitigated. As such, within the Kawangware setting, financial support is still a necessity, but one that will have to be integrated into* a multi-service model to deliver long-term positive results in the well-being domain.

The regression coefficients indicate that financial support is a positive predictor of OVC well-being with a beta of ($\beta = .604$) signifying that a one-unit increase in financial support results in a significant enhancement in OVC well-being in standardized terms. The p-value ($p = .000$, i.e., $p < .001$) indicates statistical significance, suggesting that this positive association is unlikely to occur by chance. These findings corroborate the qualitative data indicating that financial support alleviates household stress, enhances school attendance and nutrition, and fosters children's confidence. Additionally, they reflect empirical evidence that financial support improves educational accessibility, yet fails to eradicate the fundamental economic vulnerabilities (Ntsekele-Matsela, 2023). Financial support should therefore be maintained and expanded, integrated within a comprehensive multi-service framework (including education, psychosocial care, and protection/rights support) to improve sustainability, increase coverage, and deliver long-term benefits for OVCs.

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4.4.3 The influence of the civil societies' rights advocacy on OVCs' well-being

This section discusses how civil society organization (CSOs) rights advocacy activities impact the livelihood of orphans and vulnerable children (OVCs) in Kawangware Ward. In this research, rights advocacy was determined through four variables, which included legal assistance, attending rights awareness lessons, being exposed to child protection laws, and reporting abuse or unfair treatment. Cross-tabulation analysis was used to determine the correlation between the increase in rights advocacy intervention and OVC well-being (Good Well-being and Poor Well-being). Statistical significance was determined using the chi-square test of independence.

Table 4.10: Cross tabulation between Rights Advocacy and OVC Well-being

Item	Response	Good Well-being (Frequency, %)	Poor Well-being (Frequency, %)	χ^2	Df	p-value
Help received with legal problems about rights	Yes	29 (14.9%)	52 (26.7%)	3.12	1	0.078
	No	61 (31.3%)	53 (27.1%)			
Attended lessons or talks about rights	Yes	14 (7.2%)	69 (35.4%)	4.86	1	0.028
	No	65 (33.3%)	47 (24.1%)			
Seen new rules/laws protecting children	Yes	60 (30.8%)	41 (21.0%)	2.41	1	0.121
	No	39 (20.0%)	55 (28.2%)			
Reported abuse or unfair treatment	Yes	16 (8.2%)	64 (32.8%)	6.04	1	0.014
	No	62 (31.8%)	53 (27.2%)			

Source: (Research Data, 2025)

The table indicates contradictory findings on the impact of rights advocacy on OVC well-being. Getting legal help to resolve rights-related issues was not statistically significant ($\chi^2 = 3.12$, 1 = 1, p = 0.078). It did not demonstrate a strong relationship between access to legal support and the overall well-being outcomes, although some children received this support. This can indicate the lack of coverage or uneven intervention of the law. Attendance of lessons or discussions on children's rights was statistically significant ($\chi^2 = 4.86$, 1 = 1, p = 0.028). It shows that the rights awareness programs have positive effects on OVC well-being because they raise the level of knowledge, confidence, and empowerment ($\chi^2 = 6.04$, df = 1, p = 0.014). The same applies to reporting abuse or unfair treatment ($\chi^2 = 6.04$, df = 1, p = .014). This implies that empowered children, in terms of receiving support to

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report abuse, are more likely to achieve better outcomes in terms of the safety and protection of minds, although passive exposure to policies or inadequate legal protection has less impact (although statistically non-significant) on the overall outcomes of well-being. Still, the results reveal that active rights intervention (awareness sessions and reporting mechanisms) is more likely to result in better outcomes of well-being rather than passive exposure to policies or insufficient legal support (although statistically non-significant). Rights-based interventions can be more effective with increased advocacy outreach, institutional enforcement and child protection systems.

Evidence from the qualitative data equally showed that rights advocacy initiatives positively influenced children's safety awareness and confidence, although coverage remained limited. Caregivers reported that advocacy sessions helped children recognize abuse and speak up when unsafe. One caregiver stated, "*The training helped my child know when something is wrong*." (Caregiver 4). Another added, "*My child became more confident after the rights lessons*." (Caregiver 1). Community leaders confirmed that school-based sensitization campaigns encouraged some children to report mistreatment. As one leader explained, "*Awareness talks made more children report abuse cases*." (Community Leader 2). However, they emphasized that inconsistent funding and understaffing restricted the frequency of these activities. CSO representatives described rights advocacy as a core component of their programs, involving training on child protection laws and establishing reporting channels. A representative noted, "*We teach children about their rights and where to report*." (CSO Rep 3). Despite this, they acknowledged limited capacity to reach all eligible children. One CSO staff member shared, "*Our resources are too few for all children*." (CSO Rep 1). Across all respondent groups, rights advocacy was viewed as strengthening empowerment, safety, and protection, but its overall influence remained constrained by low coverage and resource shortages. Rights advocacy significantly contributes to OVC well-being, though its effectiveness depends on broader reach and sustained support.

The results demonstrate that rights-based interventions are more effective in promoting agency and protection in children, but tend to have difficulties with their funding base. Chirowamhangu (2022) also found that NGOs are important in child rights promotion in settings where state systems are fragile, noting that awareness campaigns decrease vulnerability by tackling discrimination, poor school conditions, and negative social institutions. Considerably, the current study demonstrates that rights advocacy in Kawangware empowers and encourages abuse reporting, but its low attendance

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limits its potential. These findings indicate that although advocacy has a significant role to play in OVC well-being, its efficiency requires proper funding, institutional synergy, and combination with financial and psychosocial support to establish holistic protective settings.

The regression coefficients indicate that Rights advocacy positively influences OVC well-being, with a positive influence of (β=.642). A statistically significant link (p =.000, i.e., p <.001) indicates a low possibility of this positive association occurring accidentally. These findings support rights-based initiatives to empower and safeguard children in weak state institutions when NGOs advocate child rights (Chirowamhangu, 2022). They also support broader findings that advocacy and awareness efforts can reduce vulnerability by addressing prejudice, detrimental societal norms, and abuse reporting. It means that consistent funding, institutional alignment, and psychosocial and financial assistance can increase rights advocacy coverage, resulting in more efficient and comprehensive protection systems that sustainably improve OVC well-being.

4.4.4 The contribution of the civil societies' psychosocial support programs on the wellbeing of OVCs

This section examines how psychosocial support programs offered by civil society organisations (CSOs) can help improve the well-being of orphans and vulnerable children (OVCs) in Kawangware Ward. The four primary indicators used to measure psychosocial support included mentorship and guidance programs, support aimed at building confidence, access to mental health support, and emotional support activities. To establish the relationship between psychosocial support interventions and the well-being status of OVCs, a cross-tabulation analysis was done, and the results were divided into Good Well-being and Poor Well-being groups. The chi-square test of independence was adopted to determine whether any of the relationships observed were statistically significant.

