

**CONTRIBUTIONS MADE BY NON GOVERNMENTAL ORGANIZATION PROJECTS  
IN POVERTY REDUCTION IN KWALE COUNTY, KENYA.**

**BY**

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**A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT OF  
THE REQUIREMENTS FOR THE AWARD OF A MASTER OF ARTS DEGREE IN  
PROJECT PLANNING AND MANAGEMENT OF THE UNIVERSITY OF NAIROBI.**

**2015**

**DECLARATION**

This research project report is my original work and has not been presented for a degree or any award in any other university.

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## **DEDICATION**

This research is dedicated to all the people who inspired, supported and encouraged me. Special thanks go to my dear husband for his inexhaustible support and encouragement throughout my studies at the University. To my lovely children, I hope this will inspire them to pursue their education and lead successful lives.

## **ACKNOWLEDGEMENT**

I would like to express my sincere gratitude to the University of Nairobi for giving me the chance to undertake my studies and for providing a supportive learning environment.

I acknowledge and express my gratitude and appreciation to my supervisor, Dr. Moses Otieno for the professional guidance he gave me while writing this research project report.

I want to sincerely thank the almighty God for me life and strength to complete this research. My gratitude also goes to all my friends and colleagues who assisted and encouraged me in different ways.

Finally, to my family, thanks for the sacrifices, patience, love and support throughout my research.

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## **ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
ASALs	Arid and Semi-Arid Lands
DFID	Department for International Development
FAO	Food Agricultural Organization
GoK	Government of Kenya
HIV	Human Immuno-Deficiency Virus
IMF	International Monetary Fund
Kshs	Kenya shillings
MOE&HRD	Ministry of Education and Human Resources Development
MoEST	Ministry of Education, Science and Technology
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
UN	United Nations
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
W&E	Waivers and Exemptions
WB	World Bank
WFP	World Food Program
WHO	World Health Organization
VSLA	Village Savings and Loaning Associations
DRR	Disaster Risk Reduction

## **ABSTRACT**

NGOs projects contribute significantly in terms of poverty eradication, health provision, child mortality reduction, water and sanitation provision, and, education provision for economic empowerment. The NGO sector provides employment for over 132 million people in the world and over 2million people in Kenya thus raising their living standards. The NGOs have operated in the country since before independence as either social organization, CBOs, church based voluntary organizations and many more. They have served in providing support for the less fortunate people or emergency situations in the country where the government couldn't cover. Remarkably, the seven core objectives of Plan International in Africa and Kenya have been a boost to the NGOs world. In this note, the research aimed at focusing on the role of NGOs in poverty reduction in Kwale County. The research looked at the roles of NGOs like Plan International in Kwale County in five sub-headings/objectives that include: The role of education provided by Plan International in poverty reduction, Health provision role, Water and Sanitation role, Economic empowerment role, and Child Survival role. Comprehensive literature review was done to gather information on the role of NGOs projects in poverty reduction from the previous researchers, followed with structured questionnaire distribution and interview as tools to collect data. Random sampling technique was selected as the appropriate sampling method giving equal chances to the population. The total population of 98 respondents was considered for the study, although focused interview schedules were conducted between the researcher and 10 focused group discussions of 10 individual each. The response rate was 91.84% positive, meaning that 90 questionnaires were fully filled and returned; thus valid for the study. The total study was then taken to be 90 valid questionnaires. From the discussions with the focused group discussions, the various roles played by Plan International were evident as supported by over 9 groups out of the 10. From the results of the study in chapter four, the chi-square values for all the objectives were greater than the critical value of 9.488; meaning that the alternative hypotheses were all valid. This means that alternative hypotheses were adopted while the null were rejected. Discussion of the findings and recommendations for future studies; including future similar studies in other counties, can be found in chapter five while the elaborate figure of locale of the study has been attached at the end of the document.

# CHAPTER ONE

## INTRODUCTION

### **1.1 Background of the Study**

Today 1 billion of the earth's 7 billion people live in avoidable extreme poverty. Within a single generation, the earth will be inhabited by 9 billion people, and 90 per cent of the additional 2 billion inhabitants are likely to be born into poverty. The challenge of our generation is to find ways to change those odds (Oxfam Strategic Plan, 2014). International Refereed Research Journal (2013) carried a question that sought how to reduce extreme poverty, increase people's rights, and balance the ecological systems that sustain life and the economic systems that sustain wealth. The journal paper presented in the UN meeting prior to the assessment of the MDGs that aimed at evaluating the role of education in poverty reduction, focused on NGOs and other multinational corporations in defining and understanding the scope of poverty in developing and Less Developed Countries.

In his writing, Banks, (2011) argues that, Poverty is a social-economic phenomenon in which a section of society is unable to fulfill its basic necessities of life. Globally, Poverty is widespread in India, with the nation estimated to have a third of the world's poor. The World Bank (2009) estimated that 41.6 percent of the total Indian population lived under the international poverty line of US \$1.25 per day (PPP), down from 60 percent in 1981. Poverty eradication has been one of the major objectives of planned development in India. According to the criterion of household consumer expenditure used by the Planning Commission of India, 27.5 percent of the population was living below the poverty line in 2006–2010, down from 51.3 percent in 1977–1978, and 36% in 1993-1994 (Economic Survey, 2010). The overwhelming fact about poverty in the country is its rural nature. Major determinants of poverty are lack of income and purchasing power attributable to lack of productive employment and considerable underemployment, inadequacy of infrastructure, affecting the quality of life and employability, etc. In their literature, Porta & Diani (2011) argue that, India like any other poverty stricken state discovered the role of NGOs and other international corporations like the OXFAM International in checking the ever increasing number of births and deaths. This way, in the 1993-1994 international NGOs that included the USAID, UNESCO, ACTION AID, PLAN INTERNATIONAL, UNICEF,

WHO, UNDP etc. were involved in planning for poverty eradication activities for both the local poor and urban poor, championing for poverty reduction programmes and projects, partnering with the government and locals to better their living standards.

In the years 1998-2009 for example, Unicef and Plan International carried out major poverty reduction in Manila's disadvantaged slums and people by paying school fees for the poor children, partnering with the community in building cheap and sustainable classrooms, providing alternative funds for support in food and alleviating the poor housing systems of both the urban poor and peri-urban poor, providing cheap medication and supporting the construction of cheap clinics for both the poor men and disadvantaged expectant mothers. This saw the population of poor Manila residents in India rise by 42% above their poverty lines of living less than 1\$ per day (Banks, 2011). The World Bank report of 2014 shows that in India, during the 2014 general elections, India was surprised to realize that major NGOs in the countries poor states and slums had done more than 23% on national development by providing alternative sources of mobile clinics for healthcare to people, partnering with the locals in building cheap classrooms of high quality, sensitizing people on projects identification and management. Among the organizations recognized for this in the May 2014 campaigns were Plan International and the UNESCO (Bartley 2014).

In sub Saharan Africa, almost all the countries with the exception of Libya, SA and Ghana, are LDCs. This means that majority of the people up to the tune of 67% live below abject poverty. Poverty and under development are a nagging problem in Africa. There are contestations about the causes of the problem. For instance, Mbaku (1998) and Pillay (2000) attribute the problem to corruption, Zondi (2009) to colonialism and imperialism, Chiroro et al (2009) to economic mismanagement, and protestant churches to sin. According to Stewart (2004), 80% of the countries that are worst performers on the human development index (HDI) have been at war in the past decade or are in political crises. In Africa, the effects of conflict have been witnessed in the Democratic Republic of Congo, Sierra Leone, Tunisia, Ivory Coast and Zimbabwe. Dealing with poverty and underdevelopment in the continent entails attending to the socio-economic factors that cause and perpetuate it. This study holds that Africa's poverty and underdevelopment

should be seen as a consequence of the exclusive socio-economic decisions and actions of giant TNCs.

In the DRC for example, wars have been experienced since the times of Mobutu Sese Zeko, Kuku Debanga, Laurent Kabila and Joseph Kabila junior and this has left many people not only dead but poorer. However, NGOs and other multinational corporations have struggled for the last two decades to provide social services like: Primary/ secondary education, Primary health care, Maternal child health care, Potable water and Sanitation that are aimed at bettering the lives of the poor people right from the capital of Kinshasa to the rebel hit interiors of Goma. Among the involved international bodies are the Plan International that has so far helped in paying up to 20,000 teachers working in the refugees camps (Brass, 2011), built make shift health units across the DRC (World bank, 2012), given food management and improved food technology to the farmers and helped in social perception change of the affected individuals with civil wars and their role in post war management (Oxfam, 2010).

In east Africa, Sudan that has been recently split into Southern and the Northern; giving birth to a new nation in the east African community will be an example of the activities carried out NGOs in east African. Included in the list of NGOs operating and helping the black Nilotes of southern Sudan is WHO, UNICEF, UNESCO, Plan International, Oxfam, UNDP, USAID and many more. In his study, Decker, (2009) argues that the civil wars in Sudan for the last 20years not only disintegrated development in the country but gave fertile grounds for breeding of poor people, refugees and HIV/AIDS spread. According to him, the wars fueled by the so perceived social oppression between the northern Arabs and the southern nilotes left the country with more poor people in the late 1990s and the early 2000s. However, World bank published a report in 2009 that focused on the state at which Sudan could be without the intrusion of the humanitarian organizations, NGOs and other financial Aid bodies like the world bank, EU, AOU, IMF, HelpAge among others. Due to the involvement of international bodies like the World Bank and Plan International, the Sudan people survived the pumps until they were separated in 2011. Plan International has been instrumental in southern Sudan since the early 2000 by being on the ground helping thousands of children and families who have been forced to flee recent outbreaks of violence in South Sudan, improving access to basic education, ensuring sustainable

livelihoods, advocating for good governance for peace building and child protection, and, disaster risk reduction, preparedness and humanitarian response (Brass, 2012).

The government of Kenya has taken measures to initiate and sustain poverty reduction. At independence the government identified poverty, diseases and ignorance as national tragedies (GOK, 2013). Most of the economic and social development policies pursued in Kenya have always focused on poverty, diseases and ignorance alleviation (Sessional Paper No. 10 of 1965). Subsequent development plans and strategies have been designed to focus on poverty reduction and general wellbeing of the people (Social Dimension of Development, SDD, 1995; National Development Plans, 2002-2008; National Poverty Eradication Plan, 1999-2015; ERS, 2003). Even though the government of Kenya has developed national development plans and policies to alleviate poverty, poverty has remained unchanged fifty years since independence (Kenya Integrated Household Budget Survey, (KIHBS), Society for International Development, SID, 2013; Kenya County Fact Sheets, 2013; Environmental Health Department, 2013).

However, most counties in Kenya, especially those along the Coast and Northern Kenya, remain the poorest in the country. Inequalities in education among the Kenyan counties are evident. Despite the government policies such as Free Primary Education, Free Day Secondary education, schools bursaries and the Constituency Development Funds (CDF), levels of deprivations remain extremely high in the Arid and Semi-Arid Lands (ASALs). Most people in Kenya lack access to basic amenities (SID, 2013). Today, participation strategy is embraced and brings together the stakeholders including the government and the NGOs in all development activities. The government has developed relatively positive perception towards the NGOs and other segments of the civil society in development process (Alila, 2005).

The government of Kenya and the civil societies have made several attempts to alleviate poverty without much success. It is therefore important to mention that it is proving challenging for the state and non-state actors to reduce extreme poverty by a half by 2015, a few months before the end of the year set to meet the MDGs. In this spirit a number of NGOs have operated in Kenya with the aim of elevating the poor Kenyans in both the rural homes, urban slums like Kibera and

Kisumu Ndogo, marginalized areas like North eastern areas, coastal strips and the flood hit areas (Nair, 2011).

According to the report published by the NGO council of Kenya in 2014 despite the government's NGO law that was passed by the Uhuru Kenyatta government, up to 57% of the NGOs have operated freely and have greatly impacted in the lives of the Kenyans. For example, Plan International has worked in Kenya since 1982, helping poor children to access their rights to health, education, sanitation and protection (Burger & Owens, 2010). Today, more than 800,000 people in community-based organizations and children's clubs, as well as farmers, youth and women's groups benefit from the activities of Plan International. In Kenya, Plan focuses on addressing causes of poverty and on managing different cultural practices that hinder the growth and development of children, especially girls. Plan strives to reduce poverty, raise children's voices, support orphans and vulnerable children, and attend to those with special needs, such as the disabled. In its website on its operations in Kenya, Plan International has highlighted 7 core functions and roles it performs to the Kenyans as follows: Plan Kenya's work to improve children's lives covers 7 core areas, all of which are rooted in the rights of the child: child survival-whereby Plan works with communities to reduce child mortality by preventing diseases and other conditions, such as malnutrition, that lead to poor child development and premature death, child protection, education, child participation, youth economic empowerment, HIV and AIDS prevention, sanitation.

