

Targeting of OVC Beneficiary Households in Kisumu County, Kenya

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Abstract

The number of orphans and vulnerable children has continued to grow in sub-Saharan Africa due to Human Immune-Deficiency Virus and Acquired Immuno Deficiency Syndrome, war, conflicts and other natural disasters. There are several OVC programmes that target OVC in order to provide support and care. This paper reviews the targeting procedures used for OVC beneficiary households in Kisumu County, Kenya. An evaluative and Survey research designs were used to collect data through questionnaires, focus group discussions and Key informant interviews from 384 caregivers and 6 key informants. The study found that both the government and NGO programmes had a targeting criteria and involved local leaders. However, the NGO did not involve community members In targeting and validation of beneficiary households. The study found there were ineligible households enrolled on the programmes ranging from 25.5% to 60.5% and exclusion of deserving households ranging from 81.8% to 96.4% respectively. The study recommends that a policy on management of programmes should make instruments of community targeting mandatory.

Key words: Orphans and Vulnerable Children, Intervention programmes, HIV and AIDS, Immuno Deficiency Syndrome, targeting, natural disasters, Kisumu County

1. Introduction

The OVC crisis in the world has continued to escalate due to HIV and AIDS, natural disasters and other pathogenic diseases (UNAIDS, 2010; Vinck, 2010). In 2007 an estimated 145 million children aged 0 – 17 years old in sub-Saharan Africa, Asia, Latin America and the Caribbean were orphaned, having lost one or both parents due to all causes,

including AIDS (UNICEF, 2008b, Kolker, 2008). Oboka, (2010) notes that providing care, support and protection to OVC is one of the biggest challenges Kenya faces today, as the growing numbers overwhelm available resources. Understanding the magnitude of the problem and socio-demographic characteristics of OVC can provide foundation for building programmes of appropriate designs, size and scope (Biamba, Simon, Castello, Beard, Brooks and Njoka, 2009). To mitigate the impact of orphan hood, the Kenya Government responded by putting in place the National Plan of Action on OVC. This plan helps to strengthen the capacity of families to protect and care for OVC, provide economic, psychosocial and other forms of social support, as well as mobilise and support community based responses to increase OVC access to essential services such as food and nutrition, education, health care, housing, water and sanitation (Republic of Kenya, 2005).

Nyanza Province in Western Kenya is home to the Country's highest HIV prevalence 15.1 percent (KAIS, 2012) an increase in prevalence from 14.9 percent (KAIS, 2007) among persons aged 15 to 64 years in the province. Over the years, the epidemic has grown to infect and affect very many people and households. Oboka (2010) observes that the deepening OVC crisis has led to debate about the role the extended families and the community should play in providing care, support and protection to the increasing number of OVC in the world. While the Global partners on OVC Forum in Washington DC in 2004 singled out strengthening capacity of families to care for OVC as a key strategy for quality responses for children affected by HIV and AIDS, some scholars have pointed out challenges associated with family based care OVC which makes the family inadequate in mitigating the impact of orphan hood on OVC. As a result, there has been an increase in external support and input from governments, and NGO's, who reinforce families and communities capacities without trying to replace them or remove OVC from the community (Kolker, 2008).

1.2. Targeting and selection of beneficiary households

In targeting, the needs of the child and his or her family, the needs and contexts of the children ought to guide interventions, while respecting the duties and rights of the caregivers. Hurrell, Martens and Pellerano (2011) noted that targeting was not straight forward. It can generate significant savings by reducing the number of payments and can make significant savings by reducing poverty and inequality by focusing transfers on the poor. Targeting can also go bad when the wrong people are kept out or included, leading to political, economic and social consequences that can damage both the programme and social cohesion.