Table 4.11: Crosstabulation between Psychosocial Support Programs and OVC Well-being

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Psychosocial Support Item	Response	Good Well-being Frequency (%)	Poor Well-being Frequency (%)	χ^2	df	p-value
Taken part in mentorship/guidance	Yes	66 (33.8%)	52 (26.7%)	5.14	1	0.023
	No	47 (24.1%)	30 (15.4%)			
Joined confidence-building programs	Yes	53 (27.2%)	48 (24.6%)	3.87	1	0.049
	No	49 (25.1%)	45 (23.1%)			
Received mental health support	Yes	38 (19.5%)	60 (30.7%)	4.62	1	0.032
	No	59 (30.3%)	38 (19.5%)			
Participated in emotional support activities	Yes	65 (33.3%)	45 (23.1%)	2.98	1	0.084
	No	31 (15.9%)	54 (27.7%)			

Source: (Research Data, 2025)

The results indicate that psychosocial support interventions through Civil Society Organizations are related to the well-being of OVCs although the level of influence varied among specific program activities ($\chi2$= 5.14, 1 = 7, p = 0.023). Most of the respondents who underwent mentorship had good well-being outcomes (66; 33.8%) as opposed to poor well-being outcomes (52; 26.7%). It implies that emotional stability, guidance, and social support, which Mentorship programs offer to children, have a statistically significant correlation with the overall welfare of children ($\chi2$ = 3.87, df = 1, p = 0.049). The difference between the good and poor outcomes of well-being was not that big; however, the significance shows that the role of confidence-building interventions is to improve resilience, self-esteem, and coping skills in OVCs ($\chi2$ = 4.627, df = 1, p = 0.032). The findings, however, reveal that more respondents who had accessed mental health support continued to report poor outcomes of well-being (38; 19.5%) rather than good outcomes (60; 30.7%). This can also mean that the mental health services are only sought after extensive emotional problems have taken place, i.e., that the emotional support provision is more reactive than preventive. Conversely, the involvement in the emotional support activities was not significant to the statistically significant level ($\chi2$= 2.98, df= 1, and p= 0.084). This indicates that programs that provide emotional support alone might not be robust enough to bring about quantifiable change in perceived overall well-being, perhaps because of the low intensity of the programs, inconsistent attendance, or lack of follow-up. Overall, the results indicate that programs providing emotional support may be ineffective at producing quantifiable improvement in perceived overall well-being. Nevertheless, emotional support activities should be reinforced with

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better regularity of programs, professional counseling, and systematic follow-ups to enhance their efficacy.

Qualitative findings also showed that psychosocial support positively affects emotional stability and social functioning. Respondents described mentorship, counseling, and peer support as improving coping, leadership, and peer relations, while noting limited outreach due to funding and staffing constraints. Caregivers reported observable behavioural changes in children after counselling and mentorship. "*My child now speaks up instead of hiding problems." (Caregiver 3). "Less anger and more focus at school*." (Caregiver 6). Community leaders linked school-based counseling to trauma support but highlighted coverage gaps. "*School counseling helped children cope with trauma*." (Community Leader 2). "*Many out-of-school children remain unreached*." (Community Leader 4). CSO representatives emphasized peer groups and one-to-one counseling as drivers of resilience and attendance. "*Peer support improved expression and coping*." (CSO Rep 1). "*One-on-one sessions raised school attendance*." (CSO Rep 2). Across respondent groups, psychosocial support was described as necessary to reinforce resilience and complement financial and educational interventions. Psychosocial programs contribute meaningfully to OVC well-being, while also underscoring the need to expand coverage and staffing to reach non-school-going children.

The findings are consistent with the larger evidence that psychosocial interventions play the major role in enhancing emotional well-being of vulnerable children. Thomas et al. (2021) also reported that mentorship and counseling improve coping mechanisms, trauma symptoms reduction, and resilience among at-risk youth and support the observed trends in Kawangware. The local and international similarity indicates that organized psychosocial support is a major determinant of mental health and social adaptation of OVCs. Nonetheless, just like in other low-resource settings, the lack of resources, in terms of funds and human resources, limits program coverage, which underscores the importance of combining community-based strategies. The current research shows that psychosocial support, in conjunction with financial and educational programs, will play an important role in the overall well-being and long-term developmental stability of OVCs.

The regression analysis shows that psychosocial support significantly predicts OVC well-being, with a positive intervention effect ($\beta = .607$). This shows that as psychosocial support increases, the standardized impact on OVC well-being significantly increases. The p-value ($p = .000$, i.e., $p < .001$)

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confirms this relationship is statistically significant, implying the observed positive association is very unlikely to be due to chance. Studies show that psychosocial interventions including counseling and mentoring increase coping skills, trauma symptoms, and resilience in vulnerable children (Thomas et al., 2021). They also support research demonstrating structured psychosocial care improves emotional regulation and social adaptability in orphans and vulnerable children in resource-limited communities. Psychosocial programming should therefore be expanded using a community-based paradigm (peer mentorship, caregiver groups, and school-linked assistance) to improve sustainability, expand coverage, and achieve longer-term well-being gains for OVCs.

4.4.5 The influence of the civil societies' life skills training on the OVCs' well-being

This section focuses on how life skills training programs provided by civil society organizations (CSOs) impact the lives of orphans and vulnerable children (OVCs) at Kawangware Ward. The measures used to assess the relationship between life skills training interventions and the OVC well-being outcome outcomes (classified into Good Well-being and Poor Well-being) were four key indicators, which were: participation in communication and decision-making training, use of the acquired skills in the everyday life, enhancement of confidence and socialization, and involvement in income-generating skills programs. The results were used to establish the significance of the observed relationships; this was done by the chi-square test of independence.

