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Gahigana Joy Umurungi & Dr. Jean De Dieu Hakizimana

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Gahigana Joy Umurungi, Department, Business Administration, Mount Kenya University, Rwanda

Dr. Jean De Dieu Hakizimana, Department, Business Administration, Mount Kenya University, Rwanda

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Abstract

The purpose of this study was to examine the contribution of faith-based organization project support on improving the livelihood of vulnerable children in City of Kigali, Rwanda. The specific objectives were to establish contribution on healthcare support by a Christian Life Assembly (CLA) project on improving the livelihood of vulnerable children in the City of Kigali; to examine the contribution of psychosocial support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali; to determine the contribution of education support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali. Descriptive research design with a correlational coefficient r size effect was used with quantitative approaches. A census survey of 120 respondents comprising of caregivers, and staff of Christian Life Assembly Project was targeted. The study gathered primary data using questionnaire and interview survey. An IBM SPSS package was used for descriptive statistics in term of frequency, percentage, mean and standard deviation and inferential statistics in term of correlation and regression analysis. The findings show that females (57.5%) dominated the males (42.5%); the age range of adult persons surveyed were between 41-50 years, (49.2%), most respondents were married (48.3%). The education level, 32.5% of respondents had not gone to school, 47.5% of respondent had finished primary school and 15.8% had attended high school. These percentages and the levels of education are key pointers for standards of living, potential for earnings and the wellbeing of the respondents. The researcher found that the majority of respondent (53.3%) had been involved in CLA Project for over 12 years, (81%) of respondents had received healthcare support provided by CLA Project as a contribution on improving the livelihood of vulnerable children in City of Kigali. The findings show that healthcare support by CLA Project as a contribution on improving the livelihood of vulnerable children in the City of Kigali had been contributed. Medical insurance was at (83.3%),

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nutrition support was at (59.2%). Psychosocial support, that is counseling (59%), home visitation (58.3%), emotional support (70.8%), recreation and fun days (80.8%), child advocacy (72.5%), economic assistance (81.7%), of respondents surveyed, had received support from CLA project as contribution on.

Keywords: *Faith-Based Organization Project, Livelihood of Vulnerable Children, Christian Life Assembly Project, Kigali City, Rwanda.*

1.1 Introduction

Community-based projects improve livelihood of vulnerable children, and effective project management is required (Nisa, & Javed, 2015). These projects vary depending on how they are structured to respond to promote poverty reduction and improve quality of life for the targeted groups. Faith-based organizations operate like non-governmental organizations (NGOs) and are involved in developmental work assisting those most in need within communities regardless of their faith (Koehrsen & Heuser, 2020). Faith-based initiated projects operating on a set of religious principles that guide them and projects initiated in most cases address issues that are prevalent in communities many of which are psychosocial, health, and educational related.

Other forms of project support may come in form of economic empowerment looking at family incomes and the existing sources such as employment, engagement in trade access to loans, and evaluating the sustainability of the economic capacity to caregivers through income-generating activities (Nsagha, et al., 2012) that all strive toward improving the quality of life in ways that are sustainable but also that can lead toward a meaningful development (Heist & Cnaan, 2016). The definition of a vulnerable child according to Arora et al (2015) is one that is exposed to risk, deprived of parental care, food, and education. They may have been subjected to abuse, some form of abuse, infection such as HIV, and more subjected to deprivation more than their peers whose fundamental rights in one way or the other are compromised and thus affect their personal development. Vulnerability is brought about by the changing times in any given community and could be a result of political violence, the outcomes of 1994 genocides against the Tutsi, changing family circumstances where children are orphaned, famine floods, droughts, destruction of property.

Children are left in dire need of survival up to and including exposure to all forms of danger (Kayirangwa & Mukashema 2013). In Rwanda the age dependency ratio is high whereby, the total dependency ratio is at 83, which means that for every 100 persons that are of age and economically are expected to be responsible for 93 persons considered to be inactive age. Of this 76% make up the youth, the high dependence poses challenges to the health and education sector (UNCEF, 2018).

In 2013, 13.4% of Rwanda's children under 18 were orphans, and many more were estimated to be vulnerable (Care International, 2013). These children were less likely to go to school, have less access to health facilities, and are in need of food support. The Rwanda government in partnership with development partners such as churches like CLA have worked to address emerging challenges such as child vulnerability through strategic policy frameworks. Even with the significant progress that Rwanda has made, a lot more needs to be done (NST, 2017). Projects on livelihoods are a feature in developing countries and Rwanda in particular.