In Kwale County, Plan began operations in the Kwale Programme Unit in 1995 covering Kubo and Kinango divisions and later expanded to Msambweni and LungaLunga divisions in 2002. Presently, Plan works with 15 Community Based Organizations. Programme Highlights in the last one year have included Birth Registration whereby the Programme Unit supported the registration of 6,000 children. By giving children birth certificates, Plan has laid a good foundation that will enable the children to realize their full potential. Also it has played the education role whereby the Education Programme has supported the building of 5 Early Childhood Care and Development (ECCD) centres in Kubo division in collaboration with the community and donor support. Some 397 pupils (175 boys and 222 girls) have accessed learning at the centres. Plan has influenced two education-related Bills. The Bursary Bill addresses

sponsorships of orphans, children with disabilities and other needy children in special schools, secondary schools, vocational training centers and universities. The ECCD Bill addresses education, care and support services for children between 3-6 years (<http://plan-international.org/where-we-work/Kenya/kwale/what-we-do>). It is these variant roles played by Plan International in Kwale county that have given birth to this study that has the aim of investigating into deeper depth on the contributions like education provision, hunger reduction, protection role and many more made by Plan international to the local poor and marginalized people of Kwale County.

## **1.2 Statement of the Problem**

Studies across the globe show that, areas where states cannot provide sufficient goods, services or enabling environments that help citizens in securing livelihoods, or where disadvantaged groups are excluded from existing state institutions, alternative channels of service provision and/or holding governments to account must be found. It is into this gap that NGOs have neatly fitted. The fight against poverty has been of great concern in Kenya for example since the post-colonial period. This struggle requires a collaborative, concerted and participatory approach of all the stakeholders in order to tackle the high poverty rates that affect about half of the population. The government and the NGOs have crucial roles to play in poverty alleviation. In Kenya, poverty manifests itself through poor health, illiteracy, insecurity, uncertain access to justice, isolation from social economic development and disempowerment. This situation demands strategic partnering so that a lasting solution can be sought (Renard & Molenaers, 2003; Godfrey & Sheehy, 2010).

There are poor standards of living caused by low levels of capita income resulting to high poverty rates in the country. This has opened channels for consultations among the stakeholders, especially the NGOs, as an approach towards cracking down poverty. The introduction of poverty strategies such as SDD, NDP, PRSP, and ERS, has brought many players together to respond to the challenges posed by poverty and hunger. Despite these strategies fifty years since independence, Kenya remains a poor nation that cannot provide her people with basic necessities of life (Commission on Revenue Collection Report, (CRC), 2013; GOK, 1995; Government of Kenya, 1999). In the last two decades, there has been a great increase in number and scope of

NGOs in the social economic development arena in Kenya. The NGOs like Plan International have enjoyed massive support and loyalty from all over the world facilitated by the MDGs (Okwiri, 2012). NGOs play essential roles in alleviating poverty, complementary to the government, both in terms of resources and in making the government more effective (Riddell & Robinson, 1995).

NGOs have taken a leading role in the development of Kenya. Several NGOs with both local and international funding have been in the forefront in fighting poverty, ignorance and diseases. Despite all these significant efforts made by NGOs in Kenya (Plan International included) in fighting poverty and diseases, no much research has been carried out to establish their relevance and roles in the community. In Kwale County for example, Plan international has operated in the area for over two decades now but little research has been carried in the area to establish the roles played by Plan international in reducing the poverty levels in the county. Due to this gap, the research sought to investigate the contributions made by NGO projects in poverty reduction in Kenya with specific focus on projects implemented by Plan International in Kwale County.

### **1.3 Purpose of the Study**

The purpose of this study was to examine the contributions made by NGO projects in poverty reduction in Kenya; with special emphasis on projects implemented by Plan International in Kwale County.

### **1.4 Objectives of the Study**

This study was guided by the following objectives:

- I. To examine the extent to which educational activities undertaken by NGOs have reduced poverty margins in Kwale County.
- II. To establish the extent to which economic empowerment interventions carried out by NGOs have reduced poverty margins in Kwale County.
- III. To determine the extent to which health interventions by NGOs have reduced poverty margins in Kwale County.
- IV. To establish the extent to which water and sanitation projects implemented by NGOs have reduced poverty margins in Kwale County.

- V. To determine the extent to which child survival activities implemented by NGOs have reduced poverty margins in Kwale County.

### **1.5 Research Questions**

The study was guided by the following research questions:

- I. What is the extent to which NGO programmes in education have reduced poverty margins in Kwale County?
- II. To what extent have economic empowerment activities implemented by NGOs reduced poverty margins in Kwale County?
- III. To what extent have health provision activities by NGOs reduced poverty margins in Kwale County?
- IV. To what extent have water and sanitation interventions by NGOs reduced poverty margins in Kwale County?
- V. To what extent have child survival activities implemented by NGOs reduced poverty margins in Kwale County?

### **1.6 Research Hypothesis**

The study was guided by the following alternative hypothesis:

- I. H<sub>1</sub>. NGO educational programmes have played a significant role in reducing poverty margins in Kwale County.
- II. H<sub>1</sub>. Economic empowerment activities implemented by NGOs have played a significant role in reducing poverty margins in Kwale County.
- III. H<sub>1</sub>. Health provision/ oriented interventions by NGOs have played a remarkable role in reducing poverty margins in Kwale County.
- IV. H<sub>1</sub>. Water and sanitation activities implemented by NGOs have played a remarkable role in reducing poverty margins in Kwale County.
- V. H<sub>1</sub>. Child survival interventions by NGOs have played a significant role in reducing poverty margins in Kwale County.

## **1.7 Significance of the Study**

With the ever increasing number of poor people in the country, there is a need to have identified bodies to deal with the menace of poverty, disease, ignorance and political putrefaction. The findings of this study will therefore be useful to the NGOs Council in identifying the gaps that needs to be filled by the new NGOs and the existing ones in bettering the lives of the poor Kenyans.

The study will also benefit the government by providing knowledge and information on areas to strengthen so as to reduce the vulnerability of its citizens to poverty and how to handle some roles in a shared proportion with various NGOs. The study findings will also benefit the donors of the Plan International both internationally and locally in that the donors will get first-hand information on the roles played by Plan and their success in reducing poverty. The county government of Kwale especially the social welfare and children protection departments, county ministry of education, health, sanitation and agriculture in knowing the areas that they can approach Plan for support.

Finally, the study will be useful for future researchers and academicians as it will provide them with reference information for further studies. It is worth noting that this study area has not been widely researched and therefore, the study is significant in that it will contribute to the literature.

## **1.8 Basic Assumptions of the Research**

This study had the assumption that all the core roles of the PI in Kwale County are documented and have been in place for not less than five years. It also postulated that there are a significant number of beneficiaries in the county who have been reached by the activities of PI operating in Kwale County.

It further presumed that Plan International plays significant educational role, economic empowerment role, health provision role, water and sanitation role, and, child survival role in reducing poverty in Kwale County. The study finally assumed that the respondents would fill the questionnaires faithfully and completely without any subjectivity. All these assumptions h

### **1.9 Limitations of the Study**

The major limitation of the research was time. For example, time allocated for the research and for the work place was greatly in competition. This is because, working in an NGO involves a lot of report writing and beating of deadlines and this greatly limited the researcher since she works with Plan International NGO. However this was overcome by creating time during the weekends and evenings to link with the supervisor in the University at Mombasa town and the respondents in the field.

Financial constraint was also a major challenge especially where the researcher was required to travel to various places of the county like LungaLunga, Taru and many more to gather information. However this was overcome by using strategic informants in the field.

The recent security situation in Kwale County was another limitation. The county is hit by both terrorism threats and MRC insurgency. This made it difficult to access most of the respondents without suspicion; since most of the time they treat strangers suspiciously.

### **1.10 Delimitations of the Study**

The major strategy that the study used to delimit itself is by specifically concentrating on the contributions made by NGO projects in poverty reduction while focusing on the projects implemented by Plan International in Kwale County, Kenya. The geographical scope was selected from the activities carried out by PI in reducing poverty in Kwale County. The research targeted the management/head of PI who oversee the community projects, the school pupils who benefit from the activities of PI, guardians/parents of the beneficiaries and the PI employees.

The researcher found it convenient doing the research since she has been working in the field with Plan International for a long time; meaning that she even understands the local Duruma, Kamba and Digo languages used by the locals. Also the researcher's local knowledge of the social dynamics of these communities helped her to plan effectively and approach the right people without cause of alarm. The researcher used a consent form seeking the acceptance or rejection of the respondents to participate in the study and this assured the respondents of their voluntarism in participation in the research. The researcher carried out interviews by

administering questionnaires to the managers of various projects under Plan International, staff officers with knowledge roles played by Plan International in poverty reduction, direct beneficiaries and this improved the integrity of the research in terms of quality.

The researcher administered both questionnaire and key informant guide to the respondents in order to obtain both quantitative and qualitative information and this improved the research findings in terms of quality.

### **1.11 Definitions of Significant Terms**

**Education**-Is an organized or non-organized imparting of new ideas or knowledge on someone.

**Economic Empowerment** -refers to activities that are aimed at improving people's livelihood by giving them alternative ways of accessing necessary goods and services.

**Health Interventions**- is an effort that promotes behaviour that improves general health, and discourages health risks.

**Sanitation**-Refers to activities that are carried out to ensure a clean environment that doesn't act as fertile grounds for breeding of disease causing germs.

**Child Survival**- Refers to reducing child mortality by preventing diseases and other conditions, such as malnutrition, that leads to poor child development and premature death.

**Poverty reduction**- describes the promotion of economic growth that will permanently lift as many people as possible over and above the poverty line.

**Non-Governmental Organizations (NGOs)** - Steinber (2003) defined NGOs as autonomous non-profit and nonparty/ politically affiliated organizations that advance a particular cause or set of causes in public interest. Deborah (2007) further calls NGOs as sub species of civil society, as civil society is much older, dating to back to the ancient philosophers of Greece.

### **1.12 Organization of the Study**

This report is organized in five chapters. Chapter one is the introduction which includes the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, statement of the problem, purpose of the study, objectives of the study, research questions, research hypothesis, significance of the study, delimitations of the study, basic assumptions and the definition of significant terms. Chapter two of the study consists of the

literature review with information from other articles which are relevant to the researcher. Chapter three entails the research design, target population, sample size and sampling procedure, data collection method, validity of research instruments, instrument reliability, data analysis and presentation and ethical considerations. Chapter four consists of the response rate, demographic information of respondents, findings on education, economic empowerment, health interventions, water and sanitation and child survival roles, testing of hypotheses 1 to 5. Chapter five entails summary of findings, discussion of findings, recommendations and suggestions for further research.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This section summarizes the literature that is already in existence regarding roles played by NGO projects in the country and the world at large. It presents an overview of previous work on related topics that provide the necessary background for the purpose of this research. The literature review will be discussed in regard to the sub-topics borrowed from the objectives as below.

#### **2.2 The Educational as a Role Played by the NGOs Project in Poverty Reduction**

According to UN (2013) Education is the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for mature life. UNICEF (2012) describes it as the mirror of the society, showing its strengths, weaknesses, hopes, biases and key values of its culture. Thus, education has a definite role to play in the development of people and countries, eliminating their negative thinking and showing people a common course of action that will strategically place them in a better position of articulating issues. It has also been cited as one of the most important determinants of economic growth since it is both an indicator, and an instrument, of development. It is in this spirit that almost all the ancient NGOs and CSOs like the Action Aid, UNICEF, UNESCO and many more invested heavily in both formal and non-formal education among the wealthy and poor nations of the world. In their view, these organizations felt that for development to come into the world after the effects of the World Wars, the people had to get education that was aimed at elevating them from the desperate situations (Edwards 2011).

In this study, the education role played by the NGOs in Kenya with the aim of reducing the effect of poverty was looked at in two categories. The first category involved the NGO projects' support to the school going children and the second one involved the partnerships/participation in classrooms construction by NGOs.

### **2.2.1 Needy Children's Education Support Role by NGOs**

A study carried out by the World Bank on the rate of development in African states, Ghana was rated 2<sup>nd</sup> after South Africa to be one of the best developed countries in Africa in the 21<sup>st</sup> century. One of the major attributes to this was the fact that the country had greatly realized the role of educating both the poor and rich in the country from the past experiences of its greatest scholars like Kofi Annan, John Kufuor and others (Edwards, 2011). In his writing, Brass, (2011) argues that just like Ghana, Kenya should adopt a National Education Council that devolves the role of education and, that invites other stakeholders like the NGOs and civil societies, that have the heart to help and reach even the disadvantaged so as to elevate them from sinking in dire poor conditions by allowing them access education. In Ghana for example, the CRS supports two education programmes. The goal of the Education Support Programme is to improve school enrolment and attendance, especially among girls and the poor in the rural homes, by providing on-site school feeding and take-home rations at the primary school level. Also the Quality Improvements in Primary Schools programme, which aims to improve education for primary school children. However, studies have shown that major actors in the implementation of the above since 1998 have been the CSOs, CBOs and NGOs like the UNICEF, UNESCO, Action Aid, US Aid, Plan International, UNEP and many more that have been competing to better the lives of the poor children in Ghana for about 2 decades now.

According to the GOK (2012) great thanks were directed to the local and international NGOs by the then Minister of education Hon. Mutula Kilonzo for their endless work of bettering our schools, improving the state of school feeding programmes, helping reduce the rates of school dropouts and early marriages. Remarkably were UNICEF, UNESCO, Plan International, World Vision, ElimuYetu and Ni Sisi Organizations that were found not only to be penetrating the abandoned regions but to have given a lot of hope to school going children who could otherwise be left out by the government. The Kenya Government Official Gazette for example carried a report in 2012 citing the major achievements of the former NARC and later PNU government led by Hon. Mwai Kibaki to be the free primary and subsidized secondary education; that saw the enrolment rise by about 4.81 million students between 2003-2011 in both primary and secondary schools and, the rise of the public universities from the normal 7 to about 23 in the country. This was attributed to the good will and links between the Kibaki government and CSOs/NGOs both

at the local and international levels who provided school pulling factors like; provision of school fees to substitute what the government allocates to the primary schools, food to give the children energy in areas like Turkana, Ukambani etc., provision of school shoes and uniforms to the needy children, provision of sanitary towels to the girls and many more activities ( GOK, 2012; World Bank, 2013).