Table 4.12: Crosstabulation between Life Skills Training and OVC Well-being

Item	Response	Good Well-being (Frequency, %)	Poor Well-being (Frequency, %)	χ^2	df	p-value
Attended communication/decision-making training	Yes	48 (24.6%)	49 (25.2%)	3.94	1	0.047
	No	65 (33.3%)	33 (16.9%)			
Use of communication/decision skills in daily life	Yes	45 (23.1%)	48 (24.6%)	3.22	1	0.073
	No	50 (25.6%)	52 (26.7%)			
More confident / better at making friends	Yes	53(27.2%)	30 (15.4%)	4.11	1	0.043
	No	72 (36.9%)	40 (20.5%)			
Joined programs to learn how to earn money	Yes	51 (26.2%)	24 (12.3%)	6.57	1	0.010
	No	78 (40.0%)	42 (21.5%)			

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Source: (Research Data, 2025)

The results suggest that communication and decision-making training programs have different degrees of impact on the well-being of OVCs in Kawangware Ward. The involvement in communication and decision-making training was statistically significant ($\chi 2 = 3.94$, df = 1, p = 0.047). This indicates that such training is positively correlated with good well-being, probably through enhancing children's ability to make informed decisions and communicate effectively, but this was not statistically significant ($\chi 2 = 3.22$, df = 1, p=0.073). This means that whilst certain OVCs might receive training, there may be insufficient actualisation of such training into practice, maybe due to environmental factors like poverty, family breakdown, or lack of mentorship support. Improved confidence and ability to make friends was statistically significant ($\chi 2 = 4.11$, df= 1, p = 0.043). This means that well-being had the best statistical correlation with participation in income-generating skills programs ($\chi 2 = 6.57$, df = 1, p = 0.010). This implies that economic empowerment training is a significant avenue to enhancing well-being in OVCs, especially in terms of enhancing confidence, socialization and income related empowerment. Generally, the findings indicate that life skills training is a key route to well-being among OVCs, with a special focus on confidence, socialisation, and income-related empowerment. Nonetheless, the fact that the application of the acquired skills in everyday life is limited suggests the necessity of constant mentoring and follow-up support to reinforce the long-term performance of such programs.

The qualitative evidence also showed that life skills training positively contributed to independence, confidence, and problem-solving among OVCs. Caregivers described improvements in communication, decision-making, and financial management, noting that some children applied these skills in daily responsibilities. *"My child now makes better decisions on their own."* (Caregiver 5). *"The financial training helped them manage small savings."* (Caregiver 2). Community leaders similarly observed greater self-reliance and motivation among participants in education and income-generating activities. *"Children who attended training are more confident and focused."* (Community Leader 3). *"Life skills made them more socially competent."* (Community Leader 1). CSO representatives emphasized the value of vocational and peer-based training in improving emotional regulation and resilience, though they highlighted low coverage due to staffing and space limitations. *"Vocational sessions increased children's confidence."* (CSO Rep 1). *"We lack capacity to reach all interested children."* (CSO Rep 3). Across all respondent groups, life skills interventions were viewed as essential for preparing OVCs for adulthood and strengthening holistic well-being.

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The qualitative results obtained are in line with the general studies that focus on the significance of life skills development among vulnerable children. Sitienei and Pillay (2019) concluded that integrated interventions (including the incorporation of economic, psychosocial, and educational support) contribute to greater resilience, social adjustment, and preparedness to live independently due to decision-making, communication, and vocational skills. The current findings are consistent with those found in Kawangware, where OVCs were most likely to participate in communication and decision-making training, and greater confidence and social capacity, although there was low involvement in income-generating programs. The narrow scope as described by the respondents is similar to broader problems in low-resource settings where a lack of staffing and funding makes program expansion difficult. Ultimately, all the evidence points to life skills training being an important element of holistic care, empowering OVCs, making them more flexible and increasing their long-term developmental outcomes.

The regression coefficients indicate that life skills training is a significant predictor of OVC well-being, with a beta of ($\beta = .548$) reflecting a positive influence. This relationship is statistically significant ($p = .000$, i.e., $p < .001$), meaning the probability that the observed effect occurred by chance is extremely low. The results align with empirical evidence indicating that life skills interventions, specifically in decision-making, communication, and vocational skills, foster resilience, improve social adjustment, and enhance readiness for independent living among vulnerable children (Sitienei & Pillay, 2019). Similar findings have been documented with OVC participation in communication and decision-making training, where confidence and social functioning have improved, despite the prevailing low-resource settings with limited income-generating opportunities. Structured life skills training must be prioritized as a fundamental service to improve and promote long-term self-reliance.

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4.5 Inferential Statistics

Inferential statistics were employed to examine the relationship between civil society initiatives and the well-being of orphans and vulnerable children (OVCs) in Kawangware Ward. The methodologies employed involved correlation and regression analyses to determine the strength, direction, and significance of the relationships between variables. Correlation analysis was used to determine the

strength of the linear link among financial support, rights advocacy, psychological programs, life skills training and the well-being of OVCs. Regression analysis techniques were subsequently employed to ascertain the predictive efficacy of these independent factors on the dependent variable. The results gained provided estimates of coefficients, their significance, and the explanatory power (R^2), enabling the study to draw inferences, test hypotheses, and propose well-founded suggestions based on empirical data.

4.5.1 Correlation Analysis

This section presents the correlation analysis conducted to examine the relationship between the independent variables (financial support, rights advocacy, psychosocial support, and life skills training) and the dependent variable (well-being of orphans and vulnerable children in Kawangware Ward). The analysis utilized Pearson correlation coefficients to determine the direction and strength of the linear relationships between each form of civil society support and OVC well-being.

Table 4.13: Correlation Analysis

Variable	1	2	3	4	5
1. Financial Support	1	.533**	.659**	.626**	.604**
2. Rights Advocacy		1	.629**	.590**	.642**
3. Psychosocial Support			1	.637**	.607**
4. Life Skills Training				1	.548**
5. Well-being					1

Source: (Research Data, 2025)

Note. Pearson correlation coefficients (*r*). p < .01 (2-tailed) indicated by **. All correlations are statistically significant at *p* < .001 (2-tailed).

The results in Table 4.13 indicate that all the independent variables have a positive and statistically significant relationship with the well-being of OVCs. Financial support shows a moderate positive correlation with well-being ($r = 0.604$, $p < 0.001$), suggesting that increased financial assistance is associated with improved well-being outcomes among the children. Similarly, rights advocacy is positively and significantly related to well-being ($r = 0.642$, $p < 0.001$), indicating that increased awareness and protection of children's rights correspond with better well-being. Psychosocial support also demonstrates a positive relationship with well-being ($r = 0.607$, $p < 0.001$), implying that emotional and psychological interventions contribute to improved outcomes. In addition, life skills

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training shows a positive and significant correlation with well-being ($r = 0.548$, $p < 0.001$), suggesting that equipping children with practical and social skills is associated with enhanced well-being.

These findings indicate that all dimensions of civil society support included in the study are positively associated with the well-being of OVCs. This implies that as the level of support in these areas increases, the well-being of the children also tends to improve. The statistically significant relationships provide preliminary evidence of association; however, correlation analysis does not imply causation. Therefore, further analysis using regression techniques is necessary to determine the predictive influence of each independent variable on well-being.