The Ministry of Gender and family, Rwanda (2017), analyzed orphans and vulnerable children and indicated that many NGOs support vulnerable children way beyond the age of 18 due to the persistence of problems and situations they find themselves in. According to a UNICEF (2017) report, 13 % of children in rural areas are out of school than in urban areas and the report goes further to show that there are disparities between household heads that have formal education than those who have not been to a school where 18 % of children from households with no formal education are out of school.

In a study on street children in Rwanda, 1,087 were interviewed and 86.8 % were found not to be attending school due to parental separation or death, poverty, lack of school fees and materials (RRNCC, 2012). There has been nonetheless, increase in Rwanda on programs at the national level that address psychosocial needs of child-headed households according to Kidman and Thurman (2014), and much attention on increase in support put on the plight of vulnerable children. In light with the above consideration, the study examined the contribution of Faith Based Organization on improving livelihood of vulnerable children in the City of Kigali, Rwanda with a focus on CLA project. The main objective of this research Contribution of Faith-Based Organization Project Support on Improving Livelihood of Vulnerable Children in Rwanda: A Case of Christian Life Assembly Project, Kigali City. The specific objectives that guided this thorough research are:

- i. To establish contribution on healthcare support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali.
- ii. To examine the contribution of psychosocial support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali.
- iii. To determine the contribution of education support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali.

2.1 Theoretical Literature

Faith Based Organization Project

Projects are unique and have specific sets of operations designed to accomplish a particular goal. According to the Project Management Book of Knowledge (PMOK, 2013), a project is defined as "a temporary endeavor undertaken to create a unique product, service, or result". This demonstrates that projects have definite beginnings and ends thus explaining their temporary nature. The conclusion of a project indicates that established objectives have been accomplished or if the project's objectives cannot be met or no longer required, the project is terminated. Projects are designed to deliver beneficial results that are characterized by their uniqueness which does not allow complete duplication.

These features create pressure of uncertainty on whether the project will deliver desired outcomes, pressure on resources to do the project, and the burden to deliver the outcomes within the desired period (Osorio, et al, 2014). Projects are an important part of socio-economic development for they create opportunities for the organization to provide solutions to complex problems that can meet the organizational goals or meet a social need. Good project management is therefore required for projects to achieve their goals and be termed successful. Organization play an important role in meeting societal needs and will function in the interest of the organization's purpose and goals to effectively and efficiently produce a product or service defined by stakeholders (Shahidullah &

Haque 2016). Among are organizations that are faith-based that foster effective change and transformation in local communities and their positive contribution to poverty reduction.

Faith-Based Organization

Faith-based organizations are characterized as faith-influenced and organized on meeting the spiritual needs of the public and contribute significantly to the development of a community through organized projects. Faith-based organizations have religious orientations that are autonomously built on beliefs and values that are self-defining and tend to be independent. This aspect sets them apart and puts them in sets of categories that give them mandate to self-expression, management, and decision-making process (Bielefeld, & Cleveland, 2013). They are strategically placed in their communities to support and enrich human life, more especially in the context of emerging global challenges of poverty and now more especially with the rise of HIV and AIDS providing health, education, or social services to the public (UNFPA, 2017).

Religious leaders often are trusted members of the communities they serve, and this allows them to rally grass-root support that earns the trust of the vulnerable among their communities making them influential and therefore vital stakeholders in development. FBOs have shown to be effective in areas where human rights are compromised; governance is weak and has failed to ensure human rights.

Such organizations are intensely interested in fostering transformational relationships within the communities through relief service delivery projects designed to elevate the socioeconomic status of the community and in meeting spiritual aspects of life. Of these faith-based response projects, there is lack of documentation, operate on small scale, and measuring their impact is strenuous and almost impossible, unlike the more visible development organizations. Many times, it is revealed that faith-based organizations lack functionality systems and at times have no address and rely heavily on volunteers who are charged with the responsibility of running the projects with no systems in place. This brings challenges in understanding the organizational structures and therefore can hinder external support from potential donor partners. (UNICEF, 2018).

Projects that Respond to vulnerable Situation

Projects that respond to challenges within communities can be complex but also impactful and transforming. Project management is among the approach's agencies use as a means of intervention to address hazard and vulnerability problems. It is often argued that projects do not deal with complexities of risk and vulnerability adequately and therefore there is an effort to explore alternative forms of action outside the convention project risk management that tends to ignore identified risks terming them to be negligible, reducing them to nonsignificant and that the chance of a major disaster happening is too remote; or that there are other more immediate problems to address. Nevertheless, recent thinking is exploring project planning as a mechanism that can address risk and vulnerability effectively as it involves more extensive partnerships across concerned sectors (Twigg, 2015).

A project should be able to identify the type of vulnerability, needs, and where possible, scan the environment for political, economic, and social set up of a community. A project must as well consider the assets, capacities, resources people use to resist, cope with to recover from disasters and other external shocks (Twigg, 2015). Organizations that therefore implement projects for

vulnerable people are expected to help shape the context in which the work will take place and be part of the project planning.