According to the International Refereed Research Journal (2013), the NGOs are highly active in the sector of informal and non-formal education. The best way to develop human resource is through appropriate education. Illiteracy created due to lack of education is one major obstacle for socio economic development and also for poverty eradication. The Kenyan Government, UNICEF, Plan International, World Vision and UNESCO are trying at their utmost level to eradicate illiteracy. The low rate of admission in primary schools, failure to attract the children to schools, unlikable education method and syllabus are some of the reasons why the rate of primary education in the rural area is not at all promising. The above NGOs and bodies constitute the largest percentage of educational support in the country just as they do in Asia's Bangladesh and east Africa's southern Sudan.

In Bangladesh for example NGOs have come up with creative ways of improving the state of education continuously since 1992 whereby more emphasis is given on the participation of parents as well as community in regard to designing community based attitude of sending poor children's parents to schools (World Vision, 2010). This program has turned into a vital accompaniment for the primary education system by the government. In 1998, World Vision spent taka 13, 06, 87,996.58 which amounted to 40.10% of their total expenditure followed with PI at the 32.10%. So far the NGOs have been successful in providing education to 23 lakh people in the last five years through establishment of 30 thousand primary schools and 44 thousand adult-education centers. At present almost 9 lakh men and women are studying in these schools (World Vision, 2011).

In a report published by Plan International in its website, so far since internal wars erupted in Southern Sudan almost two years ago, it has not only benefited the almost 320,421 refugees only but has played a role in providing education to them with the aim of alleviating their poverty

levels. In its access to basic education role, Plan works to ensure that disadvantaged children in the war pricked Southern Sudan have access to basic education - especially girls, who tend to have lower school access and retention rates than boys. Plan also supports the provision of technical and vocational training in South Sudan so that youths who missed education due to war have a means of sustainable livelihood/better improved lives. It also address issues that adversely affect children's education - such as poor health, child protection, birth registration, household economic insecurity, emotional distress, HIV and AIDS (WHO, 2014).

In Kenya's case, Projects run by PI have not only been a source of smile to the community just like any other NGOs like the HelpAge, Blind and Low Visions, UNICEF etc. have left Kenyan poor children with a smile, but they have also been a blessing to the marginalized, poor children and those operating in ASAL places that are characterized by regular conflicts. NGOs like PI in Kenya for example have been instrumental in helping the poor child improve his/her life later in life by providing educational pulling incentives to keep and train the child for a better live than that lived by the parents(NGOs Council, 2014).Some of the activities done by PI in Kenya for example include: provision of school uniforms, shoes and writing materials to the needy students, payment of chargeable school fees for the needy students in areas of operations, providing sanitary towels to girls in schools who have reached the Menstrual cycle stage, prevention of early marriages/pregnancies to these girls through informed seminars and community involvements among other factors as indicated in their website (World Bank, 2014).

According to Oxfam Strategic Plan (2014) international bodies like PI have been engaging themselves in activities that are aimed at changing the phase of poverty in Africa without which, Africa could be as poverty stricken as a mall fish in a drying up stream. This has always made NGOs operating in Kenya like PI to modify their roles day in day out so as to be in line with modern development that aims at changing the lives of both the poor and the middle class. Plan has done this from time to time and in Kenya it works with communities to improve the school environment so that children can receive quality education. It focuses on teacher, pupil and parent relationships; train teachers; promote good governance and inclusive and democratic decision-making in the running of schools (International Refereed Research Journal, 2013).A Poverty Eradication Strategy Paper in Kenya after the MDGs of 2015 published by the GOK

indicated and singled out PI as a NGO that has provided school support for the poor children both in the rural areas and the peri-urban slums like Mathare and Kibera and also encouraged hopeless school dropouts to engage into vocational training that has been very instrumental to the Jua-Kali industry (GOK, 2014).

In this study, PI was found to have sponsored about 33,120 students in Mukuruini slums, Mathare area I slums, Huruma, Majengo, Kibera, Mukuru kwaNjenga, Kajiado, Marsabit/Turkana, Kwale, Nyanza and many more. In Kwale County for example, since its inception, Plan has greatly influenced the educational pattern of the local children and to a great extent the poverty standards of the poor child in the county. Plan has engaged in various activities that aim at taking and retaining the poor child at school in areas like Vanga, Kinango (major operational point of Plan), Kwale town-ship, Lungalunga'sGodo and Jirani area, Mwangulu and many parts that include Samburu and Taru. Activities done include partnerships with local teachers to give them better training to strategically place them in a better understanding of the modern education that can help a child, provision of school uniforms to the needy children, payment of school fees and other required levies for the children, provision of sanitary towels to students and many more(WHO, 2013).However, as much as Plan International and other NGOs have put more efforts in ensuring that the poor child gets better education with the aim of bettering their lives in future, little has been done in terms of the roles these NGOs play in poverty reduction in the area ;a gap that this research aimed at sealing.

### **2.2.2 Classrooms Construction Role Played by NGOs**

Since the introduction of the free primary education in Kenya in 2003, one major constraint has been taking a central role. The congestion in classes in public primary schools due to the increased number of students left a number of students learning under trees, others sat on stones outsides, others under very poor muddy built structures; a factor that compromised quality of education in Kenya for quantity(World bank, 2013).In Kajiado, Rachuonyo, Isiolo, west Pokot and Tana River for example, children have had to study in deplorable conditions , including children sitting on stones/on the ground and listening to the teachers give them lectures in the name of quality learning/teaching. This unfair act never isolates these learners from a common

exam that is administered by KNEC; that shamelessly measures the ability of the children uniformly in Kenya without taking care of the environmental background.

Due to this realization, several NGOs have come in to support and better the learning environment for the students within and outside the scopes (Banks, 2011). Banks continue to write that NGOs operating in south Africa and east Africa regions have been in the fore front of building better cheap classes in collaboration with the local communities or the government with the aim of bettering the lives of the poor children in the slums and the marginalized areas. This extended to Lesotho (one of the poorest countries in South Africa) whereby World Vision, UNICEF and PI have worked on 1,241 classrooms that have accommodated extra 4,123 students between 2000 and 2013 (World Bank, 2013). The same has been on the rise in southern Sudan's Juba area where Plan for the last 3 years has erected almost 30 classrooms for primary school refugees and 12 vocational training classrooms.

In Kenya, Plan-just like other NGOs has been on the move of eliminating the menace of student learning under trees/ in bad condition by partnering with the locals in classroom construction, renovation and re-carpeting. In Muranga County for example, in the years 2011-2013, after Cecile Mwangi highlighted the jigger trouble in the area, NGOs have done a number of classes across the primary schools in the area and some classes that had mad floors have been re-carpeted. Plan for example gave 150 iron sheets and 90 bags of cement to 5 primary schools in the area to commence new classrooms building to accommodate the increased number of pupils, it partnered with the government in erecting modern water tanks for the teachers and students of 7 primary schools in the Southern parts of Muranga that has for a long time had challenges with the access to clean and abundant water (GOK, 2014).

In ASAL areas of Turkana, Isiolo, Wajir, Moyale, Tana River and many more, NGOs have been on the fore front in making the learning environment of the disadvantaged child a reality. In this case, the NGOs like World Vision, UNICEF, USAid and others have been erecting structures that are friendly to both the hot climates and the unpredicted floods during the rain seasons. In Isiolo for example, Plan partnered with the local community in 2012 to build raised classrooms and raised toilets that were aimed at avoiding destructions during rainy seasons that

were always accompanied with severe floods. This saw the erection of 52 structures of which 30 were classes and 22 were pit latrines (WHO, 2012; World Bank, 2012). In Kwale county, Plan just like Nikumbuke Project have for a long time partnered with over 21 primary schools in classrooms construction. In Mamba, Vanga, Jirani, Manda, Lukore, Mkanda, Shimba Hills and many more, Plan has been very instrumental in providing part of the funds needed for modern classrooms erections (International Refereed Research Journal, 2013). This has seen the building of more than 50 classrooms in the county and the boosting of disadvantaged primary school children's enrolment by 672 children between 2012 and 2014 (International Refereed Research Journal, 2013). However, despite the fact that Plan has been doing a lot in classrooms erection across the county, little has been done in relation to this activities; a factor that the study seeks to address.

### **2.3 Economic Empowerment Interventions by NGO Projects in Poverty Reduction**

According to UN (2012), poverty has been linked to Africa's tendency of dependency on foreign aid and other local donations or support given in terms of money, materials and goods that do not trigger them into innovation and creativity. In the early ages after World war II, the Russian government found out that for it to stand, it had to go against foreign aids that were coming in through donations, money from well-wishers, lotteries and others from NGOs that was poured on the people without specific projects. In this contrary, NGOs and civil societies in the 21<sup>st</sup> century have moved from the provision of funds to the needy people to economic empowerment of the disadvantaged (Della & Diani, 2011). Studies across Africa have shown that almost 67.45% of the NGOs and CBOs have moved from services, donations and relief provision to empowerment by giving in to very specific projects that are aimed at creating jobs, creativity or better living to the locals. This has been evident in Ghana, South Africa, Senegal and Angola whereby organizations like World Vision, UNEP, HelpAge, PI, Oxfam and more have created various employment opportunities and have even created businesses for many locals. This is estimated at 45% elevation from poor conditions in Ghana in 2008-2014, 47% in Senegal in 2008-2010, 49% in SA in 2007-2014 and many more (Harsh, Mbatia, & Shrum, 2010).

In their writing on the book entitled 'Keeping body and soul together: southern NGOs' strategic responses to donor constraints,' Elbers, & Arts (2011) argue that evolution has taken place in

Kenya NGOs. According to them, the NGOs have taken some significant initiatives to handle the poverty situation in Kenya through various economic empowerment strategies considering certain aspects stated below: Speedier economic growth achievement process, Human Resource development and, Specific target setting for poor. Hence, a combined strategy considering all three stated aspects has been the necessary undertaking by most NGO projects in the country including PI. Concerning the Humanitarian Progress and Structural Development of Organizations for Rural Poor in Kenya, Lewis & Kanji (2009) report that, despite the fact that poor people have vast experience about life, still they are incapable of developing exact ways to scientifically analyze and fix their problems and whatever possessions they have. In this case, efforts of the NGOs, CBOs and CSOs are worth mentioning to help these people analyze the society and problems in the backdrop of old, superstitious, anti-life perspectives (GOK, 2012).

For example: several primary training, improved training, organizing exchange programs among different groups or areas, regular adult education activities, weekly analytical discussion etc. that have been held in Kenya since 2005 to 2013 in Kenya by PI, WHO, WFP, KDEN and many more have helped people in Kilifi, Lamu and Mwingi abandon some views that were too primitive and poverty linked. According to Gondi, (2010), different NGOs are playing essential role for humanitarian development through joint analysis and seeking solution through different seminars and workshop, joint social activities, and application of socio-economic projects. Besides, they have introduced certain essential concepts like developing small groups, credit based cooperatives, mother welfare society and cooperatives etc. for homeless/ landless etc. and thus have strengthened the root of organizational structure for rural poverty.

Across the country, World Bank has been in the fore front in reporting that the NGO bill passed by Uhuru government was negative to economic development due to the fact that it could curtail most of the freedom of operation enjoyed by these important development organs especially in developing human resource (Poverty Alleviation Programmes, 2014). According to the Ministry of rural development (2014) in order to encourage the rural poor to participate in different economic activities in Kenya and to increase their income through employment generation, several policies, methods and strategies of the NGOs have attracted the attention of some foreign development experts. NGOs like Plan operating in Kwale county, Asumbi, Kubweye, Marsabit

and many more areas where up to 70% of the locals missed employment usually create employment in two ways. First of all, they provide employment in their own organization since they also need human resource to operate. Secondly, they provide loans and management assistance to individuals, which create new employment opportunity.

According to a report published in an international journal by the world bank-Kenya chapter, currently the projects that are being conducted under the supervision and assistance of NGOs in Kenya's 44 counties out of the 47 are: Irrigation project for landless, Fishery in ponds /Fishing in the coastal area, Weaving, Equipment supplies for landless share cropper, Bee keeping, Small business, Rice and popcorn production, Handicrafts i.e. earthen wares, wood and cane works, Developing nursery. Besides, they are providing training to hundreds of men and women on vaccination and treatment of domestic animals and poultry, construction of sanitary laboratory and slabs; to be mechanics of pump machine or rice/paddy mills etc. Thus they are significantly contributing in eradication of poverty by providing the above-mentioned essentials. Plan has created jobs for over 120 locals and over 35 workers in either management or permanent occupations in Kwale County for example since it started. This has greatly influenced the lives of these people positively. In the year 2013 alone, Plan just like any other NGOs in Kenya provided employment opportunities to 67 men and women in Kwale County through various activities that were never limited to field work, sensitization/community mobilization and data entries (GOK, 2013).

