

The Effects of Food Support Interventions on Vulnerable Adolescents Girls Affected by HIV and AIDS in Ol-Joorok Sub County, KenyaLydia M. Wachera^{1*}, Wanjugu Wachira², David Gichuhi³¹Student, St. Paul’s University, 8 Moi Ave, Nairobi, Kenya²Lecturer, St. Paul’s University, 8 Moi Ave, Nairobi, Kenya³Lecturer, Karatina University, C74, Karatina, Kenya***Corresponding author**

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Abstract: The global HIV and AIDS pandemic have continued to change the lives of many people especially in Sub-Saharan Africa. Both boys and girls have been affected by this menace. However, girls face considerable vulnerabilities and risks than boys that affect their health, food security, education status and general well-being. It is therefore critical to intervene before these challenges that girls face result to outcomes that are irreversible. Many development partners, Non- governmental organizations, Faith based organizations, Community based organizations and the government are taking considerable effort in providing services to the vulnerable adolescent girls in different sectors which includes; educational assistance, health, food aid, material support and other HIV and AIDS mitigation programs. Despite these different interventions in responding to the needs of these children, there is however little evidence on the effectiveness of these interventions in improving the well- being of adolescent girls affected by HIV and AIDS. This study sought to determine the influence of food interventions in reducing the effects of HIV and AIDS among adolescent girls affected by HIV and AIDS in Ol-Joorok Sub-County of Nyandarua County. The research adopted a descriptive research design to collect primary data to answer questions concerning the status of the issues under investigations. Cluster and purposive sampling was used. A sample population of 123 respondents was selected. Descriptive data was analyzed using percentages, tables and bar graphs. Statistical analysis was conducted using Pearson product-moment correlations and Pearson Chi-Square tests. Results of the study revealed that food interventions had significant relationship in reducing the effects of HIV and AIDS in adolescent girls.

Keywords: HIV and AIDS, intervention, Vulnerable Adolescent girls.

INTRODUCTION

According to United Nations Children’s Fund (UNICEF) report of [1], approximately 3.6 million children have been left orphaned or vulnerable in Kenya. This is either by one or all of the following; by children living in a home with HIV and AIDS ill parents, a child losing a mother, father or both parents as a result of HIV and AIDS, or leaving children vulnerable or at risk due to HIV and AIDS [2]. The plight of these vulnerable children is therefore an issue of great concern to the country. With the growing numbers of vulnerable children, many organizations have employed several approaches and social protection models in trying to enhance the well-being of these children as well as their household wellbeing, but little is known about the effects of these interventions to the vulnerable children especially the adolescent girls who are the hardest hit by the menace. Donors have also increased their funding that goes to these vulnerable children programs as well as the cash transfer program which is run by the government of Kenya has also been scaled up according to World

Bank report [2]. Even with these efforts to improve lives of children, social indicators continue to show a decline in social and economic welfare of children as a result of poverty and HIV and AIDS. With the increased funding and social protection models to address the needs of vulnerable children, it is more important now than ever to assess how well the needs of adolescent girls are being met.

Adolescent girls are particularly vulnerable as they are discriminated more than boys due to engendered roles that majority of societies embrace. They often miss out on exploiting the benefits of both primary and secondary education which would allow them to acquire knowledge and skills that will help them in life. The situation is complicated further as these girls are often discouraged and even prevented from seeking health services and information that can help them make key decisions in life. This combination of factors drives them to the risk of acquiring HIV a factor that makes the impact of HIV on vulnerable adolescent girls more acute [3].

Though a number of studies have been carried out on various aspects of vulnerable children, none have exclusively and exhaustively dealt on the aspect of the influence of food interventions in reducing the impact of HIV and AIDS among vulnerable adolescent girls. This represents a significant gap in knowledge that must be bridged and which therefore forms a foundation upon which this research is built upon. The primary target group in the study include: vulnerable adolescent girls affected by HIV and AIDS and receiving support services from organizations, households hosting vulnerable adolescent girls who have been in existence in a care and support program in a period of at least one year, Program managers of Community Based Organizations, Faith Based Organizations and Non-Governmental Organizations dealing with adolescent girls affected by HIV, Children officers and Area Chiefs from Ol jorook Sub-County.

