

ORPHANS AND VULNERABLE CHILDREN CASH TRANSFERS AND ITS EFFECT ON THE PSYCHOSOCIAL WELLBEING OF CHILD-HEADED HOUSEHOLDS IN KIBERA, NAIROBI, KENYA

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Abstract: The study investigated the effect of the Orphan and Vulnerable Children Cash Transfers (OVC-CT) program on psychosocial protection in Kibera slum, Nairobi. A descriptive research design was adopted, and a target population of 205 was utilized in a census composed of 100 child-headed households, 34 child officers, and 71 social workers. A response rate of 180(87%) was achieved. Questionnaires were used to collect data, and the data were analyzed using descriptive statistics and later presented in themes. Ethical considerations of anonymity and confidentiality were adhered to. The results showed a positive correlation between OVC-CT and psychosocial protection since the fund aided in the provision of primary care in the child-headed households and access to housing. However, counseling services to cater to mental/psychological well-being were underreported as a mechanism used to secure the orphans and vulnerable children's psychosocial well-being.

Keywords: Orphan and Vulnerable Children Cash Transfers (OVC-CT), psychosocial protection, vulnerable children's psychosocial well-being.

1. INTRODUCTION

Background of the study

The psychosocial well-being of orphans and vulnerable children is an important aspect of child protection to ensure their normal growth and development. In the United States of America, there are policies in place through the Health and Human Services department that provide guidelines on how to protect this vulnerable population. It covers children placed in foster care and other care systems in both the federal and state governments. This is implemented through multiple means, such as carrying out assessments and screening to determine if the children are or have been traumatized, how cases are planned, the level of training and development of childcare workers, and referrals. These policies have made psychosocial protection of orphaned and vulnerable children efficient and effective and have been reported to have consequently led to fewer placement disruptions, better functioning of children, and reduced crisis (U.S. Department of Health and Human Services, Children's Bureau, 2013).

According to the Substance Abuse and Mental Health Services Administration. (2016), the United States, constant evaluation and review of caregiving programs, inclusive of child welfare, has led to reforms in training in caregiving, improved caregivers' knowledge, screening methodologies, and stability in the placement of vulnerable children.

In china, Lai, *et. al.* (2022) while reporting on children orphaned by aid in china's southwest region, noted that the wellbeing of the children is taken care of by presence of peer support groups that are interconnected with school systems, and therefore

a recommendation that the psychosocial wellbeing of these children should include interventions that bring together school-based efforts as peer-group support.

Additionally, Zhao et al. (2010), while analyzing the psychosocial wellbeing of children in rural China, compared results between the distress based on the type of orphans and caregivers. It was thus reported that psychosocial support of orphaned children is highly influenced by the kind of support they get from either side of their late parents, such as grandparents, or guardian and in some instances, schools and peers. Key, according to the study, is that the well-being of these children needs to be taken care of by persons/organizations that can offer a stable environment for growth, caregivers that are all-around supportive, and interventions from either schools or the community.

In South Africa's Vhembe District, psychosocial support to orphaned and vulnerable children is offered primarily by community-based organizations. The protection programs include peer groups, counselling services, and home visits, among others. However, the process of protecting the social and psychological well-being of the children is challenged by deep-rooted stigma, inadequate caregiving resources, and a lack of necessities such as food and funds to support their education (Matshepete, Makhado, & Mashau, 2025).

In Rwanda, Tehetna (2017), while assessing the orphaned and vulnerable youth's social and psychological well-being, concentrated on environmental factors and care quality. It was thus noted that the stability of the OVC psychosocial well-being highly depended on how stable the homes that housed them are, the level of their caregivers' response to their needs, and the security of basic needs such as food and clothing. The present social and psychological support has reduced the level of distress, but requires a multisectoral effort to ensure that the population in the category can receive social protection.

In Kenya, there are formal policies, under the ministry of labour, social security and services, children department that guide how orphan and vulnerable children need to be taken care of, inclusive of their social and psychological wellbeing. They include the provision of counselling services, support during grieving times, and through school. It is a function of not only the government but also NGO's. CBO's and religious institutions. The main aim of these guidelines is to provide a range of services to protect the children, and they include healthcare provision, education needs and support, and psychosocial protection (Ministry of Labour, Social Security and Services, 2015).