NGO's specific target setting for poor has been cited by (Government of Kenya, 2012) as one very important and effective innovation by NGOs. As a result, participation of the true beneficiaries and direct objective setup is possible to achieve economic target. Besides, It is an effective element in making the loan scheme (to economically empower the poor) successful. This type of meeting creates a trend of empowerment for the poor and awareness creation along with raise in their entitlement.

#### **2.4 Health Interventions by NGOs Projects for Poverty Reduction**

In Kenya, Health and nutrition status of the rural, ASALs and slums populace is very poor (WHO, 2012). Majority are deprived of even minimal health and nutrition facilities like common

pain killers, preventives and even basic first aid knowledge (Gondi, 2010). For this reason, a significant part of the active NGOs like PI of Kenya are providing training and education service in the field of health and nutrition. According to GOK (2012), Health is wealth, and health is one way NGOs are creating wealth in Kenya's population that has not evenly been reached. The scourge of HIV/AIDS, outbreak of other diseases like cholera, meningitis and many more in the country propelled NGOs' activities in the areas of prevention and enlightenment programmes.

Health and nutrition is one very important indicator of poverty measurement. In some specific area of primary health care sector like diarrhoea control, vaccination against six hazardous diseases, campaigning for health consciousness, expansion of water and sanitation services, reproductive health care and family planning services etc. the NGOs have achieved extensive success. World Vision for example spent in health sector Ksh. 65,841,474.45 which consists of 20.20% of their budget in providing nutrition services to pregnant women and under five children in 32 districts in the country in 2012-2013 alone. This amount doesn't include the amount of money indirectly/directly given to programmes supporting HIV/AIDS eradication programmes in the country (World Vision Kenya, 2013). CARE International's health programs for example are focused on maternal health and HIV/AIDS, but also address other areas such as nutrition, safe drinking water, health education, and training local health workers. CARE reached more than 5 million women, men and children last year with information and services to improve maternal health in Kenya alone with over 73,123 beneficiaries coming from Kwale and Kilifi counties (WHO, 2014).

According to Srinivas, (2012), in order to develop the health and nutrition situation in Kenya, around 157 NGOs have brought in sanitary toilets, papers and towels for 7.9 million people and safe water for 1.5 million people through establishment of 1.5 million tube-well in dry ASALs, 186 rural sanitation centers and 2500 latrines . In Kenya, till 2009, 85% children were vaccinated and 90% women were given training on how to make oral saline under the EPI project carried out by World Vision, WHO, PI, USAID and many INGOs/NGOs. In one research done on about 214 households in Kenya's slums, it was found that, in terms of food intake, knowledge on nutrition, mother and child care, tendency to take purified water etc. those poor people under NGO projects had daily intake of 2,171 calorie where as those not included in the projects took

only 1,982 calorie. 50% children under NGO funded project for example have normal nutrition and those not included under NGO, only 30% children aged nine years have normal nutrition. In other words, NGOs are playing a notable role in changing poverty state by bringing in primary and other health and nutrition care services within the reach of poor people (Harsh, Mbatia, & Shrum, 2010).

A study carried out by the UN (2011) concluded that NGOs in Kenya and Nigeria are also involved in the protection of rights of people living with HIV/AIDS, providing of some funds required in subsidizing Medicare for the poor holdings in the slums and neglected rural homes, provision of hospital building together with the communities and participating in vaccination activities. About 200 NGOs were involved in such operations in 1997- 2009. Human right NGOs, CBOs and specifically Plan have been at the forefront of setting standards for human rights and of promoting and protecting those rights related to the medication and child health protection in Kenya today. The role and tasks of the United Nations in the field of human rights is greatly enhanced by the generous input of NGOs. In 1997, NGOs in collaboration with the United Nations Human Right Committee (UNHRC) addressed issues such as non-discrimination against people living with HIV/AIDS, protection of families of infected persons, right of those living with HIV/AIDS to participation in political and public life at national and international levels, right to privacy among others (UNAIDS, 2010).

In terms of healthcare financing, some reports suggest that NGOs provide up to 40% of the total estimated cost of providing health services in Kenya either directly or indirectly (MOH, 2010). The first National Health Accounts (NHA) of 1994 estimated that they provide 30% of the national promotive/preventive health spending (Republic of Kenya, 2009). However, NHSSP-II estimated that NGOs were to contribute 8% of the financial requirement of the national health budget to implement it and other related projects like hospital laboratories, electrification, medical facilities and many more projects during 2005-2010 (GOK, 2006: 46). In this regard, NGOs council reported that the mother NGOs collaborated with the young NGOs in the country significantly between 2006-2011 to offer various services in the medical sector that were not limited to: medical sensitization and education about communicable diseases, preventive measures to diseases outbreaks, reduction measures to diseases like HIV/AIDS, provision and

supply of free condoms in urban slums of Kondele, Nyamasaria- Kisumu, Bangladesh, Kisumu Ndogo, Kisauni-Mombasa, Mathare, Huruma, Mukuruini, Kibera etc. in Nairobi, building of community hospitals and training of medics to handle the desperate poor in these area (WHO, 2012).

A report published by the MOH in 2009 indicated that in Kwale county has 3 hospitals, 5 health centres, 37 dispensaries (GOK), and 7 private dispensaries. Accessibility of health services is, however low. Majority of the population live over 5kms to the nearest health facility. Shortage of drugs, indiscipline among health providers, corruption, lacks diagnostic facilities like X-Ray machines adversely affect provision of quality health care. Cost of health care system is also a barrier to access to services. The doctor patient ratio stands at 1: 82,690 which in itself is telling of services offered due to shortage of staff in the health facilities. The prevalence diseases include Malaria, Digestive Tract Infections and Skin Diseases. HIV/AIDs is also a major health and development problem in the district. Kwale District infection rate stands at 25% meaning that one in every four people is HIV positive. The rate of infection varies across the divisions with Matuga recording an infection rate of 37.3% followed by Kinango with 33.2% and Msambweni division with 15.2%. The number of orphans is on the upward trend due to the scourge. The impact of HIV/AIDS is already evident in the County. There is a decrease in agricultural productivity because agriculture in the districts is labour intensive. Children are being denied an opportunity to be educated and get relevant skills, increases in the number of homes headed by children and grandparents, child labour, increasing orphans and children without decent behavior. This rise in prevalence could be attributed to strong cultural beliefs, poverty in community, stigmatization of infected/affected people and the fact that fight against HIV/AIDS was initially left to only Ministry of Health (MOH, 2009).

Therefore, Plan just like other NGOs operating their health projects in the area focuses on HIV and AIDS prevention and mitigation. Using schools as the entry point, they help children, youth and caregivers such as teachers, to acquire life skills to enhance HIV prevention. Plan also support services for the infected and affected, enabling them to access health care, anti-retroviral treatment, education, shelter, nutrition, protection, psychosocial support and economic empowerment. A report published in the Plan website indicates that access to health care is

essential. Plan helps communities build health clinics, train health care workers and invest in equipment and medicine so children can grow up healthy and strong (Plan Website, Jan 2015).

## **2.5 Water and Sanitation Role Played by NGOs Projects in Poverty Reduction**

Various literatures have been put in place as pertains to water and sanitation in the sub-Saharan Africa and various reports have been given out. The African Ministers Council on Water (AMCOW) for example commissioned the production of a second round of Country Status Overviews (CSOs) to better understand what underpins progress in water supply and sanitation and what its member governments can do to accelerate that progress across countries in Sub-Saharan Africa (SSA). AMCOW delegated this task to the World Bank's Water and Sanitation Program and the African Development Bank who are implementing it in close partnership with UNICEF and WHO in over 30 countries across SSA. This CSO report has been produced in collaboration with the Government of Kenya and other stakeholders during 2009/10 (WHO / UNICEF, 2010).

According WASREB (2010), water supply and sanitation in Kenya is characterized by low levels of access, in particular in urban slums like Bangladesh, Likoni and Kisumu Ndogo in Mombasa and in rural/marginalized areas like Turkana, Kwale, Tana Delta, Isiolo, Pokot and many more, as well as poor service quality in the form of intermittent water supply. Only 9 out of 55 water service providers in Kenya provide continuous water supply. Seasonal and regional water scarcity exacerbates the difficulty to improve water supply. The Kenyan water sector underwent far-reaching reforms through the Water Act No. 8 of 2002. Previously service provision had been the responsibility of a single National Water Conservation and Pipeline Corporation as well as of a few local utilities established since 1996. After the passage of the act service provision was gradually decentralized to 117 Water Service Providers (WSPs) (GOK, 2012).

These are linked to 8 regional Water Services Boards (WSBs) in charge of asset management through Service Provision Agreements (SPAs). The Act also created a national regulatory board (WASREB) that carries out performance benchmarking and is in charge of approving SPAs and tariff adjustments. The Ministry of Water and Irrigation is in charge of policies for water supply and the Ministry of Public Health and Sanitation is in charge of policies for sanitation. Although urban water tariffs are high by regional standards, (US\$0.46 per m<sup>3</sup> on average in 2007), the

level of cost recovery is low due to a high level of non-revenue water (average of 47%) and high costs. Costs are high due to the need to tap distant water sources (e.g. Mombasa is supplied from a source located 220 km from the city, while Kwale county is served with small various sources located about 179km away) and due to high levels of staffing (11 workers per 1000 connections or more than twice the sector benchmark). Investment in the sector increased fivefold from US\$55m in 2004–05 to almost US\$300m in 2008–09. 58% of this amount was financed by the government with its own resources, 31% by external donors and 11% was self-financed by utilities; though this is much less than the expected (MoWI, 2009).

On the other hand, the most recent official estimates of access from the Government of Kenya put water supply coverage at 42 percent and sanitation coverage at 31 percent in 2006/2010 (urban and rural areas combined). The chances of meeting ambitious government targets for 2015, of 76 percent in each case, appear slim. According to the government's own estimates used in the SIM, coverage stood at 38% in 2006 and 41% in 2010, leaving a significant shortfall relative to the 2015 SIP target of 75 percent. Access to improved water supply in urban areas has dropped over the review period against a background of rapid urban growth. The government's estimate of rural sanitation coverage and baseline for the SIM is 32 percent (2006/2010). Sanitation coverage in urban areas is the lowest of any sub-sector: the government's estimate and SIM baseline is 29 percent for 2006-2010, while the JMP puts 2008 coverage at 27 percent, up just 3 percent from 24 percent in 1990 (GOK, 2011).

Kenya has an active civil society including a number of local NGOs active in water supply and sanitation. Many of them are members of the Kenya Water and Sanitation Civil Society Network (Kewasnet) founded in 2007. Among other activities, Kewasnet monitors service delivery, especially for the poor, and policy implementation on water sector reforms. It also "provides information to Kenyans to enable them to be engaged and involved in the management and decision-making mechanisms of the Water and Sanitation Sector". It also "promotes a culture of consumer responsibility that pays for supplied services from utility companies, safeguards water services infrastructure and equipment against vandalism by criminals." One of the larger Kenyan NGOs active in water and sanitation is Maji Na Ufanisi (Water and Development). It is involved in community development and infrastructure construction in urban slums and in small towns,

advocates for improved sector governance and carries out research. It was created in 1998 to take over the Kenya operations of WaterAid UK when the latter decided to close down its operations in Kenya (GOK, 2012).

Also involved in water and sanitation in the country are UNICEF, Plan, USAID and many more other bodies that joined the process in the late 2000s. A report published by PI for example in its website argues that, Water and sanitation are essential for every child's survival. Every year, Plan helps communities build school latrines, community water points and helps to establish organizations to ensure the continued management and maintenance of water points ([www.planinternational/kenya.com](http://www.planinternational/kenya.com)). CARE International for example operating in the country's disadvantaged regions builds and maintains clean water systems and latrines, and provides education about hygiene and water-borne illnesses. These programmes aim at reducing the risk of water-related diseases and increase the earning potential of households by saving time otherwise spent fetching water. Last year, CARE and Plan helped more than 3.3 million people access safe drinking water and sanitation systems, develop governance mechanisms for management of water systems, and improve hygiene practices (GOK, 2012). Poor sanitation causes disease and can kill. Plan is pioneering a radical new approach – Community-Led Total Sanitation (CLTS), which educates communities about the importance of sanitation and helps them to construct and maintain their own latrines. This approach gives individual community members the confidence to enforce a total ban on open defecation in their villages (WHO 2010).

## **2.6 Child Survival Activities Carried out by NGOs for Poverty Reduction**

Child mortality rates in Africa in the early 1980s were not only a disaster but just an outbreak that forced many mothers to give birth to over 10 children between ages 16-35 years as a strategy to curb the effects of deaths. It was surprising that out of a family of 16 children born in Lesotho, Kenya, Zambia and Zimbabwe between 1975 and 1992 only 4 children could survive to adult age. This was associated to poor prenatal services provided to the young and mature mothers, problems of poor nutrition for the mothers and their unborn children, outbreak of several diseases that lacked immunity, poor medical services that could take care of diseases like the notorious gonorrhoea and syphilis that led to troubled pregnancies and many more (WHO, 2012). Since then things have changed however in a way that the death rates for the children

reduced between 1992-2009 in Kenya to about 52/1000 births in some specific areas but those marginalized and the security troubled region in the county like North Eastern, parts of coast and some areas of the south rift including Pokot and parts of Mt. Elgon have for a long time been experiencing high mortality rates for the infants at the rate of 140/1000 (WHO, 2012).