The study sought to determine the influence of food interventions in reducing the effect of HIV and AIDS among vulnerable adolescent girls in Ol-Jorook Sub County, Kenya. The following objectives guided the study:

- To determine the food-related support interventions among vulnerable adolescent girls affected by HIV and AIDS and the organization offering the services.
- To find out the number of meals the vulnerable adolescent girls enjoyed per day
- To determine if food is sufficient among Vulnerable Adolescent Girls affected by HIV and AIDS
- To determine if vulnerable adolescent girls affected by HIV and AIDS consumed their preferred kind of food
- To determine if vulnerable adolescent girls affected by HIV and AIDS have had access to food in the past one year
- To determine the relationship and associations between the food interventions and their influence in reducing the effects of HIV and AIDS among vulnerable adolescent girls.

METHODOLOGY

The study adopted the descriptive research design in seeking to determine the influence of food interventions in reducing the effect of HIV and AIDS among vulnerable adolescent girls in Ol-Jorook Sub County of Nyandarua County. The target population for the study included 1,200 people from Ol-Jorook Sub County. Cluster and purposive sampling was adopted to obtain a representative sample of the study, which was 123 in number. Questionnaires and interview guides were the main instruments of data collection used in the study. Both open and closed-ended questions were used. Test-retest method was conducted to ascertain reliability. A reliability value of 0.714 revealed the questionnaire to be reliable. Data

was analyzed using descriptive statistics. The analyzed data was presented using tables, charts, and percentages. The Statistical Package for Social Sciences was used. Inferential analysis was done using Pearson product-moment correlations and Pearson Chi-Square tests was used to show whether food interventions influenced effects of HIV and AIDS among vulnerable adolescent girls.

LITERATURE REVIEW

Impact of HIV and AIDS among Vulnerable Adolescent Girls

Neither statistics nor words can adequately capture the tragedy that befell children when their parents die or when their parents ail from terminal illness or when they face abandonment and discrimination because of HIV and AIDS. The children suffer emotional, social and physical neglect. Demise of parents also forms the genesis of economic crisis to the adolescent girls [3]. These economic hardships are witnessed when children lack basic necessities such as food, clothing, shelter, healthcare and education. Adolescent girls are particularly vulnerable due to societal gendered roles that are usually placed on them. The girls are the first to be withdrawn from school to either, look after ill relatives or younger siblings or work to supplement income for the family [2].

In Oljorook Sub-county, HIV and AIDS have left many girls orphaned while making others vulnerable socially, emotionally and physically. In most cases, adolescents' girls have to assume parental roles at a very tender age. Girls also drop from school to go, work, and seek other alternative sources of livelihood. These could include sex work, transactional sex, and exploitative labor. This further exposes them to the risk of acquiring HIV infection (United States Agency of International Development (USAID) & Catholic Relief Services [4].

In the rural areas where the research study was conducted, many vulnerable adolescent girls, have dropped from school due to economic hardships that they encounter after the demise of their parents. This is partly due to lack of school fees and other scholastic support as well as to provide care for their younger siblings and/or ailing members of their families. In the long time, majority of the girls terminates their education and run into early marriages in bid to escape extreme poverty from their homes. According to a report by Ministry of Health (MOH) [5], vulnerable girls are normally married by men who are much older than themselves a factor that limits their decision-making power especially in matters of sexual and reproductive health thus increasing their vulnerability to contracting HIV and AIDS [6].