Child vulnerability

Child vulnerability varies depending on the country of origin and the communities in which they live. Challenges faced by these children may not be self-inflicted but rather originate from environmental conditions well beyond the victims. Scholars like Steinitz (2014) show that vulnerability can be a result of environments, cultural beliefs, and practices that culminate in violation of children's rights putting them in a state of vulnerability. They give examples of girls who are denied the right to attend school when there is a demand for help at home or because of their menstrual periods. The right to go to school when compromised significantly affects their psychological being that can rise to levels of vulnerability and have an impact on their socio-economic wellbeing.

Arora, *et al.*, (2015) in their paper review, define vulnerability as "the state or condition of being weak or poorly defended". Joslin and Müller (2015) in their report shows that challenging situations that are risky where growth and development are seriously affected can contribute to child vulnerability. Contributory factors could be effects of HIV/AIDS, chronic poverty, armed conflict, famine, and other factors that compromise the rights of children can culminate in vulnerability.

The different categories of child vulnerability may include among others street children, orphans, children whose parents are infected/affected by HIV/AIDS, children that find themselves in circumstances that make their lives risky such as abject poverty, exposure to child labor, and other forms of neglect and abuse and in some instances slavery (Arora, et al, 2015). Many of these children end up in poorer households bringing on increased expenses, higher dependency especially in households that look after these children. As situations of orphans and vulnerable children vary from country to country so project responses must have the right assessments to meet needs accordingly. Research indicates that there is a heavy burden on female-headed households and therefore assistance must be prioritized to such households more especially those headed by women (UNICEF, 2018).

World Bank Group, (2014) in their research paper, point out that, early formative years of children are critical to development. Research indicated that early childhood development is a period when humans are dependent on a secure relationship with others to ensure their survival, emotional, social integration, mental and cultural capabilities. They further point out, that early development is sensitive to negative impacts that range from malnutrition, care, and parenting deprivation, and in cases where basic needs are not met repercussions are more often than not felt throughout the adult years.

Improvement of Livelihood Project for Vulnerable Children

There is a great proportion of people whose total consumption is below food poverty line (RFW 105,064). Observing at the extreme poverty, the institution considered the poorest families of all. The proportions that are both poor extreme poor, the highest were found in Nyamasheke District where 62% and 39.2% of inhabitants are poor and extreme poor consecutively. In each of Burera, Rutsiro, Gisara and Gicumbi Districts more than 50% of their citizens are poor (NISR, 2015). The above information was relevant to the present study because the evidence was helpful in assessing

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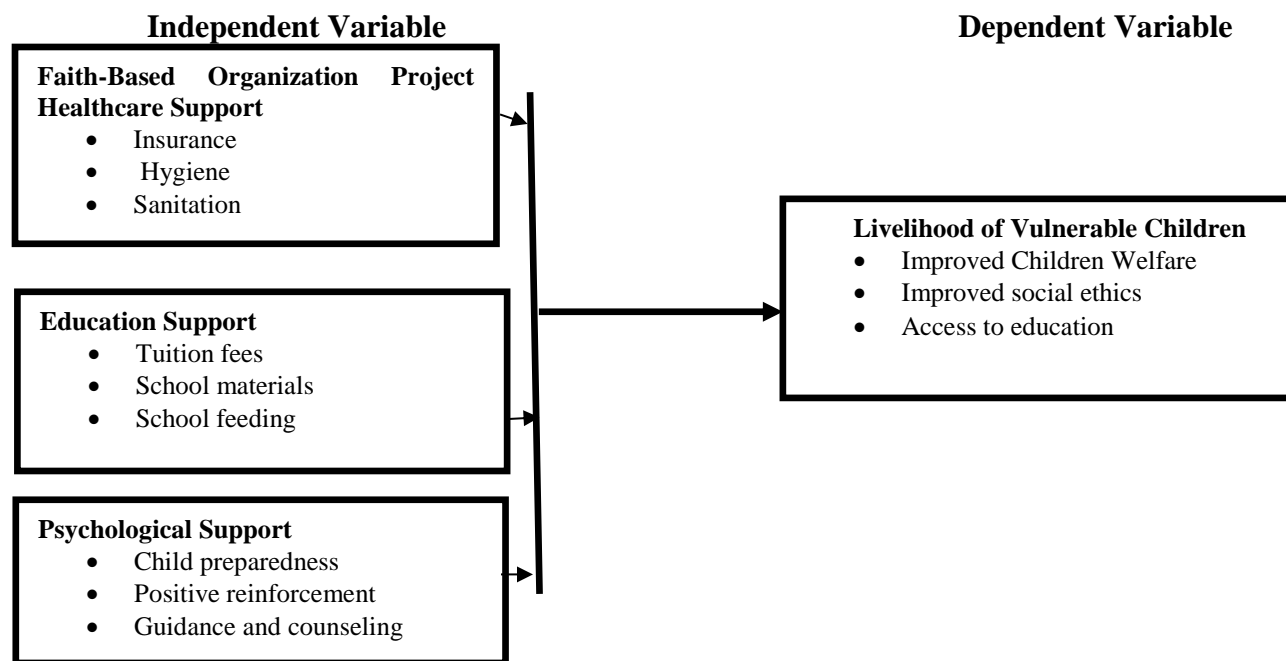
whether there was household economic improvement in living conditions. In this regard, the researcher was able to see whether proportions of people in each category have decreased.