A report published by the MOMS in Kenya has shown that the reducing trends in the deaths of the infants has been on the decline because of the efforts played by almost all the stakeholders that are not limited to MOH, WHO, GOK, CBOs, WB, WFP, Red cross, PI, World Vision and many more. These bodies like the WB channeled billions of money into the NACC that was under the office of president Moi in the 1990s to protect the unborn, help curb the effects of HIV/AIDS in the unborn and help prevent diseases that could kill the unborn Kenyans (Government of Kenya, 2009). Since 2008, NGOs and other international bodies have had campaigns that have changed the face of the Kenyan unborn children, pregnant mothers and the under five kids in Kenya to the point of international recognition of some bodies by the international population control board in 2009. Among the recognized bodies are, UNICEF, WFO, ActionAid and many more (World Bank, 2010).

The role of NGOs in Kenya as it pertains to child survival includes working with communities to reduce child mortality by preventing diseases and other conditions, such as malnutrition, that lead to poor child development and premature death ( WHO, 2012). In Luanda, Homa Bay, Kwale, Kilifi, Lamu and Mombasa for example, NGOs like Plan, CARE International, World Vision and Maisha ya Jamii have been crisscrossing and providing services like better food with required iron contents for the pregnant mothers, have been distributing nets to protect mothers and unborn from malaria, have been training mothers on cheap healthy techniques that will strategically place them for future children survival/mother's survival and many more. In 2012-2013 for example, statistics indicate that Kenyans living in Kajiado, coast and parts of north eastern benefited from the services of World Vision-Kenya, CARE-Kenya and Plan whereby over 1879 expectant mothers were reached with better nutrition, better medical attention and sufficient information on how to care for their unborn babies; a factor that saw about 95.1% children born survive (BBC, 2014).

As much as there is limited information on the child survival role played by most NGOs in Kwale county, studies have indicated that NGOs like PI operating in Kinango, Msambweni,

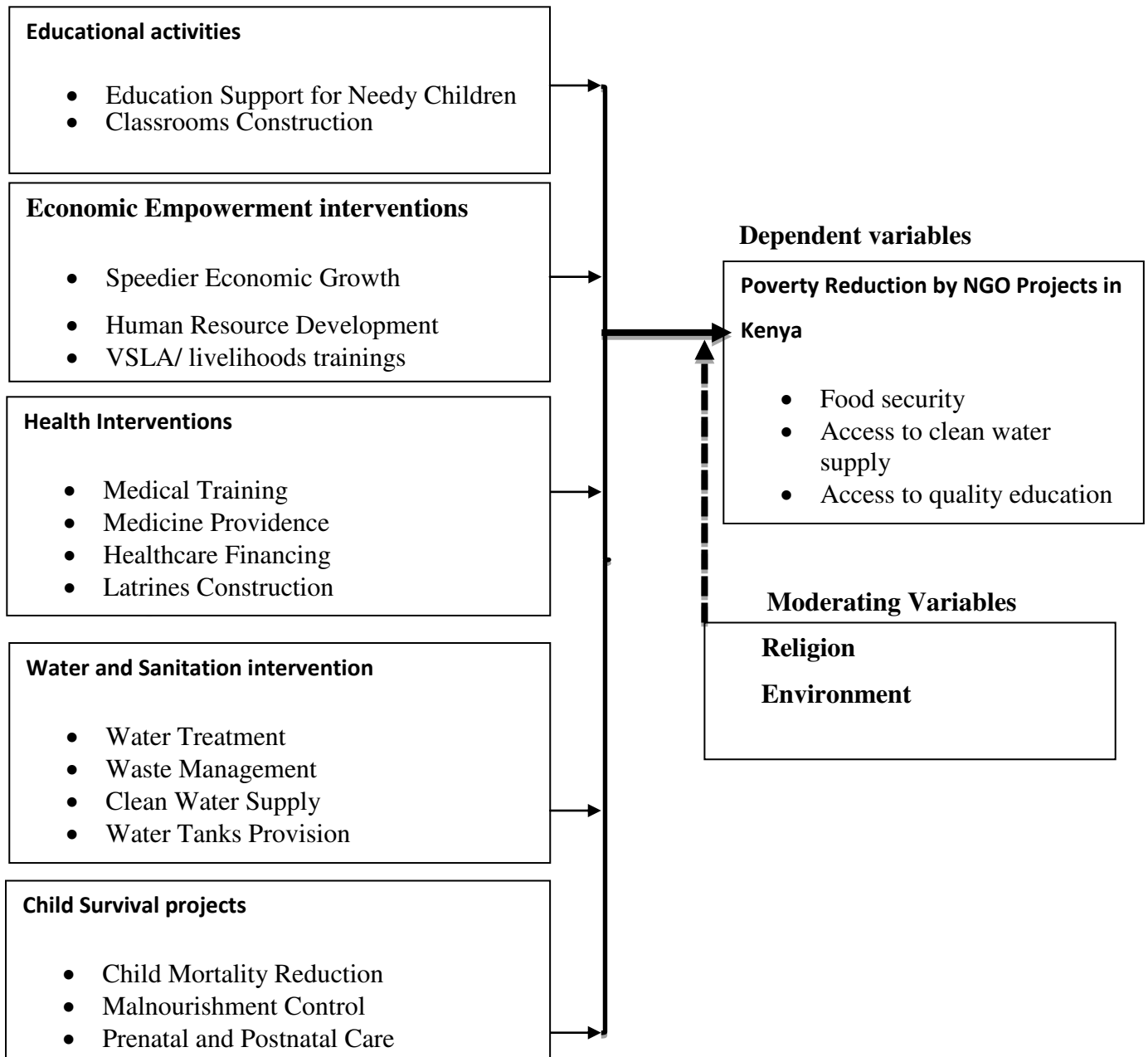
Matuga and other close environs like Mwakirunge and Kisauni have not only been instrumental in helping the children reach 7 and above years alone but have also been helping educate the mothers on how to take care of their pregnancies in organized barazas outside the hospitals like Kinango hospital, Msambweni hospital, Kwale hospital and the several health centres/clinics in these regions. This saw PI for example reaching over 230 women between 2012/2013 and helping solve the problem of ill-health among children aged between 9months to 5years up to the tune of 521 children (GOK, 2013).

In its quest to see children survive in Kenya, PI just like CT-OVC (that extended its services to children protection), it has also extended its programmes to the children protection role. This Programme focuses on fighting violence against children in school, at home and in the community. As part of our Learn Without Fear Campaign to end violence against children in schools, they have launched an SMS campaign where children who have been violated can receive help (WOrld Bank, 2014), they are also working with teacher organizations to address the issue of corporal punishment in schools (BBC Kenya, 2015). They have also come up with a Programme dubbed Child Participation that is aimed at bettering the lives of the kids at any time. According to a post in the Plan website (2015), this Programme helps children to speak out on issues that affect their lives (Plan Website, 2015) - through radio, video and other forms of communication (KCRA, 2015). It also helps to foster dialogue between the generations at family, school, community and national levels. According to GOK (2014), Plan has for a long time now played a very important role in the least educated and informed communities in helping children learn their rights and take active roles within their community. Child participation helps children engage in citizenship, express their views and make decisions that will shape their future and influence the people around them at early ages. However, little studies have been done on the child survival and the child well-being of children in Kenya and to be specific in the Kwale County, and therefore this research will be very timely in digging out this information.

## 2.7 Conceptual Framework

The conceptual framework outlines the dependent, independent and intervening variables as discussed in the literature review. Elaborations have been done in the Figure 1 below.

### Independent variables



**Figure 1: Conceptual Framework**

In relation to the literature review, the conceptual framework underlined some activities that are carried out by a number of NGOs in the country to reduce the poverty menace with specific reference to Plan International. Poverty Reduction by NGO Projects in Kenya is the dependent variable.

Independent variables include: Education, water and sanitation, child survival, health interventions and economic empowerment that have interacted to influence the poverty situation. Religious Role played by some NGOs and Environmental protection Role are cited as moderating variables that have an influence in poverty reduction but they have not been made literature on in the study.

## **2.8 Summary of Literature Review**

A series of researches have been carried out in the world on poverty situation with the ever increasing numbers of poor people from time to time and from one underdeveloped country to another and worst still remains to be in the African continent. Child mortality rates are on the rise despite the fact that economies are growing. The rate at which countries are addressing the poverty through their governments is slow; a factor that has invited private bodies and organs like the NGOs and other international bodies like INGOs and World Bank. The research therefore was intended to address the issue of roles played by NGO projects that aim at reducing poverty in Kenya with an emphasis on the work done by Plan International. This chapter highlights the theoretical reviews of literatures which was guided by the objectives and explained under different sub-topics which are; educational role, economic empowerment role, water and sanitation role, the health interventions role and child survival role. The chapter also highlighted the conceptual framework, relationship between variables and research gaps.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter describes the data and methods used in the study. It includes; study design, site, population, sampling techniques/ procedures, sample size, data collection tools, data analysis and data presentation of the results. It also looks at the ethical perspectives observed through the process and operational definition of variables.

#### **3.2 Research Design**

A research activity can adapt one or a combination of methods to map out the data and analyze it to arrive at the results. This study is a descriptive survey of which qualitative and quantitative, primary and secondary data was used. Both qualitative and quantitative procedures of data collection, analysis and presentation of results were used. The data was collected through administration of semi-structured questionnaires to staff, direct beneficiaries of Plan activities, key-informant interviews with the top management, the staff in charge of Plan activities in Kwale County, and by holding focus group discussions with parents, children who are beneficiaries of Plan International. A cursory examination of various records and implementation reports, minutes of meetings and evaluation results as well as project documents was also done.

#### **3.3 Target Population**

The target population for this study included the staff of Plan International in Kwale county, the headmasters/ teachers of schools that have benefited from the services of Plan in the area, the guardians, parents of children and the household heads of the expectant mothers who have benefited from the activities of Plan in focused group discussions and the health officers of clinics/hospitals/health centres that have benefitted from the Plan previously.

**Table 3.1: Target Population**

<b>Category</b>	<b>Target population</b>
<b>Plan Employees</b>	<b>750</b>
<b>Pupils and Teachers</b>	<b>2550</b>
<b>Health Providers</b>	<b>525</b>
<b>Households</b>	<b>3425</b>
<b>Total</b>	<b>7250</b>

The total target population for the study therefore was 7250 individuals who have been reached by Plan in the recent years as per the records.

### **3.4 Sample Size and Sampling Procedure**

This describes how the sample size was determined. The sample size formulas provide the number of responses that need to be obtained. Many researchers commonly add 10% to the sample size to compensate for persons that the researcher is unable to contact. The sample size also is often increased by 30% to compensate for non-response. Thus, the number of emailed respondents or planned interviews can be substantially larger than the number required for a desired level of confidence and precision. Random sampling method was used to select the research respondents. In random sampling, each item or element of the population has an equal chance of being chosen. In this research the respondents visited were chosen randomly where they all had equal chances of participating in the research.

**Table 3.2: Sample Size**

<b>Category</b>	<b>Target population</b>	<b>Sample size</b>	<b>Percentage</b>
<b>Plan Employees</b>	<b>750</b>	<b>28</b>	<b>10.34%</b>
<b>Pupils and Teachers</b>	<b>2550</b>	<b>25</b>	<b>35.17%</b>
<b>Health Providers</b>	<b>525</b>	<b>10</b>	<b>7.24%</b>
<b>Households</b>	<b>3425</b>	<b>35</b>	<b>47.25%</b>
<b>Total</b>	<b>7250</b>	<b>98</b>	

Sampling means deliberately limiting the number of cases in the study. It involves a risk of study finding being not true for some of the left out cases, but this risk can often be calculated and restricted on a tolerable levels. According to Orodho and Kombo (2002), sampling is the process of collecting a number of individuals or objects from a population such that the selected group contains elements representative of the characteristics found in the entire group. Kochari (2006) defined a sample as a representative part of a population. According to Ngulube (2003) sampling procedure is the process of selecting a specific number of respondents for a study. In this study the most appropriate sampling technique used was the formula from Yamane (1967) which provides a simplified formula to calculate sample sizes. This formula was used to calculate the sample sizes as shown below.

A 95% confidence level and  $P = 0.5$  are assumed for Equation. Where  $n$  is the sample size,  $N$  is the population size, and  $e$  is the level of precision.

Mathematically derived Yamane formula

$$n = \frac{N}{1 + N(e)^2}$$

Where:

$n$  = required responses

$e$  = error limit

$N$  = sample size

*Source: Yamane (1967:258)*

Placing information in the formula in diagram at a 95% confidence level and an error limit of 10% results in:

$$n = \frac{7250}{1 + 7250 (0.10)^2}$$

98 = responses

Ninety eight responses would therefore be the lowest acceptable number of responses to maintain a 95% confidence level and a 10% error level.

### **3.5 Data Collection Method**

The research employed both questionnaires and interview as the source of data. The questionnaires were designed to collect both quantitative and qualitative data from the respondents evenly. The questions consisted of both open ended and closed ended questions. Closed ended questions were used in order to enable precise answers which were easy and efficient during analysis and interpretation. The questionnaires were self-administered and contained questions in simple and straight forward language which enabled easy understanding by the respondents, drop and pick later method was used to administer the questionnaires and follow up was done through visits to the site and telephone calls to ensure maximum response. Some questionnaires were also emailed to some respondents who could not be reached immediately.