Studies from other parts of Africa have increasingly indicated that vulnerable adolescent girls compared to their male counterparts are most at risk an

observation that is also apparent in Kenya. This is because they are the ones that have to tend to ailing parents, younger siblings and even have to work to earn income for their families. Being girls, they therefore have to assume all the roles played by older women in their households. Where vulnerable adolescent girls have been taken in by extended families there have been reports of majority of the girls' being abused, exploited, neglected and sexually molested by their guardians. In an attempt to run away from emotional, social, and economic challenges, many vulnerable adolescent girls find themselves in prostitution, where they trade sex for cash or in-kind support [7]. Programmes should therefore strive to offer targeted support to vulnerable adolescent girls to cushion them against these hardships, which might result to various effects of the epidemic including new HIV infections.

Food security and Nutrition among Vulnerable Adolescents' Girls

According to the quality minimum standards of vulnerable children programmes in Kenya 2012, Food security and nutrition refers to access to enough food of nutritional values throughout the year. Food is a basic need to all human beings for normal growth and development. Access to adequate, regular, good quality and quality food is however determined by certain factors. This could range from affordability, availability and accessibility to members of a family especially to vulnerable adolescent girls.

Though food and nutrition are critical to every human being, vulnerable adolescent girls are constantly faced with lack of food and proper nutrition. As a result of ill health of majority of caregivers, some lack the strength to work and generate income or to farm and even in worst cases may fail to even prepare meals for their families a fact that threatens food security and nutrition among vulnerable adolescent girls. Traditionally, vulnerable children were cared within their extended families and when extended families host in vulnerable children, food may not be enough or even available for the additional member of the family. In places where people are dependent on farming such as in Oljoroorok Sub-County, sometimes these places may experience dry spells. In such instances, vulnerable adolescent girls are hardest hit with food insecurity and poor nutrition [8].

The National Plan of Action for orphans and vulnerable children 2017- 2010, assert that food and good nutrition are critical elements in care and support for vulnerable adolescent girls. Though food interventions among vulnerable adolescent girls are less extensively documented compared to other interventions such as education and household wealth, food insecurity is a serious issue that faces them. The United Republic of Tanzania and Burundi have documented evidences that revealed the loss of a

parent or caregiver results into higher incidences of malnourishment in vulnerable adolescent girls compared to other members of the family [8]. In yet another study that was conducted in the area of food in Tanzania, it showed that recent death of an adult not only leaves the adolescent girls vulnerable in their household but also increases cases of malnutrition among them. From the two studies, this confirms that the quality, quantity, and availability of food in a household, tends to decline as productive family members fall sick or die. As such, organizations and governments providing care and support to vulnerable girls should offer targeted food interventions to ensure they don't face the challenges that comes with food insecurity and poor nutrition.

Datta and Njuguna [8] observed that although the effects of HIV and AIDS affect both boys and girls they are largely gender-biased. This is because where mature women are the primary breadwinners for their family their death may particularly have severe consequences in a household, and especially so for vulnerable adolescent girls. Demise of women creates huge gaps within families compared to their male companions, as women are known to be better managers of family finances a factor that ensures their ability to budget for food in the households. They also ensure that there is adequate food supply for the entire family and this ensures that vulnerable girls are food secure.

USAID and CRS [9] confirm that proper nutrition is important in keeping vulnerable adolescent girls healthy. However, vulnerable adolescent girls require proper food and nutrition for their normal growth and development they are however likely to suffer from malnutrition, including lack of important micronutrients compared to other children. This makes them more likely to get exposed to food related illnesses. There has been studies that have been conducted both in Africa and Thailand that confirms that a third of households affected by HIV and AIDS reported an average decrease in household income of 48% which affected their overall food status. It also confirms that where HIV and AIDS is present in a household food consumption tend to decrease and therefore families may turn to locally or indigenous available food.

Studies conducted on food security from Tanzania, Thailand and Burundi is in harmony with this study conducted in Ol joroook Sub-County. These studies have confirmed that vulnerable adolescent girls may find themselves facing any or all of the three factors of food security namely food availability, food accessibility, and food utilization. These factors may expose vulnerable adolescent girls into risky food coping mechanism such as engaging in sex for food and/ or money and exploitative labor. Many vulnerable adolescent girls are also likely to be malnourished as

they are more likely to get insufficient food compared to other children.