Faith-based organizations (FBOs) are slowly being acknowledged by international agencies in their role in contributing to basic needs through intervention projects/programs. It is however hard to measure their effectiveness due to their small operation that is limited. It is believed that FBOs are much connected to their communities reaching remote areas that are beyond the reach of the government and have increasingly gained prominent status in the communities they serve and the people who listen to them (Olutola, 2019).

A study carried out by UNICEF, (2012) in four African countries Uganda, Malawi, Kenya, and Namibia indicated that responses by Institutions that are faith-based were common among Muslim, Pentecostal, and Protestant groups. Response by FBO to orphans and vulnerable children in terms of delivery on administration, financial support, and technical support was relatively minimal. Kenya had the highest response of 33%, Malawi at 16%, Uganda at 9%, and Namibia at 7%. The results could have been indicative of the support of religious groups outside Africa of a strong presence of community based OVC initiatives or national policies on institutional care. The study further revealed the desire for FBOs to expand initiatives but was hindered by lack of funds, a major limitation, and lacking confidence in best practice. Proper management skills and strategies were among the deficiencies cited that are needed to develop FBO and make them effective.

Conceptual Framework

A conceptual framework is the systematic representation indicating the association and interaction among independent, dependent, and moderating variables. It intends to facilitate audiences in seeing the suggested correlation of research terms (Creswell, 2013). The focus for the present research relied on the relationship between FBOs and livelihood of vulnerable children.



Researcher, 2022

3.1 Research Materials and Methods

Research Design

A descriptive research design is a type of research, which precisely represents the individual's characteristics, group, situation, or problems (Atmowardoyo, 2018). To be able to collect and analyze data, descriptive research design was used in this research with a correlation regression r-size effect in both qualitative and quantitative models. This research used descriptive research design with focus on quantitative approach using a questionnaire (Daniel, 2016) which facilitated in answering a predefined set of questions. Data was collected then subjected to computer analysis using a Statistical Product and Service Solution for social science IBM (SPSS) that saves a lot of time and resources.

Target Population

Population in a research study is an entire group of people with similar specialized characteristics that information required to be studied can be collected. It's further defined by certain attributes like ethnicity, occupation, age, sex, religion or by geographical location, etc. The selection of a population to be studied is guided by the purpose of the study as well as the research questions that clearly defining those that are to be included and excluded from the study (Banerjee, & Chaudhury, 2010). Population target in this study were caretakers of beneficiaries supported by CLA project, the guardians, single mothers, and other heads of the families that have the responsibility of taking care of vulnerable children as well as the staff of CLA. The targeted population were 120 respondents.

Table 1: Target Population

Categories	Size
Mother and Father	20
Single Mother	50
Guardian	32
Other	12
CLA Staff	6
Total	120

CLA report 2022

Sample Design

Sample Size

A sample is a subsection or small group of people from a defined population whose boundaries of inclusion and exclusion are clear and well defined. A sample is a representation of a population where every member population has an equal opportunity of being selected and the fundamentals of selection are similar to the population. The process of selecting a sample is sampling and those from the population are referred to as participants or respondents (Bitonio, 2014). The population in this research was small therefore, no sampling was conducted, all respondents in the targeted population were used and therefore this research used all the 120 respondents in the targeted population.

Sample Technique

There are different techniques in sampling, probability, and non-probability sampling. Probability or random sampling has various methods of sampling commonly used in quantitative research, non-probability sampling, on the other hand, is associated with case study research and qualitative research that doesn't make a statistical inference to the wider population (Taherdoost, 2016). The population in this research was small and all the members of the population share the same characteristics and specifications under investigation and therefore census sampling was employed. This research collected data on the entire population and every member of the population was targeted using the census survey technique (Ghazali, 2016).

A stratified-sampling technique was used to determine project participants, project staff and project-based staff. Basic sampling technique using simple random sampling was used to select project participants. This gave participants the opportunity of being selected. This done to avoid biases. To select senior management staff and project -based staff, purposive random sampling technique was used.