### **3.6 Validity and Reliability of Research Instruments**

Validity and reliability of a study are two key elements in ensuring that the study is valid and scientific. A pilot study was done to test validity while a test retest technique was carried out to test the reliability of the study.

#### **3.6.1 Validity of Research Instruments**

A pilot study to establish the instrument's validity was carried out amongst the Project reach team with an aim to improve the use of the primary data. This improved the validity, which made the quality of research trustworthy and scientific. As explained by Mugenda and Mugenda (2003) pilot study allows errors to be discovered enabling effective revision as it results in determination of participants interest, discovering if the questions have meaning for the participants, checking for the participants modification of the question intent and whether what the researcher is measuring is what was intended to be measured. The respondents used during the pilot were deliberately left out during the final administration of the instruments. The instruments were found to measure what the study intended to measure and the questions were clear and easily understood by the respondents. The research tool was also verified by two lecturers at the University of Nairobi Mombasa campus.

### **3.6.2 Instrument Reliability**

The degree of consistency between the test scores, responses or observations is called reliability. In this study Statistical Packages for Social Sciences (SPSS) was used in computing the reliability analysis and correlation analysis data. The application of reliability analysis measures how reliable the research instruments are and the correlation analysis shows the relationship between the variables. Reliability was also tested by administering a sample of 20 questionnaires twice to individuals who were part of the study with an interval of one and half weeks to test the consistency in results. From the analysis in the test retest method, a correlation value of 0.71 was obtained that was considered suitable for such a research since it was higher than the threshold for rejection of 0.5.

### **3.7 Data Analysis and Presentations**

Quantitative data obtained from the open ended questions was coded to facilitate quantitative analysis. The coded data was analyzed by use of descriptive statistics comprising of frequency tables. The hypotheses were tested by use of Chi Square. Data analysis was done using of SPSS 20.0

### **3.8 Ethical Considerations**

According to the Social Research Association (2003) ethical guidelines enable researchers to make individual ethical judgments and decisions that comply with principles of research. The basic ethical principles are autonomy, beneficence, justice, informed consent, privacy, confidentiality and respect for persons. While research may well be intentioned, there is always a possibility that an interaction with the respondents may inadvertently cause psychological, financial or social harm. Singer (2008) notes that, in survey research, the breach of confidentiality and loss of privacy and the effect of such breaches are the most serious risk of harm to respondents. Such a breach may cause loss of employment, reputation, or civil or criminal suits. In this study, all participants were granted their consent during the sampling stage whereupon limited personal information was requested by the researcher to guide the administration of questionnaires.

The researcher ensured that the information provided was safeguarded and not revealed to any third party unless with the informed consent of the member participating in the research. The researcher observed ethics in data collection. Permission was sought from the project administration as well as from the respondents with explanations on how the research would contribute towards enhancing poverty reduction methods. Privacy, confidentiality and dignity of the respondents were considered during the research. Names of the respondents were not exposed and codes were used instead. A study consent form was signed by the respondents to ensure voluntarism and acceptability to participate in the study. No compensation either financially or materially was given to the respondents for their participation in the study. However they were informed about the importance of participating in such studies.

**Table 3.3 Operationalization Table**

<b>Objective</b>	<b>Variable</b>	<b>Indicators</b>	<b>Measurement scale</b>	<b>Types of analysis</b>
To examine the extent to which education activities undertaken by NGOs reduce poverty margins in Kwale County	Educational interventions	Education Support for Needy Children Classrooms Construction	Nominal Scale	Descriptive
To find out the extent to which economic empowerment interventions carried out by NGOs have played a role in reducing poverty in Kwale County.	Economic Empowerment Interventions	Speedier Economic Growth Human Resource Development VSLA/ livelihood trainings	Nominal Scale	Descriptive
To investigate the extent to which health interventions by NGOs play a role in reducing poverty in Kwale County.	Health Interventions	Medical Training for CHEWS Medicine Provision Healthcare Financing Latrines Construction	Nominal Scale	Descriptive
To find out the extent to which water and sanitation projects implemented by NGOs play a role in reducing poverty in Kwale County.	Water and Sanitation projects	Water Treatment Waste Management Clean Water Supply Water Tanks Providence	Nominal Scale	Descriptive
To investigate the extent to which child survival activities implemented by NGOs play a role in reducing poverty in Kwale County.	Child Survival interventions	Child Mortality Reduction Malnourishment Control Prenatal and Postnatal Care	Nominal Scale	Descriptive

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.1 Introduction

The data collected from the field was keyed in and analyzed by simple descriptive analysis using Statistical Package for Social Scientists (SPSS) version 20.0 software. It was then presented through frequency tables and narrative analysis. This chapter presents results of the research in different sub-sections that focuses on the objectives of the study and the items questioned in the questionnaire.

#### 4.2 Response Rate

Questionnaires were administered to a total population of 98 respondents, although focused interview schedules were conducted between the researcher and 10 focused group discussions of 10 individual each. The response rate was 91.84% positive, meaning that 90 questionnaires were fully filled and returned; thus valid for the study. A total of 8 questionnaires were not valid for the study.

#### 4.3 Demographic Characteristics and Basic Information of the Respondents

The study wanted to find out the bio data of respondents, age and educational level as shown in the tables below:

##### 4.3.1 Gender of the Respondents

The study found out the sex composition of the respondents as shown in the table 4.1 below.

**Table 4.1 Sex Distribution of Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Female	27	30%
Male	63	70%
<b>Total</b>	<b>90</b>	<b>100%</b>

From the table above, male gender dominated the study maybe due to the nature of the topic of discussion. Male respondents made majority of the respondents at 70% while the female respondents who participated in the study made 30%.

### 4.3.2 Age Distribution of Respondents

The study sought to find out the age brackets of the respondents in the study and the results were as shown in table 4.2;

**Table 4.2 Age Distribution of Respondents**

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
Below 20	9	10%
Between 20-29	21	23.33%
Between 30-39	27	30%
Between 40-49	21	23.33%
50 plus	12	13.34%
<b>Total</b>	<b>90</b>	<b>100%</b>

The table shows that majority of the population that participated in the study were between 30 and 39 years who attracted the response rate of 30%, this was followed by 20-29 years and 40-49 years that attracted 23.33%, then over 50 years with 13.34% while the final below 20 years attracted 10%.

### 4.3.3 Educational Level of Respondents

The study sought to establish the level of education of the respondents and the results indicated by table 4.3 were arrived at.

**Table 4.3 Academic Qualification of Respondents**

<b>Education level</b>	<b>Frequency</b>	<b>Percentage</b>
Secondary certificate	27	30%
Diploma	21	23.33%
Bachelors' degree	27	30%
Masters' degree	04	4.44%
Others	11	12.23%
<b>Total</b>	<b>90</b>	<b>100%</b>

Respondents with a degree and secondary level education dominated at 30%. They were followed by those with diploma at 23.33%, others 20%, while masters took the least share of 12.23%

#### 4.3.4 Working Experience of the Respondents

The working experience of the respondents was as shown in the table 4.4;

**Table 4.4 Working Experience of Respondents**

<b>Work experience</b>	<b>Frequency</b>	<b>Percentage</b>
Below 2 years	18	20%
2-5 years	14	15.56%
6-10 years	14	15.56%
11-20 years	21	23.33%
21-30 years	18	20%
31 years and above	06	5.55%
<b>Total</b>	<b>90</b>	<b>100%</b>

20 % of the respondents were below with 2 year of work experience, 2-5 years had 15.56% of the respondents, 6-10 years were at 15.56%, 11-20 had 23.33%, 21-21 were 20% of the respondents and above 31 years went to respondents who made 5.55%.

#### 4.4 Findings on the Item of Education Role in Poverty Reduction in Kwale County

On a Likert scale of degree of measure of 1-5 where 1=strongly disagree, 2=disagree,3=Neutral , 4=Agree, 5=Strongly Agree, the research sought to find out the rating of the role of education played by plan in relation to poverty reduction in Kwale county and results given.

**Table 4.5 Rating of Education Role in Poverty Reduction in Kwale County**

<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Plan has been in the fore front in supporting the education of the needy children through various activities like donating books, paying school fees and giving food.	<b>9</b>	<b>6</b>	<b>18</b>	<b>21</b>	<b>36</b>
Plan has helped to build several classrooms across the county.	<b>4</b>	<b>5</b>	<b>6</b>	<b>30</b>	<b>45</b>

From the responses gotten in the study, 9 of the respondents strongly disagreed with the idea that Plan has been supporting education of the needy children, 6 respondents disagreed, 18 were Neutral, 21 agreed while 36 strongly agreed that PI has done very much in supporting needy children by providing school fees, food and many more. In relation to classrooms building, 4 respondents strongly agreed that PI has been building classrooms in schools, 5 disagreed, 6 were Neutral, 30 agreed while 45 strongly agreed with the idea. When asked to give their reasons as to why they give answers in the above, 84% of the respondents gave reasons like; a number of classrooms have been renovated and built in the county, children have been given basic school fees and food to sustain them in schools etc.

In an interview with the 10 focused groups that asked, ‘in your own views, do you think that Plan and other NGOs operating in Kwale County have made any efforts as far as education is concerned with the aim of reducing the persistent poverty situation in the area?’ 80% of the groups’ responses were in favor of the idea by arguing that plan has given basic money for purchase of books and other learning materials for the pupils of various schools in Kinango, Kwale, Matuga, Kombani, Tiwi and many others. Construction projects were also said to be supported and this was favored by 7 out of the 10 groups.

#### **4.5 Results on Role on Economic Empowerment in Poverty Reduction in Kwale County**

The respondents were asked a number of questions in relation to economic empowerment and different results given as follows.

#### 4.5.1 Position of NGOs' Empowerment Activities

The respondents were asked whether NGOs in the region had done enough in empowering the local population to strategically live a better life than they were previously and the following results given.

**Table 4.6 Support on Empowerment Activities**

<b>Structural Difference</b>	<b>Frequency</b>	<b>Percentage</b>
YES	63	70%
NO	18	20%
NOT SURE	9	10%
<b>Total</b>	<b>90</b>	<b>100%</b>

63 respondents who represented 70% had the general view that plan had done some work towards empowering the communities in the county, 20% said no to the suggestion while the remaining 10% were not aware of the activities of plan.

#### 4.5.2 Rating of Empowerment Activities in Relation to Poverty Reduction in Kwale County

The respondents were asked to indicate their position using a scale of: Strongly Disagree = 1, Disagree = 2, Neutral =3, Agree =4, Strongly Agree =5

**Table 4.7 Rating of Responses on Economic Empowerment Role to Poverty Reduction in Kwale County**

<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Plan has accelerated Speedier Economic Growth through offering development opportunities to the local community and training the local labour.	5	7	9	9	60
Human Resource Development has been enhanced by Plan through offering both formal, non-formal labour training and creating jobs.	9	9	9	27	36
Plan has had Specific Target Setting that has been achieved via group trainings on VSLA, goat keeping, DRR, bee keeping, indigenous chicken rearing etc.	8	5	18	27	32

From the responses in a rating, 5 respondents Strongly Disagreed with the idea that PI has been offering development opportunities to the local community and training the local labour, 7 Disagreed, 9 were Neutral, 9 Agreed, while the majority at 60 Strongly Agreed. In regard to the Human Resource Development, 9 respondents strongly disagreed, 9 disagreed, 9 were neutral, 27 agreed, while the majority at 36 strongly agreed. Plan has had specific target setting attracted responses as follows: 8 respondents strongly disagreed, 5 disagreed, 18 were neutral, 27 agreed, while the majority at 32 strongly agreed.

In an interview with the various focused group discussions, 7 groups supported the idea that Plan has been on the fore front together with other NGOs in supporting various activities aimed at empowering the local communities like rearing of goats and other small entrepreneurial activities. However, 2 groups argued that a number of projects handled by Plan are targeting some class of people only thus disadvantaging the other groups.

#### **4.6 Item on Role on Health Interventions in Poverty Reduction in Kwale County**

Respondents were asked to rate in a scale of 1-5 on the following health factors as carried out by Plan where: Strongly Disagree = 1, disagree = 2, neutral =3, agree =4 strongly agree =5 and results were given in table 4.8.

**Table 4.8; Degree of Support on Health Interventions in Relation to Poverty Reduction in Kwale County**

<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Medical Training services have been done effectively by Plan in the county	6	7	10	27	40
Plan has been on the front in Medicine Provision in the county	18	10	18	18	26
Plan has been on the forefront in Healthcare Financing in the county hospitals	10	8	20	36	16

From the study, 6 respondents strongly disagreed with the idea that PI has been offering Medical Training services to the local community and training the local labour, 7 disagreed, 10 were neutral, 27 agreed, while the majority at 40 strongly agreed. In regard to Medicine Provision in the county, 18 respondents strongly disagreed, 10 disagreed, 18 were neutral, 18 agreed, while the majority at 26 strongly agreed. On the factor that read, Plan has been on the forefront in Healthcare Financing in the county hospitals, 10 respondents strongly disagreed, 8 disagreed, 20 were neutral, 36 agreed, while the majority at 16 strongly agreed.

From the interview that had a question requiring the groups to discuss the relevance of NGOs in relation to Health Interventions to the locals indicated that all the 10 groups were in agreement that Plan just like any other NGO in the area had made remarkable strides in taking care of the health of the disadvantaged mothers, children and the unborn through various MCH programmes. The groups also cited incidences where Plan has also been giving advice on how the locals can eat healthy food from the little locally available foods. Medical enabling facilities in some health centres were also provided.