In reviewing the different targeting approaches in Malawi, Mozambique and Kenya, Davis, Handa, Huang, Hyper, Texeira and Veras (2012) noted that the three countries employed community based targeting mechanism although each targeted different kinds of households and employed different methodologies. The Malawi's Social Cash Transfer programme targeted ultra- poor and labour constrained households. Davis *et al.*, (2012) note that targeting in Mozambique's *Programma Subsidio de Alimentos* (PSA) which was a food subsidy programme targeted the aged (55 years and over for women and 60 and over for men recognized as permanently unable to work and leave alone or are heads of destitutes. Davis *et al.*,(2012) further note that PSA targeted the disabled, chronically ill and the malnourished pregnant women.

In Kalomo Pilot Social Cash Transfer programme, Schubert (2005) noted that targeting and approval process was done by the Public Welfare Assistance Scheme (PWAS) structures, which were in existence before the Social Cash Transfer Scheme Started. The PWAS structure was a hierarchy of committees that worked on a voluntary basis at village, Community and District level to recruit beneficiary households.

In a review of a potential government programme, Adato and Basset (2008) observed that targeting normally takes one of four main forms, although in practice these are usually used in combination: categorical, self-targeting, geographic and individual/household assessment. However, more data intensive system has been motivated due to political clienteles interfering in the distribution of resources and efforts to make this distribution fair and non-politicized. Secondly, non-poverty programmes have not often done well in reaching the poorest people.

In its National Strategic Plan of Interventions for Orphans and vulnerable children Republic of Uganda (2011) explained that targeting should be particularly to the critically and moderately vulnerable children who constitute (51%) of children population in Uganda. The selection criterion included a comprehensive assessment of a child's vulnerability by the community and facilitated by service providers before a child was recruited into a programme. Each programme was allowed to develop specific selection criteria to identify beneficiaries of a particular intervention that is within the framework of this plan. The community leaders and local leaders were also involved in determining the criteria.

Davis *et al.*, (2012) noted that the Government of Malawi, in collaboration with other development partners undertook a social protection scheme to provide cash assistance to the greatest at risk households in the Country where the Mchinji Social Cash Transfer was piloted in Mchinji district. The programme targeted ultra-poor and labour constraint households. The application criterion was decentralized and the community played a critical role in identifying all qualifying households and submitting applications to the district level. In order to maintain impartiality and protect against elite capture, the programme dictated that village heads may not sit on the Community Social Protection Committee (CSPC).

In evaluating two government social protection programmes in North Eastern and Nyanza – Kenya, Hurrell, *et al.*, (2011) observed that the Hunger Safety Net Programme targeted the chronically poor households and used one of the three targeting mechanisms to identify beneficiary households, namely: Community Based targeting, a social pension and targeting based on a household's dependency ratio (ratio of able-bodied adult workers to those who cannot work because they were young, old, disabled, or chronically ill). The cash transfer programme in Nyanza targeted the poor populations and households that had at least one orphan and were not benefitting from any other OVC intervention programme.

Davis *et al.*, (2012) noted that *Programma de Alimentos* (PSA) programme aimed at providing direct assistance as based on age as verified by the national Identity Card. Residence, as verified by a declaration signed by the local administrative structure, income of less than 70Mtn if there is a household who works or receives pension, and clinical document for the disabled, chronically ill or malnourished women (Taimo and Waterhouse, 2007). The programme used community-based targeting through a 'Permanente' who was elected by the community, had sufficient time, was competent, serious and honest. The

'Pemanente' received a monthly stipend of 300Mtn each, which was a low sum given the key role the 'Permanents' play.

Davis *et al.*, (2012) noted that the Malawi Social Cash transfer programme provided cash assistance to the greatest at-risk households in the Country. The programme targeted ultra-poor and labour constraint households. Ranking included considerations such as age, head of household, number of orphans and other children in household, dependency ratio and other indicators of the social and economic status of the household. The amount of cash assistance beneficiaries received was weighted according to household size and whether the household had children enrolled in primary or secondary school. The Beneficiary households were headed by older females and had more orphans.