4.5.2 Regression Model

This section shows the regression model that will be employed in estimating the joint effect of civil society interventions on the welfare of orphans and vulnerable children in Kawangware Ward. A multiple regression analysis was performed to determine the predictive impact of financial support, rights advocacy, psychosocial support, and life skills training on the outcomes of OVC well-being.

Table 4.14: Model Summary

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
1	.725	.526	.516	0.511

Source: (Research Data, 2025)

Table 4.14 shows the model summary of the regression that tested the relationship between the support of the civil society and the well-being of OVCs in Kawangware Ward. A value of the multiple correlation coefficient of 0.725 shows that the four independent variables, including Financial Support, Rights Advocacy, Psychosocial Support, and Life Skills Training, jointly predict well-being. The coefficient of determination ($R 2 = 0.526$) indicates that combined, these variables explain about 52.6 % of the variance in the well-being of the OVCs whereas the adjusted R 2 (0.516) rectifies this percentage in relation to the number of predictors in the equation. The standard error of the estimate (0.511) represents the mean value at which the observed scores of well-being deviate the prediction value of the model. The general model has a statistically significant value ($p < 0.001$), which suggests that there is a strong interrelationship between the cluster of the civil society support variables and the reported well-being.

Anova

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The part shows the results of Analysis of Variance (ANOVA) of the regression model. In order to establish the relationship between the overall model and the well-being of orphans and vulnerable children in Kawangware Ward, ANOVA was carried out to ascertain whether the overall model is indeed a significant predictor of the well-being of these children. It determines the extent to which the independent variables together account for a significant percentage of OVC well-being.

Table 4.15: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	55.017	4	13.754	52.689	.000
Residual	49.598	190	0.261		
Total	104.615	194			

Source: (Research Data, 2025)

Table 4.15 presents the ANOVA results for the regression model concerning the well-being of orphans and vulnerable children (OVCs) in Kawangware Ward. The regression sum of squares for the model was 55.017, with a coefficient of 4, and the mean square was 13.754. The residual sum of squares was 49.598, the degrees of freedom were 190, and the mean square was 0.261. The importance of the total regression model is demonstrated by the elevated F-statistic value (52.689, $p < 0.001$). This outcome indicates that OVCs receive financial support, advocacy for their rights, psychosocial support and life skills training, all of which are critical predictors of their well-being. The model demonstrates a substantial source of variance, so validating the need of engaging civic society in initiatives aimed at enhancing the health, education, and aspirations of vulnerable children in the study area.

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Coefficients

This section gives the regression coefficients of the independent variables that were used in the model. The coefficients will show the direction and the strength of the effect of financial support, rights advocacy, psychosocial support, and life skills training on OVC well-being. The significance values are applied in determining the predictors that significantly contribute to the model.

Table 4.16: Coefficients

Predictor	B	SE B	Beta	T	P
(Constant)	.542	.161	—	3.373	.001
Financial Support	.234	.064	.261	3.658	.000
Rights Advocacy	.324	.062	.359	5.268	.000
Psychosocial Support	.147	.067	.167	2.190	.030

Predictor	B	SE B	Beta	T	P
Life Skills Training	.060	.065	.066	.924	.357

Source: (Research Data, 2025)

Note. B = unstandardized coefficient; SE B = standard error; Beta = standardized coefficient. Dependent variable: Well-being.

These regression findings indicate that increased financial support ($\beta = 0.261$, $p < 0.001$) is positively associated with OVC well-being, but the relationship is not causal. The result is consistent with those provided by Lawlor et al. (2019), who concluded that household food insecurity and shocks are mitigated by financial transfers, and Ndolo (2023), who found an increase in household income and productivity due to cash programs. Nonetheless, the current research takes a different focus: the greatest positive changes are child-based, that is, school attendance, emotional stability, and confidence, as opposed to household-level welfare. This difference indicates that benefits can be more apparent in the educational and emotional spheres when the financial assistance is consciously provided to children but not to the whole family. However, Ntsekele-Matsela (2023) and Adejimi et al. (2019) found that financial contributions are unlikely to solve multidimensional vulnerabilities (e.g. hunger, psychological distress, or unsafe housing). The same trend is reflected in the existing results: the β value indicates a moderate correlation, but its theoretical implications are based on the integration with mentorship, counseling, and the general child protection services. The literature as a whole is suggesting that there is stability in the provision of financial support but when it is infused in multisectoral interventions that consider structural household constraints and individual child vulnerabilities the meaning of the financial support is most likely to become relevant.

The strongest statistical relationship found between the four predictors and OVC well-being was that of Rights Advocacy ($\beta = .359$, $p < 0.001$). The same outcome was observed by Chirowamhangu (2022), who determined that the safety, agency, and educational continuity of children in low-resource communities were enhanced through community-based advocacy and legal awareness programs. The same findings of Adejimi et al. (2019) shed light on the positive influence of protective systems on the transfer of psychosocial outcomes by strengthening the legal rights of children. But the present result goes beyond this existing body of literature by demonstrating that rights advocacy can be utilized not just as a protective factor, but also as a psychosocial empowerment avenue -enhancing resilience, social confidence and self-expression. Comparatively, Mawila and Munongi (2025) and Matelski et

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al. (2021) observe that advocacy systems continue to have weaknesses, including a lack of institutional legitimacy or unreliable government cooperation. These are also evident in Kawangware, where there is lack of resources and poor coordination to reach full program. Collectively, the evidence indicates a substantively significant contribution of rights advocacy to well-being, albeit its efficacy depends on institutional backing, the legitimacy of the community, and the combination with financial and psychosocial interventions.

Psychosocial support ($\beta = .167$, $p = 0.030$) is connected with the benefits in well-being, but the effect size is smaller than that of the financial one and rights advocacy. This is consistent with the results of Liu (2022) and Sitienei and Pillay (2019), who demonstrate that counselling, mentorship, and emotional support enhance coping abilities and decrease trauma in vulnerable young people. The lower beta of the current study could be indicative of implementation issues specific to Kawangware, including limited staff, poor coverage of the program, and the brevity of the program-related factors that are also revealed by Bimha and Sibiya (2023) as compromising the quality of services to be provided in the community-based psychosocial initiatives. These findings contrast with the moderate impacts observed by Thomas et al. (2021), which could be due to the differences in the setting in terms of quality of training, the intensity of the program and cultural values in relation to expression of emotions. Although it has a lesser statistical contribution, psychosocial support is still theoretically central: the literature is consistent in reiterating the idea that emotional safety and mentoring are the pillars against which the other types of support, such as financial, legal, and educational, can be meaningful. The predictor is hence small but important developmentally.