The Kenyan government, in a bid to secure the psychosocial wellbeing of orphans and vulnerable children, launched a program named the Orphan and Vulnerable children cash transfer program in 2004, started as pilot projects in three districts: Nairobi, kwale and Garissa. The aim of the program was to give support and take care of children who have been highly affected by poverty and those orphaned by the HIV/AIDS pandemic. The key goal of the program was therefore to ensure that OVC are retained in families and their proper human development taken care of (World Bank, 2012; G.O.K, 2011). It is based on this background that the study sought to investigate the effect of Orphans and vulnerable children cash transfers on the psychosocial well-being of child-headed households in Nairobi's Kibera slum.

Statement of the problem

Nairobi's informal settlements, inclusive of Kibera slum, are characterized by high poverty levels, limited to poor access to basic services, high population that has led to overcrowding. This has consequently exposed the population, including OVC living in child-headed households, to be exposed to risks such as a lack of adequate schooling, deprivation of necessities in households such as shelter, food, and clothing, inadequate nutritional care, and lack of protection. Hence, engaging in early risky sexual behaviors, early pregnancy, and diminished optimism of good futures (The Kenya CT-OVC Evaluation Team, 2012).

Despite the implementation of the OVC cash transfer program in Kibera slum, a majority of the OVCs in child-headed households live in the slum. The program is aimed at maintaining the welfare of the children, inclusive of education provision, schooling, and protection from any harm that comes from a lack of necessities. However, the OVC-CT program placed more focus on basic need provision and schooling, leaving out the psychosocial wellbeing of the child-headed households, a key area of focus in the study.

Previous studies, have also focused on OVC-CT in Kibera slum but failed to interrogate its effect on the psychosocial wellbeing of child-headed households. For instance, Huang et al (2017) analyzed the effect of OVC-CT on child health, Handa, et al. (2015) examined the effect of OVC-CT on teenage pregnancies, while the World Bank (2016) determined how the OVC-CT was implemented as a social safety net project. The research therefore sought to fill the existing research gap, by examining the effect of OVC-CT on psychosocial protection of child headed households.

Objective of the study

The objective of the study was to examine the effect of Orphan and Vulnerable Children Cash Transfer Program on the psychosocial well-being of child headed households in Kibera slum, Nairobi, Kenya

2. METHODOLOGY

The study utilized a descriptive research design, and the study was carried out in the Kibera slum, Nairobi. The targeted population was 100 child-headed households, 34 child officers, and 71 social workers, making a total of 205 total targeted population. A census was carried out, and a pilot study was done on ten percent of the targeted population in Mathare slum. Research authorization was sought from Kenyatta University Graduate School, and a research permit from NACOSTI. Ethical considerations were adhered to, specifically, informed consent, anonymity, and confidentiality.

3. RESULTS**Demographic data**

The response rate was 180(87%), which was excellent for the analysis of the data collected. 73.3% were male, while 26.7% were female.

OVC Psychosocial Protection

The study aimed to investigate the impact of OVC cash transfers on psychosocial protection in the Kibera slum. The respondents filled a five-point Likert scale questions to establish the kind of social support given and its effects in child-headed households.

Counselling services

When asked whether orphans and vulnerable children from the child-headed households through the OVC-CT program received counselling services when needed, 6.7% of the respondents strongly disagreed, 5.6% disagreed, 41.7% neither agreed nor disagreed, 4.0% agreed while 1.1% strongly agreed.

From the results, a majority of the respondents maintained a neutral perspective which is an indication that they may not be aware whether the services are available in the area, are uncertain about it or the service is not a visible means of psychosocial protection of children in child headed households.

Additionally, 12.3% explicitly expressed that there was no access to counselling services as a form of supporting orphans and vulnerable children in child headed households navigate social and psychological challenges, through the OVC-CT. This thus denotes a grey area that will require intervention since the psychosocial well-being of children is critical for health growth and development.

A small minority, 5.1% agreed that counselling services were available and accessible to OVC in child-headed households. This denotes low access to the critical service for normal growth and development. This further brings out the existing gap in psychosocial protection in Kibera slum, because of the low uptake or poor visibility of counselling, a vital psychosocial support methodology for orphans and vulnerable children.

The outcome of this study supports previous existing studies on low uptake of counselling services as a psychosocial intervention methodology to protect orphaned and vulnerable children. According to the African Population and Health Research Center (APHRC). (2014), in a study in the informal settlements of Nairobi, psychosocial support services, particularly counselling and other mental health interventions, are inaccessible to the most vulnerable children in the community, particularly from child-headed households and the orphaned, due to unavailability or poor coverage.