Noting the importance of accuracy in targeting, Hurrell, observed that care must be taken to minimize the number of eligible households that do not end up benefitting from the programme (errors of exclusion in implementation) and to prevent ineligible households from being beneficiaries (errors of inclusion in implementation).

Republic of Kenya, (2012) and Hurrell *et al.*, (2011) noted that individual and community based targeting have been adapted for OVC in Kenya, where communities identify the target population. However, a given community's subjective poverty assessment may not necessarily correspond with 'actual' poverty as defined by the programme's architects. Secondly, it is often unclear how the size of each community's beneficiary allocation/quota should be set finally; communities may actively exclude some types of households for example marginalized or socially excluded groups.

Noting these challenges but recognizing the benefits of community participants, Republic of Kenya (2012) observes that hybrid community-based approaches which use some combinations of the eligibility criteria approach with community involvement were often employed.

Kirera (2012) in a study on CT in Kenya noted that the government programme relied on Locational OVC Committee members in selecting beneficiary households for Cash Transfer. Kirera observed that the Location OVC Committee members generated a list of all households that met eligibility criteria. The LOC consulted with the District OVC subcommittee before generating the list of identified households although in practice they liaised with the District Children Officer who normally endorsed the input of the LOC. This showed that the LOC was the most significant stakeholders in the identification of the beneficiaries but its effectiveness in targeting was doubtful.

2. Methodology

2.1 Study Site

The study was carried out in Kisumu County which is located in Nyanza. Nyanza covers 16,162 kms² and lies between longitude 0° and latitude 30° south and between longitude 34° and longitude 40° east. It is located in the South West part of Kenya, around Lake Victoria and includes part of the Eastern edge of Lake Victoria

The study was carried out in Kisumu East, West and Seme Sub Counties. According to KDHS (2010), Kisumu County has a high HIV prevalence of 15 % and is home to so many orphans due to the area's high HIV and AIDS incidence and resulting high mortality rate due to HIV and AIDS. In this region, a lack of or minimal education, continuing tradition and socio-cultural practices contribute to the spread of this disease. Over (45 %) of the region's population is living under poverty line of less than one dollar per day – the highest in Kenya (UNDP, 2009). The Kisumu County Fact Sheet gives very high poverty indicators as follows: absolute poverty (60%), urban poor (70.05%) and rural poor (63%).

2.2 Research Instruments

The Primary data was obtained using questionnaires, structured interviews, focus group discussions and observation check list that were administered to 384 OVC households. Fishers' formula was used to calculate the sample size.

Two sets of questionnaires were developed for each category of respondents who included: caregivers of households that were benefitting from government and non-government households. The first questionnaire was used to collect data from caregivers enrolled on the government OVC programme and the second questionnaire was used to collect data from caregivers enrolled on the non-government OVC intervention programme. The researcher personally administered the questionnaires to the respondents and structured interviews to key informants who included project directors, children officers and social workers. There were four focus group discussions two for women and another two for men caregivers enrolled on the government and NGO OVC intervention programme. An observation checklist was used for different households and the aim was to enhance the accuracy of the study.

2.3 Data Processing

Data was coded and entered on a display sheet. Descriptive statistics were computed using SPSS version 16. MS EXCEL was used to draw and present the results in bar charts and tables. Data collected using questionnaires was presented quantitatively using descriptive statistics including means, percentages and standard deviations for continuous and frequency distributions of categorical data. Data collected from focus group discussions and intensive interviews was analysed qualitatively.

3. Results and Discussion

3.1 Number of orphans

The study sought information on the number of orphans cared for in beneficiary households.