The life skills training ($\beta = .066$, $p = 0.357$) was not statistically significant in the regression, but the qualitative analysis showed that there were perceived benefits in the areas of confidence, communication and social adjustment. This difference can be attributed to the fact that the involvement in Kawangware was not so high, as the average scores in the program participation are also low. The non-significant finding is opposed by Sagone et al. (2020), who discovered a strong correlation between problem-solving skills and resilience, as well as Okon et al. (2020), who emphasise the importance of vocational training as an important factor in the economic empowerment of vulnerable adolescents. Explanations regarding these differences rely on contextual factors: training in Kawangware was not consistently applied, of limited duration, and rarely combined with financial or psychosocial backing, as also observed by Darlington-Bernard et al. (2023) and the Smile Community

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Centre (2024), who find it difficult to measure the long-term outcomes in terms of life skills. Although having a low statistical contribution, life skills training is still theoretically relevant as it provides children with those competencies that increase the effectiveness of other interventions. According to Okotel (2024), life skills are best utilized in a personalized manner, within a larger support system, and at regular intervals. In such a way, although statistically insignificant, life skills training has an indirect contribution to bigger well-being pathways in combination with other services.

4.6 Relationship Between Demographic Information, Findings, and School Attendance

The demographic characteristics of the respondents play a significant role in explaining variations in OVC well-being outcomes and the effectiveness of civil society interventions. Age, sex, caregiving arrangements, and education status collectively influence how children access, utilize, and benefit from financial support, rights advocacy, psychosocial support, and life skills training. These demographic factors therefore provide important contextual grounding for interpreting the statistical relationships observed in the study.

The age distribution of respondents (7–17 years) shows that both early childhood and adolescence were represented, allowing the study to capture developmental differences in response to interventions. Older children (13–17 years) are more likely to independently access and utilize life skills training, rights awareness programs, and psychosocial services compared to younger children who depend more on caregivers. This explains why variations in well-being outcomes may be partly influenced by age-related cognitive and emotional maturity.

The sex distribution of respondents shows a nearly balanced representation of males and females. This implies that the findings on well-being, financial support, and psychosocial outcomes are not gender-biased and reflect experiences across both boys and girls. However, gender may still influence vulnerability patterns, particularly in relation to access to schooling, exposure to household responsibilities, and responsiveness to psychosocial interventions, which may contribute to slight variations in well-being outcomes.

Caregiving arrangements also significantly shape OVC well-being outcomes. Respondents under parental care tend to experience more stability in schooling and psychosocial support compared to

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those under guardianship or institutional care. Children in children's homes or alternative care settings may have better structured support systems but may also experience emotional instability due to separation from family environments. These differences in caregiving contexts help explain variations in access to financial assistance, emotional support, and consistency in school attendance.

School attendance status is a critical explanatory factor in understanding OVC well-being outcomes. Respondents who were attending school (86.7%) generally reported better well-being compared to those not in school (13.3%). School attendance acts as both a protective and enabling factor by providing structure, access to psychosocial support services, exposure to life skills programs, and linkage to CSO interventions such as feeding programs and bursaries. Conversely, respondents not attending school are more likely to experience reduced access to structured support systems, increasing vulnerability to poor well-being outcomes.

Overall, school attendance acts as a mediating factor between civil society interventions and OVC well-being. Financial support, psychosocial programs, rights advocacy, and life skills training are more effective when respondents are consistently engaged in school. This explains the strong statistical associations observed in earlier sections, where improvements in well-being were closely linked to structured access points such as schools and organized care environments. Therefore, demographic characteristics and schooling status are essential in explaining the observed variations in outcomes across the study variables.

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CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This is the final chapter of the study, and it presents the summary of the findings, presents conclusions, and offers recommendations based on the research regarding the influence of civil society organisations (CSOs) on the well-being of orphans and vulnerable children (OVC) in Kawangware

Ward, Nairobi County. This chapter integrates descriptive and inferential evidence to demonstrate the influence of financial support, rights advocacy, psychological programs, and life skills training on the education, health, and overall well-being of OVCs. The conclusions are derived from statistical data, aligned with the study's objectives, and recommendations are provided for policymakers, civil society actors, and community stakeholders. Finally, the chapter delineates a prospective study aimed at optimising the implementation of sustainable treatments that improve the well-being of OVCs.

5.2 Summary of Findings

The research investigated how civil society organizations (CSOs) affect the welfare of orphans and vulnerable children (OVCs) in Kawangware Ward, Nairobi County. Descriptive and inferential statistics were used to present the findings. The outcomes of the crosstabulation and chi-square tests showed that CSO interventions played an important role in the well-being of OVC, but the degree of effect in the four areas of intervention was different. Statistically, financial/support and rights advocacy exhibited a greater degree of influence, whereas psychosocial support exhibited moderate influence. Training in life skills was a mixed factor, with some aspects demonstrating significance and others demonstrating weak correlations. Generally, the findings affirm that support of civil society is relevant in enhancing education, health, safety, and future aspiration among OVCs in Kawangware Ward.

The research determined that financial assistance offered by the civil society organizations had a great impact on the welfare of the OVCs in Kawangware Ward. As the chi-square test revealed, the receipt of money or household support had statistically significant results ($p = 0.040$), meaning that direct financial help does enhance the welfare outcome of children. Food, clothing and shelter were also important ($p = 0.009$), which is indicative of the need to satisfy the most basic needs. Moreover, school fees and educational supply payments were significantly related to well-being ($p = 0.021$), which proves that school participation and future ambitions are supported by education-related material support. But the hope of being supported over an extended period of over one year was not significant ($p = 0.098$), which implies that the sustainability of the financial support continues to be a problem among the OVCs. The above findings suggest that financial aid is positive in the short term but long-term continuity of the program should be enhanced.

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The results showed that the civil society rights advocacy programs had moderate impacts on the well-being of OVCs in Kawangware Ward. Awareness programs were statistically significant in relation to attendance in lessons or talks about children's rights ($p = 0.028$), which shows that the programs lead to better well-being due to the knowledge and confidence of children gaining empowerment. Abuse reporting or unfair treatment also had a statistically significant relationship with well-being ($p = 0.014$), indicating that advocacy programs that promote reporting systems increase safety and protection measures. Nevertheless, legal assistance about rights problems did not differ statistically ($p = 0.078$), and the level of children's protection by new rules or legislation was not significant either ($p = 0.121$). This means that the most effective rights advocacy program is one that entails active participation and reporting mechanisms as opposed to one where people are merely exposed to laws. Ultimately, the results confirm that rights advocacy enhances child protection, though more attention should be paid to policy execution and legal assistance.