Data Collection Method

To conduct the study, a census survey method with the help of a questionnaire that has a series of predetermined questions was used in this research. Questionnaires have measurements of demographic characteristics, social environments, social relationships, achievements, among others (Dooley, 1990) Survey methods in collecting data is used in investigating social problems on an identified group of people who share certain characteristics that define them to understand the problem or find a solution to the problem that is common to them. This method of research can be used on both small and big population (Ahmad, M. B. 2018). A questionnaire was used because it saves time and is self-reporting in data collection and processing. (Bogere, & Gesa, 2018).

Data Collection Instrument

Primary data was gathered using an interview survey with the help of a questionnaire as an instrument in collecting data. The questionnaire had a set of predetermined questions that are open-ended and closed-ended. Open-ended type of questions allowed participants to answer the question their way, giving more room to the respondent to be more elaborate whereas, in closed questions, respondents gave answers that are in form of a number from choices making it easier to evaluate (Saunders, Lewis & Thornhill 2009). A well-intended questionnaire collects data with less mistakes and facilitates ciphering and capture of data that is not expensive to conduct. Interview survey using a questionnaire was useful especially when respondents couldn't read or write and it helped to clarify questions and get the respondents to give a full answer and ensures that the respondent are the ones who are answering the questions and not any other person (Cohen, Manion, & Morrison 2007).

Administration of Data Collection instrument

A paper questionnaire was used as a tool for gathering data in a defined interview with the respondents. A list of carefully structured questions was carefully asked to respondents and answers recorded. The distribution of the questionnaires was done by the researcher on an individual basis and where the respondents could not be reached in person the questionnaire was administered over the phone.

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4.1 Results Discussion

Gender of Respondents

Presented in Table 2 are frequencies indicating the gender of respondents.

Table 2: Gender of Respondents

Gender	Frequenc y	Percent	Mean	Std Dev.
Male	51	42.5	1.58	0.496
Female	69	57.5		
Total	120	100.0		

Source: Primary data, 2022

Table 2 indicates respondent's gender. 42.5% were male respondents while 57.5% of respondents were female. The researcher in this case was interested to know the gender of respondents and their distribution and whether the privileges in the project were being shared to all male and female. The results indicate that there was an almost a balanced number in gender.

Age of Respondents

Table 3: Age group of Respondents

Age range	Frequenc y	Percentage	Mean	Std Dev.
20-30 years	14	11.7		
31-40years	24	20.0		
41-50 years	59	49.2	2.76	0.898
51-60 and above	23	19.2		
Total	120	100.0		

Source: Primary data, 2022

Table 3 shows that 11.7% of respondents were between the age group 20-30 years, 20% were between 31-40 years, 49.2% were between 41-50 years, and 19.2% were between 51-60.

Marital Status of Respondents

The civil status of respondents is demonstrated in Table 4

Table 4: Marital Status of Respondents

Marital Status	Frequenc y	Percent	Mean	Std Dev.
Married	58	48.3	3.05	1.208
Divorced	24	20.0		
Separated	12	10.0		
Widow(er)	26	21.7		
Total	120	100.0		

Source: Primary data, 2022

Table 4 shows that 48.3% of respondents were married, 20% of respondents were divorced, 10% of respondents were separated whereas 21.7% of respondents were widow. The purpose of this

data was to see whether this had implication on objectives under investigation in this study and idea on the status of the family.

Education Level of Respondents

The education level of respondents is highlighted in Table 5.

Table 5: Education of Respondents

	Frequency	Percentage	Mean	Std Dev
None	39	32.5		
Primary	57	47.5	1.92	0.805
High school	19	15.8		
College (University)	5	4.2		

Source: Primary Data, 2022

Table 5 shows that 32.5% of respondents had not gone to school, 47.5 % of respondents had attended primary school and 15.8% of respondents had gone up to high school and 4.2% of respondents had attended university.

Respondent involvement with CLA project

The Figure 6 demonstrates how long the respondents had been involved with the CLA project in the City of Kigali.