Table 1: Number of orphans

Number of Orphans	Government Programmes		Non-Government Programme	
	Frequency	Percent	Frequency	Percent
1	21	10.9	43	22.4
2	40	20.8	14	7.3
3	38	19.8	15	7.8
4	36	18.8	20	10.4
5	18	9.4	9	4.7
6	14	7.3	5	2.6
7	6	3.1	5	2.6
8	4	2.1	0	0
None	12	6.2	81	42.2
11	1	0.5	0	0
13	2	1	0	0
Total	192	100	192	100
Mean	3.9 (4)		5.8 (6)	
Std. Deviation	2.5(3)		3.8(4)	

Source: Researcher generated from field data of 2014

It can be observed from table 1 that the average number of orphans in households registered on the government programme was 4(four) with a standard deviation of 3(three). This was interpreted to mean that the number of orphans in the government beneficiary households was large. As shown in table 1, 40(20.8%) households had 2 orphans. Similarly 38(19.8%) households had 3 orphans and 36(18.8%) household had 4 orphans. The highest number of orphans in the sampled government beneficiary households was 13(thirteen), while 12(6.2%) households did not have any orphans living in it, despite caring for orphans and vulnerable children being a criteria for enrolment of households on the government programme. Perhaps this was because the orphans who made the household be enrolled on the programme had grown up falling out of the 18 years bracket for definition of a child. In two focus group discussions one for men and another for women, the members came to a consensus that the government Intervention programme took into consideration the number of orphans that were living in each household. One male participant explained that: "I was considered on the government OVC programme since I have eleven orphans belonging to my deceased children." The participants' voice confirms that orphan hood was the main targeting criteria for beneficiaries on the government OVC programme. These findings are in consistent with a study by Davis *et al.*, (2012) that reviewed different targeting

approaches in Malawi, Mozambique and Kenya. The study by Davis *et al.*, (2012), noted that ranking of beneficiaries included considerations such as number of orphans and children in the household which was similar to the findings in the current study.

Out of the 192 respondents enrolled on the NGO programme, the average number of orphans was 6(six) with a standard deviation of 4(four). The NGO beneficiary households also had a large number of orphans. As observed from table 1, 43(22.4%) respondents had 1(one) orphan, 20(10.4%) 4 and 81(42.2%) households did not have any orphans. The highest number of orphans in the sampled NGO beneficiary households was 7 which was lower than the highest number of orphans in the government programme. Having a very high number 81(42.2%) households enrolled on the NGO programme with no orphans in their households was interpreted to mean that the NGO considered other factors in targeting beneficiary households other than orphan hood.

Overall, the NGO beneficiary households had a higher mean 6(six) and a standard deviation of 4(four) than the government beneficiary households. Two focus group discussions (one for male and another for female) consisting of beneficiaries enrolled on the NGO programme observed that targeting criteria was not only based on orphan hood but also on the socioeconomic status and geographical location of households. One female member explained: “the NGO programme does not consider the number of orphans per household; I and other members have no orphans but we are enrolled on the programme. I am always sick so is my childprogramme supports me.” An interview with the key informants on the NGO programme concurred with the FGD’S observations that targeting criteria considered other factors such as socioeconomic status, radius of households from the NGO project and households with caregivers that have chronic illnesses. A study by Davis *et al.*, (2012) agrees with findings from the NGO programme that ranking of beneficiaries included considerations such as dependency ratio and other socioeconomic status of the household.

3.2 Involvement of local leaders in Enrolment on OVC programmes

The study sought to establish whether local leaders were involved in enrolment of beneficiaries on the OVC intervention programmes. Out of the 192 respondents enrolled on the government OVC intervention programme, 186(96.9%) observed that the government involved local leaders in enrolment of beneficiary households, 6(3.1%) observed that the government did not involve leaders in enrolment of OVC on programmes. This was interpreted to mean that the government intervention programme involved leaders in targeting beneficiary households for programmes. An interview with the children’s officer revealed that the government programme involved local leaders in enrolment of OVC beneficiary households in three phases. The first phase was done by LOC members who went to the community to target households, second phase the enumerators validated the LOC’s list and finally in a third phase the community validated the lists in village meetings (chief’s‘baraza’s) by social assistance community members who called all the names of those enrolled on the programme in public. In two FGD’s, one for women and another for men enrolled on the government intervention programme, there was a consensus that the government involved local leaders in enrolment of OVC on the programme programmes. This was in agreement with a study on cash transfer by Kirera (2012) who observed that the government relied on LOC members in selecting beneficiary households for the government OVC-CT intervention programme.