All children including vulnerable adolescent girls should therefore, have equal access to adequate food, regardless of their status [10]. Organizations supporting vulnerable adolescent girls should therefore ensure provision of targeted food interventions to these girls for them to access adequate food and enjoy good and regular nutrition, which is critical for their normal growth and development. This will also support the vulnerable adolescent girls in mitigating the effects of HIV and AIDS as well as keeping them safe from acquiring HIV and AIDS.

RESULTS

Response Rate

Questionnaires were administered to 60 vulnerable adolescent girls, 53 parents and guardians, 5 managers drawn from NGOs, FBOs and CBOs, and 2 children officers, 2 chiefs and 1 assistant chief by 2 trained research assistants in the Ol jorook sub county of Nyandarua County. Out of the 123 questionnaires issued, 92 were returned, dully filled. Total response rate for the questionnaires was at 74.5%. Table-1 shows the response rates.

Table-1: Response Rate

Category/ Cluster	Designated sample size	Number Achieved	Response Rate (%)
Vulnerable adolescent girls	60	48	80%
Parents/ Guardians	53	39	73.5%
NGO/FBO/CBOs- Managers	5	2	40%
Children Officers/ Area Chiefs/ Assistants	5	3	60%
Total	123	92	74.5%

To determine the food-related support interventions among vulnerable adolescent girls and the organization offering the services

In determining the objective, questionnaires were administered to vulnerable adolescent girls, caregivers, and parents. They were requested to

indicate the kind of food related services that they had benefitted from in the last one-year and the organization that provided the service. The organization ranged from Government, NGO, FBO, or CBO. The findings were as presented in Table 2.

Table-2: Food- related Support interventions and Organization Offering the services

		Organization Offering									
		Government		NGO		FBO		CBO		Row Total	
		Count	%	Count	%	Count	%	Count	%	Count	%
Food Service	Food Given	0	0.0	10	20.0	11	42.3	8	66.7	29	31.5
	Education On Nutrition	0	0.0	30	60.0	4	15.4	1	8.3	35	38
	Farm Inputs	0	0.0	6	12.0	10	38.5	0	0.0	16	17.4
	None	0	0.0	3	6.0	0	0.0	3	25.0	6	6.5
	Others	4	100.0	1	2.0	1	3.8	0	0.0	6	6.5
	Total	4	100.0%	50%	100%	26	100.0%	12	100.0%	92	100%

From the results obtained from Table-2, it was apparent that there were four types of organizations that offered food related services in Ol jorook Sub-County in the last one year. These organizations included NGOs, CBOs, FBOs and the government. The respondents also gave the type of food services that they had received. From the findings, these ranged from the provision of food, education on nutrition and provision of farm inputs. The results indicated that, majority of the respondents had received education on nutrition at 38%, while food was provided to 31.5% of the households. 17.4% of the caregivers received farm inputs while 6.5% of the respondents confessed that they had received other services such as skills training on how to establish a kitchen garden using multi-storey gardens and another 6.5% of the caregivers had not

received any service. These findings implied that more than half of the respondents had received food related services from NGOs at 54%. This concurred with Larson [11] report on costs, outcomes, and cost-effectiveness, which confirmed that in response to the needs of children, made vulnerable by HIV and AIDS NGOs plays the biggest role.

The number of meals the vulnerable adolescent girls enjoyed per day

In understanding food security among vulnerable adolescent girls, the caregivers were asked to indicate the number of meals their adolescent girls received in a day for both who were attending schools as well as those who were left at home. The findings were as presented in Table-3.

Table-3: Number of Meals per day among Vulnerable Adolescent Girls

		Frequency	Percentage
Girls going to school how many meals do they take per day	Two	10	10.9%
	Three	82	89.1%
Girls not going to school how many meals do they take per day	Two	15	16.3%
	Three	77	83.7%

The findings in Table-3 revealed that among 10.9% of the girls going to school received 2 meals each per day while 89.1% had three meals each in a day. Of the girls not going to school, 16.3% had two meals each and 83.7% had three meals each. Some school going vulnerable adolescent girls do not go back home for lunch and in schools where lunch programmes are ran, the girls are said to benefit from such programmes and thus need only to take breakfast at home and the evening meals, which explains the higher percentage of caregivers who reported that adolescent girls get two meals in a day. For the adolescent girls who do not attend school and get only a meal or two in a day, this is probably due to inability of the caregivers to provide all the three meals required

for healthy living children, limited by their economic circumstances. However, some school-going girls usually go back home for lunch, thus will have three meals in a day.