Karuga et al(2022), while examining the vulnerability of child-headed households in two slums in Nairobi, Korogocho and Kibera, reported that in child-headed households, counselling services to address grief, and mental health concerns were largely absent, despite the children being highly stressed emotionally, sometimes isolated or stigmatized.

Primary support care

The respondents were asked to indicate their response on whether the OVC-CT provided primary support care in the child headed households. A majority 44.4% of the responses strongly agreed, 37.2% agreed, 6.1% maintained a neutral stand, 3.9% disagreed, and 8.3% strongly disagreed. From the results, 81.6 percent agreed that OVC-CT provided primary support care in child headed households.

The neural response, 6.1% suggests that apart from the OVC-CT, there could be other means that support child headed households in the provision of primary care such as shared responsibility from relatives, siblings, neighbors. Those who disagreed 12.2%, to the statement that OVC-CT provided primary care to orphans and vulnerable children in child headed households suggested that in minority of the households, the fund is not the only source of taking care of the children.

Other studies, have also reported the same in previous investigations. According to Oxford Policy Management (2010), in a study carried out between 2007-2009 in Kenya's 7 pilot districts, OVC-CT was reported to have raised the living standards of recipients, since the fund gave them the power to care for the OVCs through the provision of food, reduced child labor, and exploitation.

Handa et al (2015), while evaluating the OVC-CT between the years 2007-2011 in Kenyan urban slums, focused on its effects on teenage pregnancies and early marriages. The outcome showed that the OVC-CT had an indirect effect on primary caregiving in child-headed households. The burden left on caregivers was reduced by the fund, which supported the stability of the households and kept the children, especially the girl child in school.

Access to Housing

The respondents were asked to indicate if the OVC-CT helped child-headed households secure housing. The majority, 40.6% agreed, 35.6% strongly agreed, 10.0% disagreed, 7.8% neither agreed nor disagreed while 6.1% strongly disagreed.

A majority 76.2% had the believe that the fund contributed positively to access of housing and provided relative stability. A minority, 7.8% who maintained a neutral stand did not view the fund as a significant contributor to housing access. Those who disagreed 16.1% felt that the cash transfer in the child headed households did not have any effect on access to housing. This is because the amount received in these households may be too low to cater for housing needs in the slum.

However, a mean and a standard deviation of 3.80 ± 1.7 indicated a general agreement that the fund provided a means for child-headed households of orphan and vulnerable children to have housing arrangements. They are able to not only secure, but also improve their housing arrangements through payment of rent, home repairs and has substantially reduced chances of children living in the streets.

The outcome has been reported in previous studies. The Kenya CT-OVC Evaluation Team. (2012), while evaluating the effect of the fund between 2007-2011 noted that the program has led to a rise in the capacity to cater for housing through rent. Ayuku et al. (2014) in a comparative study on households on cash transfers and those without, reported that the findings have not only helped in accessing housing, but has also improved household spending.

4. CONCLUSION

The Orphan and Vulnerable Children Cash Transfer Fund is closely associated with the psychosocial support of OVC in Kibera's child-headed households. The fund has led to the protection of children's basic social and psychological well-being through the provision of primary care support and access to housing. However, access to counselling services to help children cope with certain realities and psychological distress was low or invisible.

REFERENCES

- [1] African Population and Health Research Center. (2014). *Population and health dynamics in Nairobi's informal settlements: Report of the Nairobi cross-sectional slums survey (NCSS) 2012*. APHRC
- [2] Ayuku, D., Embleton, L., Koech, J., Atwoli, L., Hu, L., Ayaya, S., Hogan, J., Nyandiko, W., Vreeman, R., Kamanda, A., & Braitstein, P. (2014). The Government of Kenya Cash Transfer for Orphans and Vulnerable Children: cross-sectional comparison of household and individual characteristics of those with and without. *BMC International Health and Human Rights*, 14, 25. <https://doi.org/10.1186/1472-698X-14-25>
- [3] Government of Kenya (2011). Children and Social Development. (2011). *Kenya National Social Protection Policy*. Nairobi: Ministry of Gender, Government of Kenya
- [4] Handa, S., Peterman, A., Huang, C., Halpern, C. T., Pettifor, A., & Thirumurthy, H. (2015). Impact of the Kenya Cash Transfer for Orphans and Vulnerable Children on early pregnancy and marriage of adolescent girls. *Social Science & Medicine*, 141, 36–45. <https://doi.org/10.1016/j.socscimed.2015.07.024>