The study found that 120(62.5%) respondents enrolled on the NGO programme agreed while 72(37.5%) disagreed that local leaders were involved in enrolment of OVC on the programme. This was interpreted to mean that the NGO programme involved local leaders in enrolment of OVC on the NGO programme. The NGO programme had a lower percentage of respondents who agreed that local leaders were involved in enrolment of OVC on intervention programmes than the government programme. This was interpreted to mean that the government OVC intervention programme had a well-defined structure for targeting beneficiary households for enrolment of OVC on the government programme. In two FGD's one for women and another for men enrolled on the NGO programme, there was a consensus that the NGO intervention programme involved local leaders in enrolment of beneficiaries on the intervention programme. The interview with the social worker and project director of the NGO programme noted that local leaders were involved in enrolment of beneficiary households through a community transcend walk, household visitation and administration of an intake questionnaire by the child development workers and project management Committee members.

Finding agreement in both the government and non-government OVC intervention programmes that local leaders were involved in enrolment of beneficiaries agrees with a study by Republic of Uganda (2011) in its strategic Plan of Intervention for OVC, which found out that the community leaders and local leaders were involved in determining the targeting criteria. The finding of the current study disagrees with findings reported by Davis *et al.*, (2012) on piloting of the Mchinji Social cash transfer programme which noted that, in order to maintain impartiality and protect against elite capture, the programme dictated that village heads may not sit on the Community Social Protection Committee(CSPC).

3.3 Involvement of Community members in validating Beneficiary Households

The study sought to establish whether community members were involved in determining those enrolled on the government and non-government programmes.