Food adequacy among Vulnerable Adolescent Girls

In seeking feedback on whether adolescent girls were receiving adequate food in their households, the caregivers were asked to indicate whether, in the previous 30 days before the study was conducted; they had to worry that their household would not have enough food for their family members and how often this occurred. Table-4 Shows the caregivers' responses.

Table-4: Food sufficiency among Vulnerable Adolescent Girls

	Frequency	Percent
Once or twice in a month	10	10.9
3 to 10 times in a month	18	19.6
More than 10 times in a month	5	5.4
Never worried	59	64.1
Total	92	100.0

From the findings as indicated in Table-4, more caregivers never worried about their households getting enough food (64.1%) than there were those who worried 3 to 10 times in a month (19.6%). Of the caregivers who were worried once or twice in a month (10.9%) while only 5.4% of the caregivers were worried more than 10 times in a month. Comparatively, most of those who were never worried were the caregivers whose households had benefitted from food interventions, which implied that the more

the food related support services the more food secure the households were.

Consumption of preferred foods by vulnerable adolescent girls

Although majority of the caregivers never worried about having food in their households, the study also sought to determine if the vulnerable adolescent girls were able to eat their preferred kind of foods. Their responses were as shown in Table 5.

Table-5: Consumption of preferred food among vulnerable Adolescent Girls

	Frequency	Percent
Once or twice a month	18	19.6
3 to 10 times in a month	18	19.6
More than 10 times in a month	5	5.4
Always ate the preferred food types	51	55.4
Total	92	100.0

Fifty-five point four percent (55.4%) of the caregivers indicated that in the previous 30 days preceding the study, members of their household always ate their preferred types of food while (19.6%) ate their preferred food 3 times to 10 times in a month and another (19.6%) ate their preferred food once or twice a month. Only (5.4%) of the households did not eat their preferred food in more than 10 times in a

month. This implied that food was not only available in the households but members also enjoyed food diversity.

Access to food by vulnerable adolescent girls in the past one year

In bid to determine whether households were food secure, caregivers were queried on whether their

households had gone without food all day long in the past year, and how often their households went without

food for a day and their responses were presented in Table-6.

Table-6: Access to food among vulnerable adolescent girls in the past one year

	Frequency	Percent
Rarely (once or twice in a year)	2	2.2%
Sometimes (3 to 10 times in a year)	5	5.4%
Often (more than 10 times in a year)	1	1.1%
Total	8	8.7%

Table-6 indicated that (2.2%) of the households rarely went without food all day long in the past year while (5.4%) of the households sometimes went without food and only (1.1%) of the households often went without food in the past one year. This implied that largely, food was available in the caregivers' household and rarely was its lack a concern for most of the caregivers.

Lack of access to food among vulnerable adolescent girls in the past one year

To further understand food security and reasons for food unavailability during the "rare and sometimes" scenarios the study sought to understand the reasons why their family members lacked food in the past one year. The findings were as presented in Table 7.