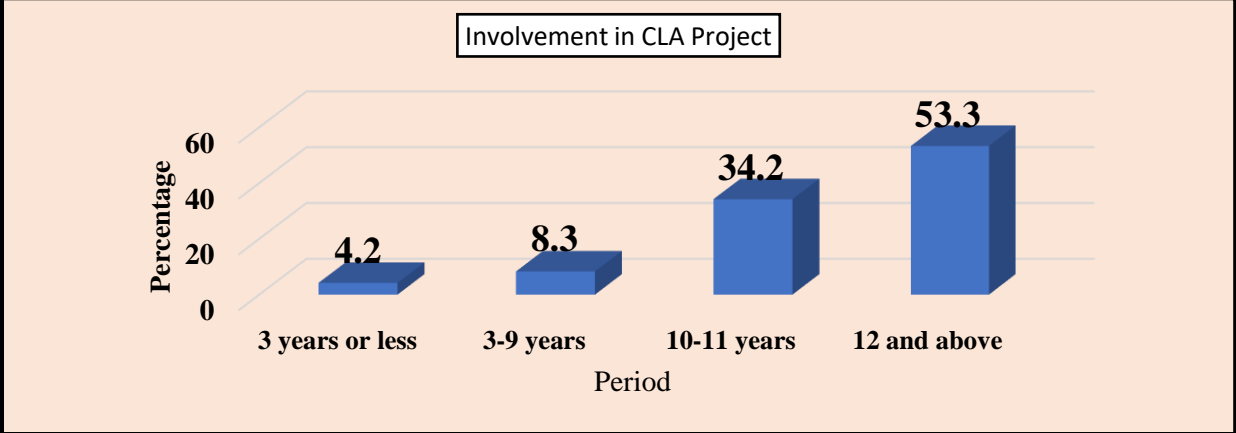


Figure 1: Presentation of how long respondents had been involved with CLA project

Source: Primary Data, 2022

Figure 1 shows that 4.2% of respondents had been involved with CLA project for less than 3 years, 8.3% of respondents had been involved with this project for period of 3 to 9 years. 34.2% of respondents had been involved in the project for a period of 10 to 11 years and over 53.3% of respondents had been involved with CLA Project for a period of 12 years and above.

Presentation of Findings

Contribution on Health Support

Figure 2, presents contribution of healthcare support by CLA project on improving the livelihood of vulnerable children in the City of Kigali

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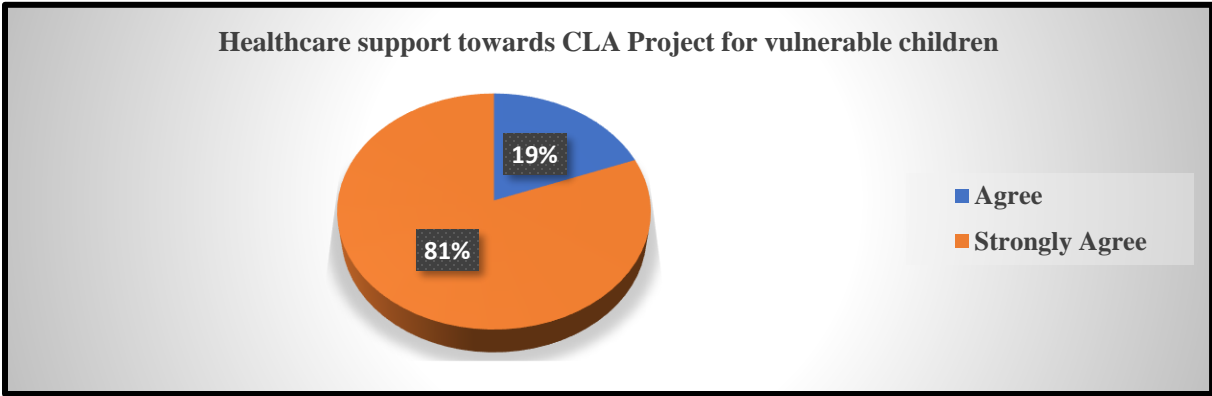


Figure 2: Contribution on health care support by CLA project for vulnerable children in the City of Kigali

Source: Primary Data, 2022

Figure 2 demonstrates the responses of beneficiaries. When respondents were asked whether healthcare support contributes on improving the livelihood of vulnerable children in City of Kigali, 81% strongly agree and 19% of responded just agree.

Table 6: To what extent are the following contributed by CLA project to Vulnerable children in the City of Kigali

	Not at all	To less Extent	Moderate extent	To a great extent	Very great extent
Medical Insurance			11(9.2)	100(83.3)	9(7.5)
Nutrition support	15(12.5)	2(1.7)	25(20.8)	71(59.2)	7(5.8)
Hygiene and Sanitization supplies	3(2.5)	4(3.3)	11(9.2)	47(39.2)	55(45.8)

Source: Primary Data, 2022

Table 6, when asked to what extent were the following contributed by CLA project to vulnerable children, on medical insurance, 83.3%, responded to a great extent, nutrition support, 59.2% responses were to a great extent and for hygiene and sanitization supplies,39.2%., responses were to a great extent were.

Table 7 shows the correlation of how medical insurance, nutrition support and hygiene and sanitation contributed by CLA project on improving the livelihood of vulnerable children in the City of Kigali.