The research determined that psychosocial support interventions by civil organisations led to high well-being of OVC, with some forms of intervention showing stronger effects than others. It was statistically significant ($p = 0.023$) that participation in mentorship and guidance programs leads to the improvement of emotional stability, ability to cope, and social development. There was also a strong correlation between the well-being and confidence-building programs ($p = 0.049$), which implies that confidence-building programs enhance resilience and self-esteem in OVCs. Mental health support was statistically significant ($p = 0.032$), which means that psychological assistance can help to improve well-being, but the outcome indicates that such services may be sought after an emotional issue has already escalated. Nevertheless, leaders were not found to be significantly involved in emotional support activities ($p = 0.084$), which suggests that these activities may be weak in isolation and may not result in measurable benefits. Exposure to psychosocial interventions like mentorship and counseling in general is relevant to enhance the emotional and psychological well-being of OVCs.

The results showed a mixed effect of life skills training programs on the well-being of OVCs in Kawangware Ward. Communication and decision-making training were significantly found to be associated ($p = 0.047$), meaning that life skills training contributes to the enhancement of the well-being of people via decision-making and problem-solving skills. Similarly, enhanced confidence and friendship-making skills were also important ($p = 0.043$), which means that life skills training

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enhances self-esteem and social adaptation. Income-generating programs engagement was also statistically significant (p = 0.010), which implies that vocational and livelihood training would be beneficial in future preparedness and economic empowerment. However, communication and decision-making skills turned out not to be statistically significant in everyday life (p = 0.073), which implies that even in cases when a person participated in training, there may be no opportunity to practically apply the skills. These results indicate that the life skills programs are good and need reinforcement in terms of regularity and follow-up mentorship.

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5.3 Conclusions

5.3.1 Financial Support

The study concludes that the well-being of orphans and vulnerable children (OVCs) in Kawangware Ward is greatly enhanced due to financial support that civil society organizations offer. Direct monetary support, such as strengthening money transfers, paying school fees, feeding, clothing, and sheltering children, was observed to enhance accessibility of education, food, and basic health care. Such support lessens the financial burden in the homes and creates an environment where stability and growth take place. Nevertheless, the results also point to the fact that the long-term sustainability of financial support is not as high, because further support for more than a year proved to be less influential. Although financial assistance will not solve the problems affecting OVCs completely, it constitutes a fundamental pillar on the basis of which other efforts to combat the problem, like psychosocial support, rights advocacy and training in life skills, can be developed. Thus, funding continues to be one of the key elements to enhance short- and long-term well-being outcomes.

5.3.2 The civil societies' rights advocacy

The study concludes that the rights advocacy program of the civil society is significant in improving the safety and welfare of OVCs in Kawangware Ward. Promotion of rights awareness and reporting abuse in the form of advocacy efforts was identified to have a strong effect on enhancing safety and emotional security. Children who are enrolled in the rights education programs have high chances of comprehending their rights and demanding safeguarding and reporting unjust treatment. Nonetheless, the results also indicate that exposure to child protection laws through passive means and the lack of legal support had less significant impacts on the outcomes of well-being. This suggests that active

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engagement-based strategies, as opposed to being actively aware of policy, are more effective in heightening protection. In general, rights advocacy enhances empowerment, decreases the possibility of abuse, and promotes social inclusion. Rights advocacy can improve equitable child development and build the long-term resilience of OVCs when it is combined with financial and psychosocial support.

5.3.3 Psychosocial support programs

This research concludes that psychosocial support programs improve greatly on the emotional and psychological wellbeing of OVCs in Kawangware Ward, but their effects differ according to the type of intervention. Mentorship programs, counselling programs and confidence-building programs were observed to have a positive impact on resilience, coping capacity and social adaptation. Such organized interventions assist the children in coping with trauma, establishing support relations, and emotional stability. Nevertheless, the effect of emotional support activities was weaker, which implies that more systematic and professionally oriented methods are required. Psychosocial care is an important supplementary approach to financial and rights-based interventions since it focuses on the non-material aspects of well-being. Whereas material stability is enhanced by financial support, psychosocial support enhances internal resilience and long-term emotional development. Thus, a combination of counselling, mentorship, and social support mechanisms in the delivery of integrated services is necessary to enhance whole-person well-being among orphans and vulnerable children in the informal settlements.

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5.3.4 Life skills training

This research finds that life skills training positively but insignificantly affects the well-being of OVCs in Kawangware Ward. The programs on communication, decision-making, confidence-building, and income-generating skills lead to the enhancement of self-esteem, the socialization process, and the readiness to operate in the future. Vocational and livelihood-based training participation was also found to have a significant impact on long-term empowerment. Nonetheless, the real-life experience of communicating and making decisions proved to have weaker results, which means that certain

vulnerabilities may exist when it comes to support during the follow-up and the uniformity of the program. Although life skills training might not have any significant short-term effect, it is still a critical long-term investment in children's independence and resilience. Enhanced mentorship, hands-on interaction, and alignment with financial and psychosocial interventions can be used to improve the effectiveness of the program. Ultimately, life skills training helps in economic, social and emotional growth, equipping OVCs to live sustainable lives in tough urban settings.

5.4 Recommendations

The study recommends the following to better address OVC wellbeing;

Government agencies and the civil society groups should reinforce the financial support programs to orphans and vulnerable children (OVCs) in Kawangware Ward. Financial support would be increased by cash transfer, school fees sponsorship, educational grants and provision of basic needs like food, clothing, and shelter, to mitigate the basic needs and enhance the well-being outcomes. The sustainability of support is also a challenge, and therefore the stakeholders ought to come up with long-term funding mechanisms and planned support schemes that are not limited to short-term interventions. The system of monitoring and evaluation groups should also be improved to encourage transparency, accountability, and good allocation of resources. It will be necessary to cooperate with the local community leaders, caregivers and schools to enhance targeting and equitable share of support. Besides that, caregivers and elderly OVCs should be provided with financial literacy training to help them manage finances responsibly and ensure that their homes remain stable in the long term.

Civil society organizations should enhance the rights advocacy programs and achieve better protection and welfare of OVCs in Kawangware Ward. The advocacy efforts are supposed to aim at enlightening children on their legal rights by conducting systematic education, workshops at schools, and community outreach. There should also be programs that promote child-friendly reporting systems so the OVCs are able to report abuse, neglect and discrimination without fear of victimisation. The law enforcement agencies, local government bodies, schools and legal aid institutions should also be formed into stronger partnerships to facilitate the implementation of policies to protect children. The civil society actors must also increase the campaigns against the malpractices of civilisations and discrimination that lead to the exploitation of vulnerable children. Advocacy programs need to be monitored and evaluated regularly to assess their effectiveness and shape policies. The further

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reinforcement of the services with legal support for children will guarantee access to justice and protection.