#### **4.7 Water and Sanitation Role in Poverty Reduction in Kwale County**

Respondents were required to give information as per the relevance of PI in relation to water and sanitation provision in the area and results were as in the tables below.

##### **4.7.1 Activities of Plan**

When asked whether they thought that Plan was doing enough in ensuring that water and sanitation services reach the poor people in the county, they gave the responses as follows:

**Table 4.9 Plan Activities in Water and Sanitation**

<b>Structural Difference</b>	<b>Frequency</b>	<b>Percentage</b>
YES	63	70%
NO	27	30%
<b>Total</b>	<b>90</b>	<b>100%</b>

The responses were that, 70% representing 63 respondents were for the idea that Plan was undertaking activities that were geared towards improving the water and sanitation situation in the county while 30% percent went against.

#### **4.7.2 Rating of Water and Sanitation Activities**

When asked to rate the activities in relation to water and sanitation, the following results were arrived at:

**Table 4.10 Likert Scale Rating of Water and Sanitation Activities in Relation to Poverty Reduction in Kwale County**

<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Water Treatment in the area has been effectively done by Plan to reach the poor.	14	15	25	20	19
Waste Management and control is an undertaking that Plan is participating in.	10	8	12	29	31
Clean Water Supply has been done to the deserving people by Plan in the area.	11	11	14	30	24
Water Tanks Provision has been a core agenda of Plan in water harvesting.	05	09	12	29	35

From the study, 14 respondents strongly disagreed with the idea that Water Treatment in the area has been effectively done by Plan to reach the poor, 15 disagreed, 25 were neutral, 20 agreed, while 19 strongly agreed. In relation to Waste Management and control as an undertaking that

Plan participates in, 10 respondents strongly disagreed, 8 disagreed, 12 were neutral, 29 agreed, while the majority at 31 strongly agreed. On the factor that asked whether Clean Water Supply was done to the deserving people by Plan in the area, 11 respondents strongly disagreed, 11 disagreed, 14 were neutral, 30 agreed, while 24 strongly agreed and finally, the issue on whether Water Tanks Provision has been a core agenda of Plan in water harvesting attracted responses as follows; 5 respondents strongly disagreed, 9 disagreed, 12 were neutral, 29 agreed, while the majority at 35 strongly agreed.

#### 4.8 Child Survival Role in Poverty Reduction in Kwale County

On the fifth objective, respondents were asked to indicate the degree to which they rated the following roles carried out by Plan in Kwale County with the aim of ensuring the lives of infants was sustained using a scale of 1-5 whereby: Strongly Disagree = 1, Disagree = 2, Neutral =3, Agree =4 Strongly Agree =5 and the results were as shown in table 4.11;

**Table 4.11 Rating of Factors Carried out by Plan in Relation to Child Survival**

<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Child Mortality Reduction has been an issue that has been achieved by Plan.	4	6	14	29	37
Malnourishment Control has been effectively carried out by Plan.	8	9	18	20	35
Prenatal and Perinatal Care are the core principles of operation in preventing Infant mortalities.	12	10	23	29	16

Responses on the factors were, 4 respondents strongly disagreed with the idea that Child Mortality Reduction has been achieved by Plan, 6 disagreed, 14 were neutral, 29 agreed, while the majority at 37 strongly agreed. In relation to whether Malnourishment Control has been effectively carried out by Plan, 8 respondents strongly disagreed, 9 disagreed, 18 were neutral, 20 agreed, while the majority at 35 strongly agreed. On the factor that required the respondents to state whether Prenatal and Postnatal Care are the core principles of operation in preventing Infant mortalities 12 respondents strongly disagreed, 10 disagreed, 14 were neutral, 30 agreed, while 24 strongly agreed.

In an interview with the 10 groups, 9 of the 10 strongly argued that Plan just like other NGOs is very relevant in playing the Child Survival Role that has had some impact e.g. child mortality

rates dropped due to various activities like provision of health enabling facilities like medication and water/sanitation facilities. Equally, 8 groups supported the idea that water and sanitation role has been played by these NGOs by participating in various activities like sensitization in pit latrines construction through the Community Led Total Sanitation projects etc.

#### 4.9 Testing the First Hypothesis Using Chi-Square

H<sub>1</sub>. NGO education programmes play a significant role in reducing poverty in Kwale County.

**Table 4.12 Showing Observed and Expected Responses on Education Programmes in Relation to Poverty Reduction in Kwale County**

Scale	1	2	3	4	5
Observed (O)	9	6	18	21	36
Expected (E)	90	90	90	90	90

**Table 4.13 Showing Chi-Square Testing for the First Hypothesis**

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
9	90	-81	6561	72.9
6	90	-84	7056	78.4
18	90	-72	5184	57.6
21	90	-69	4761	52.9
36	90	-54	2916	32.4
				$\sum (O-E)^2/E = 294.2$

$\chi^2_{c=294.2} > \chi^2_{0.05} = 9.488$  at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 294.2 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, NGO education programmes play a significant role in reducing poverty in Kwale Count

#### 4.10 Testing of the Second Hypothesis

H<sub>1</sub>. Economic empowerment activities implemented by NGOS play a significant role in reducing poverty in Kwale County.

**Table 4.14 Showing Observed and Expected Responses on Economic Empowerment in Relation to Poverty Reduction in Kwale County**

Scale	1	2	3	4	5
Observed (O)	5	7	9	9	60
Expected (E)	90	90	90	90	90

**Table 4.15 Showing Chi-Square Testing for the Second Hypothesis**

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
5	90	-85	7,225	80.27
7	90	-83	6,889	76.54
9	90	-81	6,561	72.9
9	90	-81	6,561	72.9
60	90	-30	3,600	40.0
				$\sum (O-E)^2/E = 342.61$

$\chi^2_c = 342.61 > \chi^2_{0.05} = 9.488$  at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 342.61 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, Economic empowerment activities implemented by NGOS play a significant role in reducing poverty in Kwale County.

#### 4.11 Testing of Third Hypothesis on the Health Provision

H<sub>1</sub>. Health provision/ oriented interventions by NGOs play a remarkable role in reducing poverty in Kwale County.

**Table 4.16 Showing Observed and Expected Responses for Health intervention roles in Poverty Reduction in Kwale County**

Scale	1	2	3	4	5
Observed (O)	18	10	18	18	26
Expected (E)	90	90	90	90	90

**Table 4.17 Showing Chi-Square Testing for the Third Hypothesis**

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
18	90	-72	5184	57.6
10	90	-80	6400	71.1
18	90	-72	5184	57.6
18	90	-72	5184	57.6
26	90	-64	4096	45.5
				$\sum (O-E)^2/E = 289.4$

$\chi^2_c = 289.4 > \chi^2_{0.05} = 9.488$  at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 289.4 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, Health provision/ oriented interventions by NGOs play a remarkable role in reducing poverty in Kwale County.

#### 4.12 Testing of Fourth Hypothesis

H<sub>1</sub>. Water and sanitation activities implemented by NGOs play a remarkable role in reducing poverty in Kwale County.

**Table 4.18 Showing Observed and Expected Responses on Water and Sanitation Role in Poverty Reduction in Kwale County**

Scale	1	2	3	4	5
Observed (O)	14	15	25	20	19
Expected (E)	90	90	90	90	90

**Table 4.19 Showing Chi-Square Testing for the Fourth Hypothesis**

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
14	90	-76	5776	64.17
15	90	-75	5625	62.5
25	90	-65	4225	46.94
20	90	-70	4900	54.44
19	90	-71	5041	56.01
				$\sum (O-E)^2/E = 284.06$

$\chi^2_c = 284.06 > \chi^2_{0.05} = 9.488$  at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 284.06 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, Water and sanitation activities implemented by NGOs play a remarkable role in reducing poverty in Kwale County.

#### 4.13 Testing of the Fifth Hypothesis

H<sub>1</sub>. Child survival interventions by NGOs play a significant role in reducing poverty in Kwale County.

**Table 4.20 Showing Observed and Expected Responses on Child Survival Role in Poverty Reduction in Kwale County**

Scale	1	2	3	4	5
Observed (O)	4	6	14	29	37
Expected (E)	90	90	90	90	90

**Table 4.21 Showing Chi-Square Testing for the Fifth Hypothesis**

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
4	90	-86	7396	82.17
6	90	-84	7056	78.4
14	90	-76	5776	64.17
29	90	-61	3721	41.34
37	90	-53	2809	31.21
				$\sum (O-E)^2/E = 297.29$

$\chi^2_C = 297.29 > \chi^2_{0.05} = 9.488$  at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 297.29 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, child survival interventions by NGOs play a significant role in reducing poverty in Kwale County.

## CHAPTER FIVE

### SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter presents the summary of the study findings, discussions, conclusions and recommendation of the research. The chapter also contains suggestions of related studies that may be carried out in the future.

#### 5.2 Summary of Findings

The purpose of this study was to determine the contributions made by NGO projects in poverty reduction in Kenya; with special emphasis on projects implemented by Plan International in Kwale County. From the analysis and review of the research data and additional data gathered through interviews and questionnaires filled, a number of issues became apparent.

In relation to the first objective that sought to examine the extent to which educational activities undertaken by NGOs reduce poverty margins in Kwale County responses were as follows: 9 of the respondents strongly disagreed with the idea that Plan has been supporting education of the needy children, 6 respondents disagreed, 18 were neutral, 21 agreed while 36 strongly agreed that PI has done very much in supporting needy children by providing school fees, food and many more. In relation to classrooms building, 4 respondents strongly disagreed that PI has been building classrooms in schools, 5 disagreed, 6 were neutral, 30 agreed while 45 strongly agreed with the idea. In an interview with the 10 focused groups, the responses were that 80% of the groups were in favor of the idea by arguing that plan has provided books and other learning materials to the pupils of various schools in Kinango, Kwale, Matuga, Kombani, Tiwi and many more. Construction projects were also said to be supported and this was favored by 7 out of the 10 groups.

As per the second objective which sought to find out the extent to which economic empowerment interventions carried out by NGOs have played a role in reducing poverty in Kwale County, it had responses as follows 5 respondents Strongly Disagreed with the idea that PI has been offering development opportunities to the local community and training the local

labour, 7 Disagreed, 9 were neutral, 9 Agreed, while the majority at 60 Strongly Agreed. In regard to the Human Resource Development, 9 respondents strongly disagreed, 9 disagreed, 9 were neutral, 27 agreed, while the majority at 36 strongly agreed. In an interview that was carried out, 7 groups supported the idea that Plan has been on the fore front together with other NGOs in supporting various activities aimed at empowering the local communities like rearing of goats and other small entrepreneurial activities.

On the third objective that sought to investigate the extent to which health interventions by NGOs play a role in reducing poverty in Kwale County, 6 respondents strongly disagreed with the idea that PI has been offering Health Training services to the local community and training the local labour, 7 disagreed, 10 were neutral, 27 agreed, while the majority at 40 strongly agreed. In regard to Medicine Provision in the county, 18 respondents strongly disagreed, 10 disagreed, 18 were neutral, 18 agreed, while the majority at 26 strongly agreed. From the interview that had a question requiring the groups to discuss the relevance of NGOs in relation to Health Interventions to the locals indicated that all the 10 groups were in agreement that Plan just like any other NGO in the area had made remarkable strides in taking care of the health of the disadvantaged mothers, children and the unborn through various MCH programmes.

On the fourth objective that sought to find out the extent to which water and sanitation projects implemented by NGOs play a role in reducing poverty in Kwale County, responses were as follows: 14 respondents strongly disagreed with the idea that Water Treatment in the area has been effectively done by Plan to reach the poor, 15 disagreed, 25 were neutral, 20 agreed, while 19 strongly agreed. In relation to Waste Management and control is an undertaking that Plan is participating in, 10 respondents strongly disagreed, 8 disagreed, 12 were neutral, 29 agreed, while the majority at 31 strongly agreed.

Finally, the fifth objective that sought to investigate the extent to which child survival activities implemented by NGOs play a role in reducing poverty in Kwale County, from the interviews and questionnaires, the following was obtained: 4 respondents strongly disagreed with the idea that Child Mortality Reduction has been an issue that has been achieved by Plan, 6 disagreed, 14 were neutral, 29 agreed, while the majority at 37 strongly agreed. In an interview with the 10 groups, 9 of the 10 strongly argued that Plan just like other NGOs are very relevant in playing the Child Survival Role that has had some impact like child mortality rates reduced due to

various activities like provision of health enabling facilities like medication and water/sanitation facilities.

### **5.3 Discussion of Findings**

From the preliminaries of the study, results show that there is a great relationship between contributions made by NGO projects in Kwale County and poverty reduction among the beneficiaries more specifically when focusing on Plan International.

From the findings on the support on education by Pan NGO as a strategy of poverty reduction, 9 of the respondents strongly disagreed with the idea that Plan has been supporting education of the needy children, 6 respondents disagreed, 18 were neutral, 21 agreed while 36 strongly agreed that PI has done very much in supporting needy children by providing school fees, food and other items.