Table-7: Lack of access to food among vulnerable adolescent girls in the past one year

	Frequency	Percent
Lack of money to buy food	30	32.6
Inadequate food at home	29	31.5
Market inaccessibility	12	13.0
High food prices	21	22.8
Total	92	100.0

Results on Table-7 indicated that majority of the respondents (32.6%) did not eat at some point in the past year because of lack of money to buy food while (31.5%) of the caregivers lacked adequate food in their households. 22.8% of the caregivers' responded that due to high food prices they could not afford adequate food for their household members and (13.0%) of the caregivers pointed that market inaccessibility largely due to high food prices kept them off from acquiring adequate food for their family members. These results could refer to not eating a meal and not going without food the whole day as the study had already established that only 8.7% of the respondents had gone the whole day without a meal in the past year. The general trend implied that the described food security circumstances were experienced only "some of the time" therefore indicating that the adolescents' girls were largely food secure. These findings concur with findings of previous studies that have reported that food

interventions have a positive impact on household food security and nutrition, given that recipient households tend to spend much of the transfer on food [12]. An evaluation of Malawi's Food and Cash Transfers also showed that 75.5% of the transfer was typically spent on groceries [13]. This therefore supports the caregivers to take care of other needs in the family other than food.

The relationship between the food interventions and their influence in reducing the effects of HIV and AIDS among vulnerable adolescent girls

In addressing the objective, inferential analysis was done using Pearson Product Moment Correlation (PPMC) and the Chi-square test so as to understand the relationship between the food interventions and their influence in reducing effects of HIV and AIDS among vulnerable adolescent girls. Results are as presented in Table 8 below.

Table-8: Pearson Correlations Results on Food interventions, HIV, and AIDS reduction

		Food Interventions	HIV/AIDS Reduction
Food Interventions	Pearson Correlation	.221	-.091
	Sig. (2-tailed)	.084	.483
HIV/AIDS Reduction	Pearson Correlation	.057	.447**
	Sig. (2-tailed)	.658	.000

** . Correlation is significant at the 0.01 level (2-tailed).

From Pearson Product Moment Correlation Analysis Table 8 established that there was a

statistically significant degree of relationship between food interventions and the effects of HIV/AIDS

reduction. The Pearson correlation value (r) was 0.378 with a p-value of 0.002 at a significance level of .001.

To understand the association between the food interventions and their influence in reducing

effects of HIV and AIDS among vulnerable adolescent girls the study also conducted Chi-Square Test. The results were as indicated in Table-9.

Table-9: Chi-Square Test Results on Food Interventions, HIV, and AIDS Reduction

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	23.334 ^a	12	.025
Likelihood Ratio	16.920	12	.153
Linear-by-Linear Association	8.711	1	.003

Table-9 above indicates a Chi-square value (X^2) of 23.334 and a p-value of 0.025. This implied that there was an association between food interventions and reduction of the effects of HIV and AIDS among vulnerable adolescent girls as a p-value that is less than 0.05 is an indication of the existence of an association. It was therefore appropriate to conclude that, there was a statistically significant association between food interventions and the effects of HIV/AIDS reduction among vulnerable adolescent girls in Ol-Joorok Sub County, Kenya.

SUMMARY OF FINDINGS

Food interventions targeting vulnerable adolescent girls have positive results with reduction of the effects of HIV and AIDS as indicated by the positive correlation between food interventions and the reduction of the effects of HIV and AIDS among adolescent girls in Ol-Joorok Sub County. The Chi-square test also ascertained that there is a statistically significant association between food interventions and the reduction of the effects of HIV and AIDS among vulnerable adolescent girls in Ol-Joorok Sub County of Kenya. Food related support services have shown that they ensure that there is adequate food as well as nutritional diversity among vulnerable adolescent girls. In addition, 89.1% of the vulnerable adolescent girls are able to receive an appropriate number of meals in a day, which has multiple effects especially related to the health of the vulnerable adolescent girls as well as on the effects of HIV and AIDS.

CONCLUSION

The study confirmed that food interventions provided to vulnerable adolescent girls have a direct impact on food security, as the girls are able to access the right food in the right quantity on a regular basis. This was indicated by the positive relationships drawn from the inferential analysis of Pearson Product Moment Correlation Analysis and Chi-square tests. In some of the times, the vulnerable adolescent girls went without food during drought season in the area and the study established that the non-governmental organizations provided different food interventions. This ensured that vulnerable adolescent girls were able to access enough safe and nutritious food to meet their dietary needs and food preferences to support their

active and healthy life as well as reduce the effects of HIV and AIDS.

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