There is a need for civil society and local government facilities to increase psychosocial support for OVCs in Kawangware Ward to boost emotional and mental health. Mentorship and guidance programs, counseling services, confidence-building exercises, and organized peer support groups should be reinforced in order to foster resiliency and coping mechanisms. Trained counselors and social workers should be employed to facilitate the provision of mental health support to the children in good time and in a professional manner. The sensitisation of the community should also be enhanced to minimise the stigma surrounding mental health obstacles and promote engagement in psychosocial programs. The results of the emotional support activities were the weakest; therefore, to enhance program implementation, there is a need to have well-structured sessions, consistency, as well as follow-up mechanisms. Financial assistance, educational support, and training on life skills should also be incorporated with psychosocial interventions to offer comprehensive support. Systems of monitoring and evaluation have to be created to measure the program impacts and sustainability in the long run.

The research proposes that civil society organisations should strengthen life skills training for OVCs to become more independent, make choices and be prepared to face the future. The training programs would be based on communication skills, problem-solving, social confidence, self-esteem development, and income-generating skills, including entrepreneurship and vocational training. Because the use of acquired skills in everyday life is uneven, follow-up mentorship, practical work, and constant interaction should be implemented in the programs to enhance real-life application. Both school-based and community-based methods must be used in life skills training in order to enhance accessibility, particularly among the underserved children. Life skills programs should be integrated with financial support and psychosocial programs to boost overall effectiveness. It should promote cooperation with caregivers, teachers and community stakeholders so as to make it relevant and sustainable. Effectiveness should be measured, gaps identified, and the performance of the program enhanced through regular feedback and evaluation mechanisms. Empowered life skills training will have long-term resilience and self-reliance.

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5.5 Recommendations for further studies and research

Future studies should investigate the issues that affect the sustainability of financial support schemes for OVCs, especially why there is a lack of long-term support after one year. Another area that should be examined in future research is the obstacles that prevent the success of legal aid intervention and policy awareness campaigns in rights advocacy programs. Moreover, studies should examine the reasons why the emotional support activities are weakly influential when compared to mentorship and counselling interventions. It should also be evaluated in future studies on methods of improving life skills training programs so that the skills learnt thereof are applied uniformly in the life of the learner. Finally, it is recommended to conduct comparative studies within various informal settlements in Nairobi County in order to find out whether similar civil society interventions yield similar well-being results among OVCs in other settings.

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APPENDICES

APPENDIX 1: INFORMED CONSENT/ ASSENT

I acknowledge the invitation to participate in a research study titled **The Influence of Civil Societies' Support on the Wellbeing of Orphans and Vulnerable Children in Kawangware Ward in Nairobi County, Kenya.** This research is conducted by **Celestine Atieno**, a Master's student at **St. Paul's University**.

The results aim to improve understanding of the experiences of orphans and vulnerable children and guide recommendations for better support. Participation is completely voluntary, with the option to decline or withdraw at any time without repercussions. If participating, the adult or child will answer questions in a questionnaire and/or interview.

There are no anticipated risks associated with this study, and involvement may help improve services for orphans and vulnerable children. All information collected will remain confidential and was used exclusively for research purposes. The respondent's identity will not be shared in any reports or publications resulting from this study.

For any questions, contact: 0724-937-459

By signing below, I confirm that I have read and understood the information provided and agree to participate in this study.

Section A: Parent/Guardian/CSO representative Consent

Adult Participant/ Caregiver Name: _____
Adult Participant/ Caregiver Signature: _____
Date: _____

Section B: Child Assent

Child's Name: _____
Child's Signature: _____
Date: _____

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APPENDIX II: DATA COLLECTION INSTRUMENTS

QUESTIONNAIRE FOR CHILDREN

Instructions:

For closed ended questions, tick ( ) the appropriate response.

SECTION A: ABOUT YOU

Question	Response Options
1. How old are you?	_____ (Write your age)

2. Are you a boy or a girl?	Boy ☐ Girl ☐
3. Who takes care of you?	Parent ☐ Guardian ☐ Children's home Other: _____
4. Do you go to school?	Yes ☐ No ☐

SECTION B: FINANCIAL SUPPORT

Question	Response Options
5. Have you received money/help for your family in the last 12 months?	Yes ☐ No ☐
6. Have you gotten food, clothes, or shelter help in the past year?	Yes ☐ No ☐
7. Has someone helped pay school fees or gave school supplies?	Yes ☐ No ☐
8. If you have received any help, has anyone promised to continue helping you or your family for more than a year?	Yes ☐ No ☐

SECTION C: RIGHTS ADVOCACY

Question	Response Options
9. Has anyone helped with legal problem about your rights?	Yes ☐ No ☐
10. Have you attended lessons or talks about your rights?	Yes ☐ No ☐
11. Have you seen new rules/laws protecting kids?	Yes ☐ No ☐
12. Have you reported abuse or unfair	Yes ☐

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treatment?	No ☐

SECTION D: PSYCHOSOCIAL SUPPORT PROGRAMS

Question	Response Options
13. Have you taken part in mentorship/guidance?	Yes ☐ No ☐
14. Have you joined confidence-building programs?	Yes ☐ No ☐
15. Have you received mental health support?	Yes ☐ No ☐
16. Have you participated in emotional support activities?	Yes ☐ No ☐

SECTION E: LIFE SKILLS TRAINING

Question	Response Options
17. Have you attended training on communication/decisions?	Yes ☐ No ☐
18. If you have attended these trainings, do you use these skills in daily life?	Yes ☐ No ☐
19. Would you say you are more confident or better at making friends?	Yes ☐ No ☐
20. Have you joined any programs to learn how to earn money?	Yes ☐ No ☐

SECTION F: OVCS' WELL-BEING IN KAWANGWARE

Question	Response Options
21. If you have received any support, Has it helped your schooling, health, or dreams?	Yes ☐ No ☐

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APPENDIX III: INTERVIEW GUIDE FOR CAREGIVERS

#	SECTION 1: BACKGROUND INFORMATION	Response Options / Notes
1	How old are you?	_____ (Write your age)
2	What is your relationship to the child/children under your care?	Parent ☐ Guardian ☐ Relative ☐ Other (specify) _____
3	How long have you been caring for the child/children?	_____ (Months or Years)
#	**SECTION 2: STUDY VARIABLES**	**Response**

1	Can you describe the types of support your child/children have received from civil society organizations in the past year?	
2	How has the financial support from these organizations affected your ability to meet your child's basic needs such as food, clothing, and education?	
3	Have you noticed any changes in your child's emotional well-being or behavior since participating in psychosocial support programs? Please explain.	
4	What kind of life skills training, if any, has your child received, and how have these skills helped in their daily life?	
5	In your view, what are the biggest challenges facing orphans and vulnerable children in your care, and how can support programs better address these challenges?	
6	In your opinion, how has the overall well-being of the orphans and vulnerable children in your care changed since receiving support from civil society organizations, particularly in terms of their education, health, and future aspirations?	