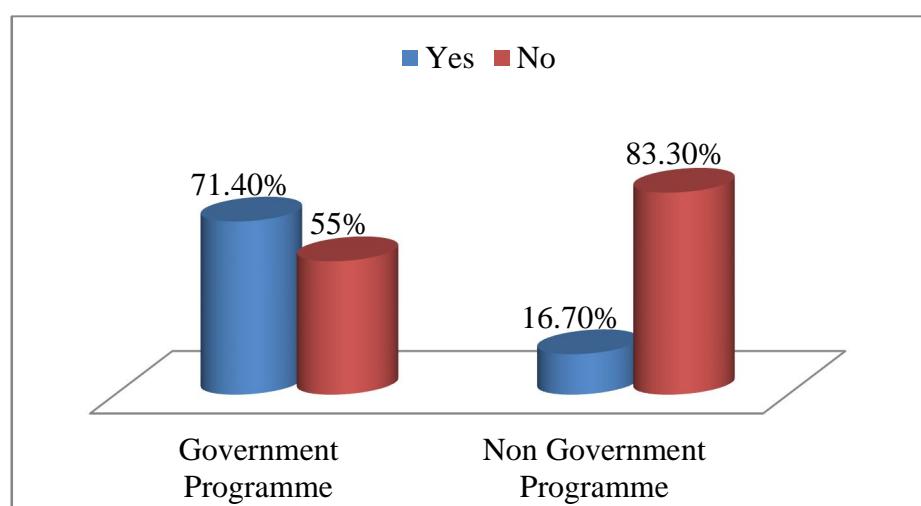


Figure 1: Involvement of Community Members in validation of beneficiaries

Source: Researcher generated from field data of 2014

It can be observed from figure 1 that, 137(71.4%) respondents enrolled on the government programme agreed and 55(28.6%) disagreed that community members were involved in determining beneficiary households. This was interpreted to mean that the government OVC programme involved community members in validation of beneficiary households. The finding of this study that community members were involved in validation of beneficiary households agrees with findings by Republic of Kenya (2012) which reported that nearly half of safety net programmes used some type of community based targeting. The findings that Community based targeting was used in the government programme agrees with findings by Taimo and Waterhouse (2008) who noted that the Brazilian *Bolsa Familia* cash transfer programme used community-based targeting through a '*permanente*' who was elected by the community, had sufficient time, was competent, serious and honest. The same study differs slightly in that the '*permanente*' received a monthly stipend of 300MTN each while the LOC members targeted households for free. An interview with the children's officer revealed that beneficiary lists were validated in three phases, first, by LOC members who went to the community to target households, second, the enumerators validated the LOCs list and finally, the community validated the lists in village meetings (chief's *barazas*). Two FGD's one for female and another for male respondents enrolled on the government programme revealed that community members were involved in validation of beneficiaries during chief's '*barazas*'.

The study showed that out of the 192 respondents enrolled on the NGO programme, 32(16.7%) agreed and 160(88.3%) disagreed that the community members were involved in determining beneficiary households. The two FGD's one for female and another for male participants enrolled on the NGO programme revealed that validation of households by the community members of beneficiaries was done. Having a very high percentage of respondents disagreeing that the community members were involved in determining beneficiary households was interpreted to mean that the NGO programme did not involve community members in validation of beneficiaries. The findings of this study that the NGO OVC programme did not involve community members in validating beneficiary households disagrees with Republic of Kenya (2012) report on the Kenya social protection sector review that noted community targeting methods were the most commonest in Kenya.

3.4 Inclusion of non-deserving households on OVC intervention Programmes

The study sought to determine whether the government and non-government OVC programmes included some people on the programme who did not deserve to benefit from the programme.

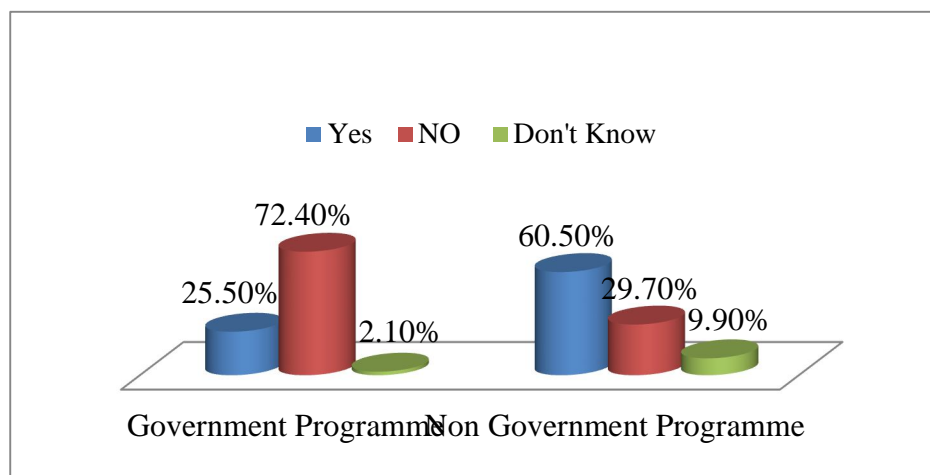


Figure 2: Inclusion of non-deserving households on OVC programmes

Source: Researcher generated from field data of 2014

Figure 2 above shows that, out of 192 respondents enrolled on the government programme, 51(25.5%) agreed that the government had included some beneficiary households that did not deserve to be on the programme, 139 (72.4%) disagreed and 4(2.1%) respondents observed that they did not know whether the government programme had included non-deserving households on the government OVC programme or not. This was interpreted to mean that the government OVC intervention programme had minimal inclusion errors at implementation of the programme, it adhered to targeting procedure and most deserving households were benefitting from the programme. Having a small percentage of respondents observing that they do not know whether there were non-deserving households included on the OVC programme or not was interpreted to mean that they did not want to commit themselves to any definite answer.