Table 7: Analysis of Correlation

		Medical Insurance	Nutrition support	Hygiene and Sanitization supplies
Medical Insurance	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	120		
Nutrition support	Pearson Correlation	-.098	1	
	Sig. (2-tailed)	.289		
	N	120	120	
Hygiene and Sanitization supplies	Pearson Correlation	.672**	-.008	1
	Sig. (2-tailed)	.000	.933	
	N	120	120	120

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

Source: Primary data, 2022

The correlation was found to be significant at the 0.01 level, therefore, in the relationship between nutrition support and medical insurance though it was found to be a negative ($P = .289$, $r = -0.098$). Table 8 indicated that the null hypothesis should be rejected because the findings shows that there are greater probabilities, thus the homogeneity is violated.

The relationship between medical insurance and hygiene and sanitation was significantly affecting the vulnerable children in the City of Kigali because $p < 0.01$ and $r = 0.672$. While the relationship between nutrition support and hygiene and sanitization supplies indicated that there is no relation between them because the findings showed that there was great probability and r is negative, thus the homogeneity was violated ($p = 0.933$ and $r = -0.008$).

Table 8: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.813 ^a	.660	.651	.233

Source: Primary Data, 2022

a. Predictors: (Constant), Hygiene and Sanitization Supplies, Nutrition Support, Medical Insurance

The dependent variable explained in percentage of variation by the independent variables, this research used the regression model for determination (R Square) attained from the above. The analysis obtained, the findings on the independent variables demonstrated a contribution of 65.1% of the variation in dependent variables as described by adjusted R^2 of 65.1% while 22.3% is described by variables that are outside the model and the error term.

Holding the various components consistent, in the above findings, contribution on improving the livelihood of vulnerable children in the City of Kigali was measured by usage of medical insurance, nutrition support and hygiene and sanitation supplies. The effects of the various regression models exhibit a definite relationship between medical insurance, nutrition support and hygiene and sanitation supplies and contribution on improving the livelihood of vulnerable children in the City of Kigali.

Contribution of psychosocial support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali

The figure below demonstrates the believe on psychosocial support by CLA project on improving the livelihood of vulnerable children in the city of Kigali.

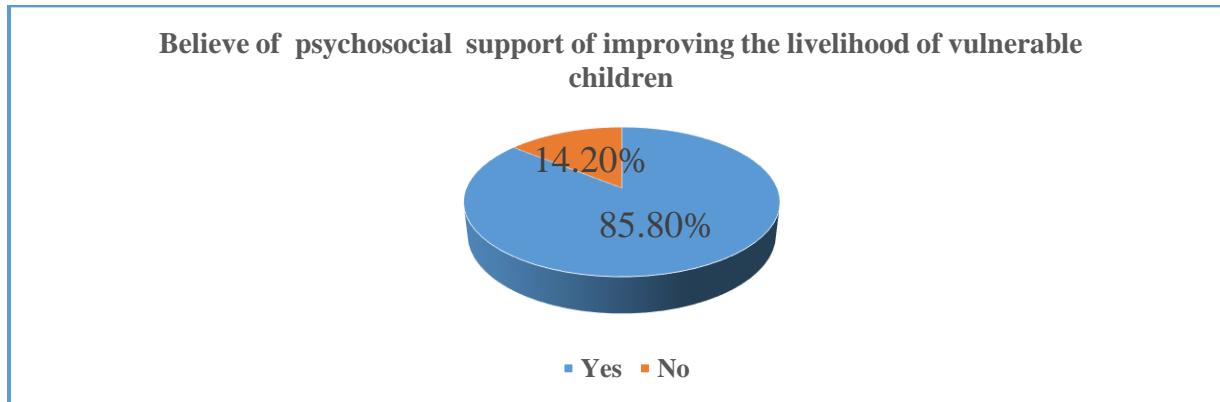


Figure 3: Believe of Psychological support

Source: Primary data, 2022

Figure 3 indicated that 85.8% believed on the psychosocial support by CLA project on improving the livelihood of vulnerable children in the city of Kigali while 14.6% did not believe the support of psychosocial of CLA project.