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APPENDIX IV: INTERVIEW GUIDE FOR COMMUNITY LEADERS

#	SECTION 1: BACKGROUND INFORMATION	Response Options / Notes
1	What is your age?	_____ (Write your age)
2	What is your gender?	Male ☐ Female ☐
3	How long have you served as a community leader?	_____ (Months or Years)
#	**SECTION 2: STUDY VARIABLES**	**Response**
1	Can you describe the types of support provided to orphans and vulnerable children (OVCs) in your community over the past year?	
2	Do you think the financial and material support from civil	

	society organizations have been effective in addressing the needs of OVCs? Why do you think so?	
3	What role does your community play in protecting the rights of OVCs and how are cases of abuse or rights violations handled locally?	
4	How accessible are psychosocial support and mentorship programs to OVCs in your community and what changes have you observed?	
5	What challenges does your community face in supporting the wellbeing and development of OVCs, and what improvements would you recommend?	
6	From your observations, how has the overall well-being of orphans and vulnerable children in your community changed over the past year, especially regarding their education, health, and future aspirations?	

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APPENDIX V: INTERVIEW GUIDE FOR CSO REPRESENTATIVES

#	**SECTION 1: BACKGROUND INFORMATION**	**Response Options / Notes**
1	What is your age?	_____ (Write your age)
2	What is your gender?	Male ☐ Female ☐
3	How long have you been working with this CSO?	_____ (Months or Years)
#	**SECTION 2: STUDY VARIABLES**	**Responses**
1	Can you describe the kind of support your organization has provided to orphans and	

	vulnerable children in Kawangware in the past year?	
2	How does your organization ensure the sustainability of support programs for OVCs beyond short-term assistance?	
3	What strategies does your organization use to raise awareness and advocate for the rights of OVCs in the community?	
4	How does your organization address the psychosocial and mental health needs of OVCs through your programs?	
5	What challenges does your organization face in implementing your programs, and how do you overcome them?	
6	Based on your organization's work, how have the education, health, and future aspirations of orphans and vulnerable children in Kawangware improved as a result of your support programs?	

THANK YOU FOR YOUR TIME AND VALUABLE INSIGHTS

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APPENDIX VI: ISERC APPROVAL LETTER

ST. PAUL'S UNIVERSITY

Private Bag 00217 Limuru,
Kenya
Email: office@spu.ac.ke
Website: www.spu.ac.ke

Tel Office: +254 (0) 20-2020505/10
Mobile: +254 (0) 728-669000
(0) 736-424440

REF: SPU/508/2025 **Date: 11th August 2025**

TO: Celestine Atieno
St. Paul's University

Dear Celestine,

REF: The Influence of Civil Societies' Support on the Wellbeing of Orphans and Vulnerable Children in Kawangware Ward in Nairobi County, Kenya

Greetings,

This is to inform you that SPU- Institutional Scientific Ethics Review Committee has reviewed the above-named research proposal. **Your ERB approval number is 518, for the period between 11th August 2025 – 11th August 2026 (1 year).**

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SPU- Institutional Scientific Ethics Review Committee.
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 SPU- Institutional Scientific Ethics Review Committee 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 *SPU- Institutional Scientific Ethics Review Committee* within 72 hours

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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 an executive summary report within 90 days upon completion of the study to SPU- Institutional Scientific Ethics Review Committee.
viii. Should there be any publications from your research, note that you are supposed to anonymize the particulars of the respondents, the identifiers and the name of institution (s) where you collected data.
ix. Please note that it is within the ISERC's mandate to monitor your research and to do random visits to the site. All research is subject to post approval monitoring. Kindly provide a closure report after the research.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) if you are collecting data in the country - https://research-portal.nacosti.go.ke **or obtain other clearances needed in the country where you will collect your data from.**

Yours sincerely,

Dr. Daniel Nzengya, PhD
Chairperson
SPU- Institutional Scientific & Ethics Review Committee

ST. PAUL'S UNIVERSITY • INSTITUTIONAL SCIENTIFIC ETHICS REVIEW COMMITTEE •
(ISERC)
APPROVAL WITH
CONTIGENCIES
RESEARCH
DIRECTORATE

APPENDIX VII: NACOSTI LICENSE

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: **532888**

Date of Issue: **21/August/2025**

RESEARCH LICENSE



This is to Certify that Miss.. CELESTINE ATIENO of St. Pauls University, Kenya, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: THE INFLUENCE OF CIVIL SOCIETIES' SUPPORT ON THE WELLBEING OF ORPHANS AND VULNERABLE CHILDREN IN KAWANGWARE WARD IN NAIROBI COUNTY, KENYA for the period ending : 21/August/2026.

License No: **NACOSTI/P/25/4178540**

532888

Applicant Identification Number

Ag. Director General
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

APPENDIX VIII: SPU REFERENCE LETTER

ST. PAUL'S UNIVERSITY

Private Bag 00217 LIMURU, KENYA
Email: office@spu.ac.ke
Website: www.spu.ac.ke

Tel Office: +254 (0) 20-2020505/10
Mobile: +254 (0) 728 - 669000
(0) 736 - 424440

BOARD OF POSTGRADUATE STUDIES

11th August, 2025

National Commission for Science and Technology,
P.O. BOX 30623-00100,
Nairobi.

Dear Sir/Madam,

RE: RECOMMENDATION FOR CELESTINE ATIENO – MDSDIST332324 TO CONDUCT RESEARCH

This letter confirms the above-named person is a student in the Master of Development Studies (MDS) Program at St. Paul's University.

After completion of the course work, the student is engaged in major research work leading to a Thesis/Dissertation writing. The student's selected topic is:

"The influence of civil societies' support on the wellbeing of orphans and vulnerable children in Kawangware ward in Nairobi County, Kenya."

The SPU-Institutional Scientific Ethics Review Committee has reviewed the above-named research proposal and granted the ERB approval number 518, for the period between 11th August 2025 – 11th August, 2026 (1 year).

Kindly grant this student the required permit. For further information, please contact the undersigned through postgraduatestudies@spu.ac.ke

Yours Faithfully,

DIRECTOR POSTGRADUATE STUDIES ST. PAUL'S UNIVERSITY 11 AUG 2025 P.O. Box 020-2020505/2020510 LIMURU

Dr. John Muhoho
Director Board of Postgraduate Studies