Figure 2 shows 139(60.5%) respondents enrolled on the NGO programme indicated that there were households enrolled on the NGO programme that did not deserve to be on the programme. Another, 57(29.7%) reported that the respondents enrolled on the programme were deserving while 19(9.9%) indicated that they did not know whether the respondents enrolled on the NGO programme were deserving or not. The high percentage of respondents enrolled on the NGO programme indicating that there were non-deserving households enrolled on the government programme was interpreted to mean that there were large inclusion errors at implementation in targeting beneficiary households on the NGO programme. The high percentage of respondents from the NGO programme indicating that there were some people included on the OVC programme who did not deserve to be enrolled on the NGO programme is consistent with observations by Hurrell *et al.*,(2011) who noted that accuracy had to be taken at implementation of OVC programmes to ensure that ineligible households are prevented from being beneficiaries.

3.5 Exclusion of deserving households on beneficiary households

The study sought to determine whether there were some households that were excluded from the government and non-government OVC programmes.

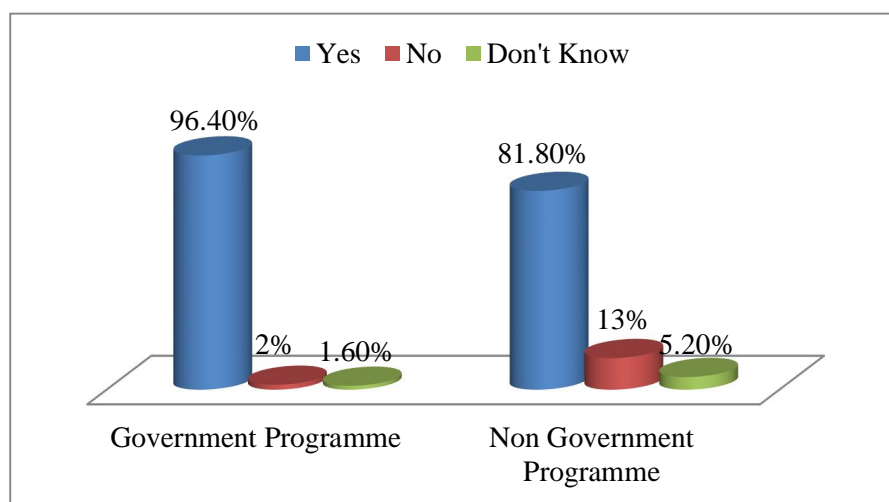


Figure 3: Exclusion of deserving households on beneficiary Programmes

Source: Researcher generated from field data of 2014

As shown from figure 3 above, out of the 192 respondents enrolled on the government programme, 185(96.40%) agreed that there were deserving households that had been excluded from the programme, 4(2%) disagreed and 3(1.6%) indicated that they did not know whether the government programme had excluded any deserving households from the government programme or not. This was interpreted to mean that there were very many orphans in Kisumu County that needed support and care from the government programme. On the other hand out of 192, respondents enrolled on the NGO beneficiary households, 157(81.80%) agreed that there were deserving households that had been excluded from the NGO programme, 25(13%) disagreed and 10(5.20%) reported that they did not know whether the NGO programme had excluded any deserving household from the government programme or not. Having a big percentage of respondents agreeing that there were deserving households excluded from the NGO programme may be interpreted to mean that Kisumu County had very many OVC. It may also be interpreted to mean that the OVC programme had not covered a wide geographical area. An interview with the children's officer, project directors and social worker revealed that there were complaints from some people who felt that they deserved to be on the programme but they had been left out.

4. Findings, Conclusions and Recommendations

The study found that the OVC programmes targeted orphans. The government OVC programme had 180(93.8%) respondents indicating that they were taking care of orphans with the highest number of orphans in the sampled households being thirteen. The study found that the non-government programme targeted households that had both orphans and non-orphans. Out of the 192 respondents enrolled on the NGO programme 111(57.8%) households had orphans and 81(42.2%) did not have orphans. These findings are consistent with findings by Thurman *et al* (2011) and Republic of Uganda (2011) that noted that OVC intervention programmes focussed on serving orphans and vulnerable children. The study found that some of the targeted households had children with disability. The study found that the OVC programmes involved local leaders in targeting. The government OVC

programme reported the highest number of respondents, 186 (96.9%) indicating that local leaders were involved in targeting. The NGO programme had the least number of respondents, 120(62.5%) indicating that local leaders were involved in targeting beneficiary households.