- [5] Handa, S., Peterman, A., Huang, C., Halpern, C., Pettifor, A., & Thirumurthy, H. (2015). Impact of the Kenya Cash Transfer for Orphans and Vulnerable Children on early pregnancy and marriage of adolescent girls. *Social Science & Medicine*, 141, 36–45
- [6] Huang, C., Singh, K., Handa, S., Halpern, C., Pettifor, A., & Thirumurthy, H. (2017). Investments in children's health and the Kenyan cash transfer for orphans and vulnerable children: Evidence from an unconditional cash transfer scheme. *Health Policy and Planning*, 32(7), 943–955. <https://doi.org/10.1093/heapol/czw181>
- [7] Karuga, R., Steege, R., Njoroge, I., Liani, M., Wiltgen Georgi, N., Otiso, L., Muturi, N., Okoth, L. A., Theobald, S., & Tolhurst, R. (2022). Leaving no one behind: A photovoice case study on vulnerability and wellbeing of children heading households in two informal settlements in Nairobi. *Social Sciences*, 11(7), 296. <https://doi.org/10.3390/socsci11070296>
- [8] Lai, S., Zhou, J., Xu, X., Li, S., Ji, Y., Yang, S., Tang, W., Zhang, J., Jiang, J., & Liu, Q. (2022). Subjective well-being among AIDS orphans in southwest China: The role of school connectedness, peer support, and resilience. *BMC Psychiatry*, 22, 197
- [9] Matshepete, L. P., Makhado, L., & Mashau, N. S. (2025). *Approaches for psychosocial support towards orphans and vulnerable children by community-based workers in the Vhembe district, South Africa*. BMC Public Health
- [10] Ministry of Labour, Social Security and Services, Department of Children (2015). *National psychosocial support guidelines for orphans and vulnerable children in Kenya, Nairobi, Kenya*.
- [11] Oxford Policy Management. (2010). *Kenya CT-OVC Programme — Operational and impact evaluation: 2007–2009 (Final report)*. Oxford Policy Management. <https://www.opml.co.uk/files/Publications/6020-cash-transfer-OVC-kenya/opm-ct-ovc-evaluation-report-july2010-final-kenya-2010-019.pdf>
- [12] Oxford Policy Management. (2010). *Kenya CT-OVC Programme — Operational and impact evaluation: 2007–2009 (Final report)*. Oxford Policy Management. <https://www.opml.co.uk/files/Publications/6020-cash-transfer-OVC-kenya/opm-ct-ovc-evaluation-report-july2010-final-kenya-2010-019.pdf>
- [13] Substance Abuse and Mental Health Services Administration. (2016). *Key ingredients for successful trauma-informed care implementation (white paper)*. SAMHSA
- [14] Tehetna, A. C. (2017). *The psychosocial wellbeing of orphans and youth in Rwanda*. A Master's thesis submitted to the University of Helsinki
- [15] The Kenya CT-OVC Evaluation Team. (2012). The impact of Kenya's Cash Transfer for Orphans and Vulnerable Children on human capital. *Journal of Development Effectiveness*, 4(1), 38–49. <https://doi.org/10.1080/19439342.2011.653578>
- [16] The Kenya CT-OVC Evaluation Team. (2012). The impact of Kenya's Cash Transfer for Orphans and Vulnerable Children on human capital. *Journal of Development Effectiveness*, 4(1), 38–49. <https://doi.org/10.1080/19439342.2011.653578>
- [17] The Kenya CT-OVC Evaluation Team. (2012). *The impact of Kenya's Cash Transfer Program for Orphans and Vulnerable Children on human capital* (*Journal of Development Effectiveness*, 4(1), 38–49).
- [18] U.S. Department of Health and Human Services, Children's Bureau. (2013). *Developing a trauma-informed child welfare system (policy brief)*. U.S. Gov't Printing Office
- [19] World Bank. (2012). *Program-for-Results: Kenya National Safety Net Program for Results (P117593) – Program Appraisal Document*. Washington, DC: World Bank
- [20] World Bank. (2016). *Kenya: Cash Transfer for Orphans and Vulnerable Children — Project Implementation and Completion Report (P111545)*. The World Bank
- [21] Zhao, Q., Li, X., Fang, X., Zhao, G., Zhao, J., Lin, X., & Stanton, B. (2010). Difference in Psychosocial Well-being Between Paternal and Maternal AIDS Orphans in Rural China. *The Journal of the Association of Nurses in AIDS Care : JANAC*, 21(4), 335. <https://doi.org/10.1016/j.jana.2009.12.001>