According to GOK (2012) great thanks were directed to the local and international NGOs by the then Minister of education Hon. Mutula Kilonzo for their endless work of bettering our schools, improving the state of school feeding programmes, helping reduce the rates of school dropouts and early marriages. Remarkably were the UNICEF, UNESCO, Plan International, World Vision, ElimuYetu and Ni Sisi organizations that were found not only to be penetrating the abandoned regions but to have given a lot of hope to school going children who could otherwise be left out by the government Free Primary Education programme. The Kenya Government Official Gazette for example carried a report in 2012 citing the major achievements of the NARC and later PNU government led by Hon. Mwai Kibaki to be the free primary and subsidized secondary education; that saw the primary enrolment rise by about 4.81 million students between 2003-2011 in both primary and secondary schools and, the rise of the public universities from the normal 7 to about 23 in the country. This was attributed to the good will and links between the Kibaki government and CSOs/NGOs both at the local and international levels who provided school pulling factors like; provision of school fees to substitute what the government allocates to the primary schools, food to give the children energy in areas like Turkana, Ukambani, Kinango etc., provision of school shoes and uniforms to the needy children, provision of sanitary towels for girls and many more activities( GOK, 2012; World Bank, 2013)

The second objective sought to find out the extent to which economic empowerment interventions carried out by NGOs have played a role in reducing poverty in Kwale County and it had responses like: 5 respondents strongly disagreed with the idea that PI has been offering development opportunities to the local community and training the local labour, 7 disagreed, 9 were neutral, 9 agreed, while the majority at 60 strongly agreed. In an interview that was carried out, 7 groups supported the idea that Plan has been on the fore front together with other NGOs in supporting various activities aimed at empowering the local communities like rearing of goats and other small entrepreneurial activities.

According to Elbers & Arts (2011), the NGOs have taken some significant initiatives to handle the poverty situation in Kenya through various economic empowerment strategies considering certain aspects stated below: Speedier economic growth achievement process, Human Resource development and, Specific target setting for poor. Hence, a combined strategy considering all three stated aspects has been necessary undertaking by most NGO projects in the country including PI. As appertains to the Humanitarian Progress and Structural Development of Organizations for Rural Poor in Kenya, Lewis & Kanji (2009) report that, despite the fact that poor people have vast experience about life, they still are incapable of developing exact ways to scientifically analyze and fix their problems and whatever possessions they have. In this case, efforts of the NGOs, CBOs and CSOs are worth mentioning to help these people analyze the society and problems in the backdrop of old, superstitious, anti-life perspectives (GOK, 2012).

As per the third objective that sought to investigate the extent to which health interventions by NGOs play a role in reducing poverty in Kwale County, 6 respondents strongly disagreed with the idea that PI has been offering Medical Training services to the local community and training the local labour, 7 disagreed, 10 were neutral, 27 agreed, while the majority at 40 strongly agreed. From the interview that had a question requiring the groups to discuss the relevance of NGOs in relation to Health Interventions to the locals indicated that all the 10 groups were in agreement that Plan just like any other NGO in the area had made remarkable strides in taking care of the health of the disadvantaged mothers, children and the unborn through various MCH programmes

According to Srinivas, (2012), in order to develop the health and nutrition situation in Kenya, around 157 NGOs have brought in sanitary pads, toilets papers and towels for 7.9 million people and safe water for 1.5 million people through establishment of 1.5 million tube-well in dry ASALs, 186 rural sanitation centers and 2500 latrines. In Kenya, until 2009, 85% children were vaccinated and 90% women were given training on how to make oral saline under the EPI project carried out by World Vision, WHO, PI, USAID and many INGOs/NGOs. In one research done on 214 households in Kenya's slums, it was found that, in terms of food intake, knowledge on nutrition, mother and child care, tendency to take purified water etc. those poor people under NGO projects had daily intake of 2,171 calorie where as those not included in the projects took only 1,982 calorie. 50% children under NGO funded project for example have normal nutrition and those not included under NGO, only 30% children aged nine years have normal nutrition. In other words, NGOs are playing a notable role in changing the poverty state by bringing in primary and other health and nutrition care services within the reach of poor people (Harsh, Mbatia & Shrum, 2010).

In relation to the fourth objective that sought to find out the extent to which water and sanitation projects implemented by NGOs play a role in reducing poverty in Kwale County, responses were as follows: 14 respondents strongly disagreed with the idea that Water Treatment in the area has been effectively done by Plan to reach the poor, 15 disagreed, 25 were neutral, 20 agreed, while 19 strongly agreed. In relation to Waste Management and control is an undertaking that Plan is participating in, 10 respondents strongly disagreed, 8 disagreed, 12 were neutral, 29 agreed, while the majority at 31 strongly agreed.

A report published by PI for example in its website argues that, Water and sanitation are essential for every child's survival. Every year, Plan helps communities build school latrines, community water points and helps to establish organizations to ensure the continued management and maintenance of water points. CARE International for example operating in the country's disadvantaged regions builds and maintains clean water systems and latrines, and provides education about hygiene and water-borne illnesses. These programmes aim to reduce the risk of water-related diseases and increase the earning potential of households by saving time otherwise spent fetching water. Last year, CARE and Plan helped more than 3.3 million people access safe drinking water and sanitation systems, develop governance mechanisms for

management of water systems, and improve hygiene practices (GOK, 2012). Poor sanitation causes disease and can kill. Plan is pioneering a radical new approach – Community-Led Total Sanitation (CLTS), which educates communities about the importance of sanitation and helps them to construct and maintain their own latrines. This approach gives individual community members the confidence to enforce a total ban on open defecation in their villages (WHO 2010).

As per the last objective that sought to investigate the extent to which child survival activities implemented by NGOs play a role in reducing poverty in Kwale County, from the interviews and questionnaires, the following was obtained: 4 respondents strongly disagreed with the idea that Child Mortality Reduction has been an issue that has been achieved by Plan, 6 disagreed, 14 were neutral, 29 agreed, while the majority at 37 strongly agreed. In an interview with the 10 groups, 9 of the 10 strongly argued that Plan just like other NGOs are very relevant in playing the Child Survival Role that has seen a number of projects like child mortality rates dropped due to various activities like provision of health enabling facilities like medication and water/sanitation facilities.

A report published by the MOMS in Kenya has shown that the reducing trends in the deaths of infants has been on the decline because of the efforts played by almost all the stakeholders that are not limited to MOH, WHO, GOK, CBOs, WB, WFP, Red cross, PI, World Vision and many more. These bodies like the WB channeled billions of money into the NACC that was under the office of president Moi in the 1990s to protect the unborn, help curb the effects of HIV/AIDS in the unborn and help prevent diseases that could kill the unborn Kenyans (Government of Kenya, 2009). Since 2008, NGOs and other international bodies have had campaigns that have changed the face of the Kenyan unborn children, pregnant mothers and the under five children in Kenya to the point of international recognition of some bodies by the international population control board in 2009. Among the recognized bodies include, PI, UNICEF, WFO, ActionAid and many more (World Bank, 2010).

## **5.5 Recommendations**

Based on the findings of the study (from the respondents in the field and the literature), the researcher recommends that NGOs should be involved as major stakeholders in the education systems in the country from planning, policies formulation, execution of major plans, Monitoring and evaluation and many more since they have been performing major activities as far as

education support for needy children is concerned and classrooms construction across the country.

The study also recommends that both the county government and the national government should come up with strategies that involve various NGO projects/initiatives that are aimed at empowering the local communities through various activities like entrepreneurships and jobs creation in order to reduce the poverty levels among the citizens.

Both the county and national ministries of health should come up with interventions that should integrate the activities of NGOs like Plan International since they play an important role in providing relevant medical enabling services like supporting the medical practitioners, giving some expert training on basic medical tests and finally helping reduce the poverty levels.

The researcher recommends that the various bodies handling water and sanitation programmes in the country and Kwale County in particular should ride on the rich knowledge that is available in the NGOs and copy relevant tactics of providing such basic facilities like water and sanitation programmes implementation for general poverty reduction in their areas of operation.

Finally from the findings, the researcher recommends that mortality rates among infants in Kenya can be taken care of by having the various MCH programmes in the county and the country at large being done in collaboration with the various NGOs.

## **5.6 Suggestions for Further Research**

- a) This study was carried out in one county only. A similar study could be carried out in the other counties and the whole Country at large.
- b) A research can be done in the county to assess the challenges facing various projects implementation by the NGOs operating in the county.
- c) Another study can be done to examine the various strategies adopted by NGOs for their sustainability in Kwale County.
- d) Finally, a study can be done to examine the influence of politics in NGOs projects implementation in Kwale County.

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## **APPENDICES**

### **APPENDIX 1**

#### **Letter of transmittal**

Ireneous Mutile Itumo

P.o Box 289 - 80113,

Mariakani

January 29<sup>th</sup> 2015

**To whom it may concern**

**Re: Academic Research**

My name is Ireneous, a master's student in project planning management at the University of Nairobi, Mombasa campus.

It is a requirement to undertake a research on particular area of interest. In line with my studies, I am conducting research on contributions made by NGOs in poverty reduction in Kenya; a case of projects implemented by plan international.

This research will use a questionnaire to collect information in order to understand the situation as it is in the subject under review. It is for this reason that I kindly request for your assistance in offering your consent for the interview as well as giving honesty responses to the interview questions.

I am looking forward to your cooperation.

Thank you

IreneousMutileItumo.

0725 797 702

**APPENDIX 2**

**QUESTIONNAIRE**

**SECTION A: Background Information for Respondents (Tick where appropriate (√))**

- Your gender  
 Male  Female
  
- Your age (in years)  
 Below 20  Between 20-29  Between 30-39  Between 40-49  50 plus
  
- Level of education  
 K.C.S.E  Diploma  Bachelor’s Degree  Master’s Degree  Others
  
- Working experience  
 Below 2 years  2 – 5 years  6 – 10 years  11 – 20 years  21 – 30 years  
 31 years and above *(for employees only)*

**SECTION B: General Questionnaire for Teaches, Project Staff, Chiefs and Literate Household Heads.**

**Items on Education Role**

5 Below are numbers of activities carried out by Plan in Kwale County to help reduce the poverty levels in the county, indicate your position using a scale of:

**Strongly disagree = 1, Disagree = 2, Neutral =3, Agree =4 Strongly Agree =5**

<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Plan has been in the fore front in supporting the education of the needy children through various activities like donating books, paying School fees and giving food.					
Plan has helped to build several classrooms across the county.					

6. Give your reasons for the answers in 5 above

.....  
.....

**Role on Economic Empowerment**

7. Do you think that NGOs in the region have done enough in empowering the local population to strategically live a better life that they were?

Yes ( ) No ( ) Somehow ( )

8. Indicate your position using a scale of: Strongly Disagree = 1, Disagree = 2, Neutral =3, Agree =4 Strongly Agree =5

Factor	1	2	3	4	5
Plan has accelerated Speedier Economic Growth through offering development Opportunities to the local community and training the local labour.					
Human Resource Development has been enhanced by Plan through offering both formal, non-formal labour training and creating jobs.					
Plan has had Specific Target Setting that have been achieved group trainings on VSLA, goat keeping, DRR, bee keeping, indigenous chicken rearing etc.					

**Role on Health Interventions**

9. Using a scale of 1-5, the following health factors as carried out by Plan where: Strongly Disagree = 1, Disagree = 2, Neutral =3, Agree =4 Strongly Agree =5

Factor	1	2	3	4	5
Medical Training services have been done effectively by Plan in the county					
Plan has been on the front in Medicine Provision in the county					
Plan has been on the forefront in Healthcare Financing in the county hospitals					
Latrines Construction has been done by Plan to preventing diseases outbreak					

**Water and Sanitation Role**

10. Do you think that Plan is doing enough in ensuring that water and sanitation services reach the poor people in the county?

Yes ( ) No ( ).

11. On a scale of 1 to 5, rate the extent of agreement with the following factors: **Strongly Disagree = 1, Disagree = 2, Neutral =3, Agree =4, Strongly Agree =5**

Factor	1	2	3	4	5
Water Treatment in the area has been effectively done by Plan to reach the poor					
Waste Management and control is an undertaking that Plan is participating in					
Clean Water Supply has been done to the deserving people by Plan in the area					
Water Tanks Provision has been a core agenda of Plan in water harvesting					

**Child Survival Role**

12. Indicate the degree to which you rate the following roles carried out by Plan in Kwale County with the aim of ensuring the sustained lives of the infants. Use a scale of 1-5 whereby: Strongly Disagree = 1, Disagree = 2, Neutral =3, Agree =4 Strongly Agree =5

Factor	1	2	3	4	5
Child Mortality Reduction has been an issue that has been achieved by Plan.					
Malnourishment Control has been effectively carried out by Plan.					
Prenatal and Perinatal Care are the core principles of operation in preventing Infant mortalities.					

## **APPENDIX 3**

### **INTERVIEW GUIDE FOR FOCUSED GROUP DISCUSSIONS**

1. In your own views, do you think that Plan and other NGOs operating in Kwale County have made any efforts as far as education is concerned with the aim of reducing the persistent poverty situation in the area?
  
2. Support your answer in 1 above while giving relevant reasons accompanied by examples.
  
3. Without any biasness or alignment to tribe and personal views, discuss the way you rate NGOs in Kwale on their role of local community empowerment through jobs and entrepreneurship opportunities creation.
  
4. Discuss of the relevance of NGOs in relation to Health Interventions to the locals.
5. With relevance examples, state whether NGOs are playing the following roles in the county:
  - Child Survival Role
  
  - Water and Sanitation Role