The government OVC programme reported the highest number, 137(71.4%) respondents indicating that community members were involved in targeting and validation of beneficiary households. This finding is in agreement with findings of Republic of Kenya (2012) that noted the safety net programme used community targeting, the findings are also consisted with findings by Taimo and Waterhouse (2008) in a study of the *Brazilian Bolsia Familia* (CT) that used community based targeting. The finding that the government programme involved community members in targeting is consisted with findings by Davis *et al.*, (2012) in reviewing different targeting approaches in Malawi, Mozambique and Kenya who observed that the three countries employed community based targeting mechanisms.

The study found that the non-government OVC programme did not involve community members in targeting and validating of beneficiary households with 160(88.3%) respondents indicating that the community members were not involved. This findings disagree with findings by Davis *et al.*, (2012), Republic of Kenya, (2012) and Taimo and Waterhouse (2008) who found that community targeting mechanisms were used in programming.

The finding that both the government and NGO programmes involved local leaders in targeting agrees with the Uganda Strategic Plan interventions for OVC Republic of Uganda, (2011) which noted that community leaders were involved in determining the targeting criteria. This finding however, is not consistent with findings by Davis *et al.*, (2012), who noted that in the Mchinji Social Cash Transfer, the programme dictated that in order to maintain impartiality and protect against elite capture, village heads were not allowed to sit on the Community Social Protection Committee (CSPC).

The study found that in the targeting process, respondents on the NGO programme indicated that undeserving households were enrolled on the programme. The NGO programme had the highest number of respondents 139 (60.5%) indicating that there were undeserving households enrolled on the programme while the government programme had the least 51(25.5%). This finding is in agreement with findings by Hurrel *et al.*, (2011) who noted that there should be accuracy at implementation of programmes to ensure that ineligible households are prevented from benefiting. The study found that there were many deserving cases that had been excluded from the OVC programmes, with 185(96.4%) respondents enrolled on the government programme and 157(81.8%) enrolled on the NGO indicating that deserving households had been excluded from the OVC programmes. This finding is in agreement with findings of Samuels and Ouma (2012) who noted that deserving households had been left out from the Cash Transfer programmes. These findings show that the government and non-government OVC intervention programmes differed on involvement of community members in targeting and validation of beneficiary households. Perhaps lack of involvement of community members by the NGO programme in targeting and validations of beneficiary households is what contributed to the high number of undeserving households being included on the NGO programme.

4.1 Conclusion

The government and non-government OVC programmes had criteria for targeting beneficiary households and they targeted poor households. The government OVC programme targeted households that had orphans, involved community leaders and members

of the community in targeting and validation of beneficiary households. The study found more respondents on the NGO programme reporting that the community members were not involved in targeting and validation of beneficiary households. Undeserving households were benefitting from the NGO programme. It was concluded that use of community targeting by the government programme in validation of beneficiary households reduced cases of inclusion of undeserving and exclusion of deserving households in OVC programmes.

4.2 Recommendation

On the basis of the findings and conclusions of the study, it was recommended that the government programme which involved community members in targeting and validation of beneficiary households had less inclusion of un-deserving and exclusion of deserving household on the OVC programme. It was recommended that a policy on management of programmes should make instruments of community targeting mandatory.

4.3 Suggestions for further Research

The study found that there were some non-deserving households included on the OVC intervention programmes and other households in the target group that were excluded from OVC intervention programmes. The study therefore suggested that a research should be carried out to evaluate the tools and criteria used in selection and targeting for OVC intervention programmes.

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