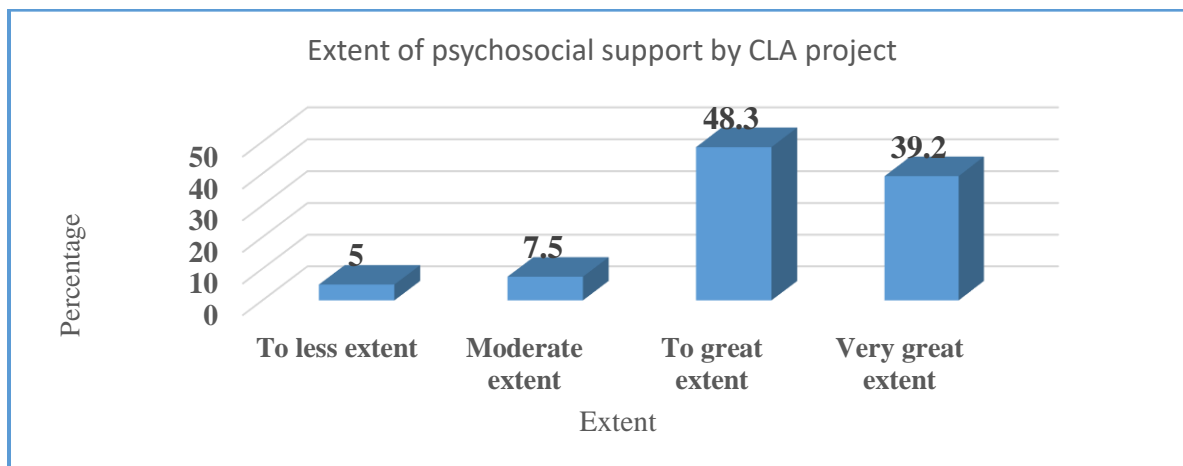


Figure 4: The extent of psychosocial support by CLA project

Source: Primary data, 2022

Figure 3, when respondents were asked to what extent had psychosocial support by CLA project contributed on improving the livelihood of vulnerable children in the City of Kigali, 5% of responses were to less extent, 7.5% of responses were to moderate extent, 48.3% of responses were to great extent while 39.2% of responses were to a very great extent

Table 9 highlighted the psychosocial support by CLA Project on improving the livelihood of vulnerable children in City of Kigali.

Table 9: Psychosocial contribution by CLA project on improving the livelihood of vulnerable Children in the City of Kigali

	Not at all	To less Extent	Moderate extent	To a great extent	Very great extent
Counselling	4(3.3)	8(6.7)	13(10.8)	71(59.2)	24(20)
Home Visitation		5(4.2)	32(26.7)	70(58.3)	13(10.8)
Emotional support		1(0.8)	10(8.3)	85(70.8)	24(20)
Recreation and fun days			12(10)	97(80.8)	11(9.2)
Child advocacy	1(0.8)	2(1.7)	7(5.8)	87(72.5)	23(19.2)
Economic assistance		5(4.2)	6(5)	98(81.7)	11(9.2)

Source: Primary Data, 2022

In Table 4.10 when respondents were asked to what extent had the following been contributed by CLA project on improving the livelihood of vulnerable children in the city of Kigali, on counseling 59%, responded to great extent, home visitation 58.3%, responded to great extent emotional support 70.8% responded to a great extent. Recreation and fun days 80.8%, responded to great extent, child advocacy 72.5% responded to great while Economic assistance 81.7% responded to great extent.

Table 10: Coefficients^a

Coefficients ^a		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
Model		B	Std. Error	Beta		
1	(Constant)	.493	.422		-1.169	.245
	Counseling	.199	.077	.234	2.600	.011
	Home visitation	.239	.116	.211	2.055	.042
	Emotional support	.272	.258	.192	1.056	.293
	Recreation and fun days	.169	.174	.094	.967	.336
	Child advocacy	.187	.212	.148	.880	.380
	Economic Assistance	.124	.096	.087	1.293	.199

a. Dependent Variable: Psychosocial support by CLA project

Source: Primary Data, 2022

From Table 10, this research wanted to establish the contribution of psychosocial support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali. The coefficient of correlation tells only that there is a relationship between the two variables, but it

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does not clarify the kind of relationship existing between the four variables. Therefore, regression analysis was carried out to study the kind of relationship existing between the extent of psychosocial support by CLA project and the independent variables including counseling, home visitation, emotional support, recreation and fun day, child advocacy and economic assistance. The functional relationship between the six variables under study may be understood with the help of the line of regression line.

The regression equation below was attained:

$$SA = 0.493 + 0.199CL + 0.239HV + 0.272ES + 0.169RF + 0.187CA + 0.124EA + \epsilon$$

Where: CL: Counseling, HV: Home Visitation, ES: Emotional Support, RF: Recreation and Fun day, CA: Child Advocacy and EA: Economic Assistance. Holding the several components consistent, the above findings counseling, home visitation, emotional support, recreation and fun day, child advocacy and economic assistance and contribution on improving the livelihood of vulnerable children in the City of Kigali were assessed by proficient and by usage of psychosocial support by CLA project. The various regression models show that there is a positive connection between counseling, home visitation, emotional support, recreation and fun day, child advocacy and economic assistance and psychosocial support by CLA project as a contribution on improving the livelihood of vulnerable children in the City of Kigali.

Contribution on education support by CLA project on improving the livelihood of vulnerable children in the City of Kigali.

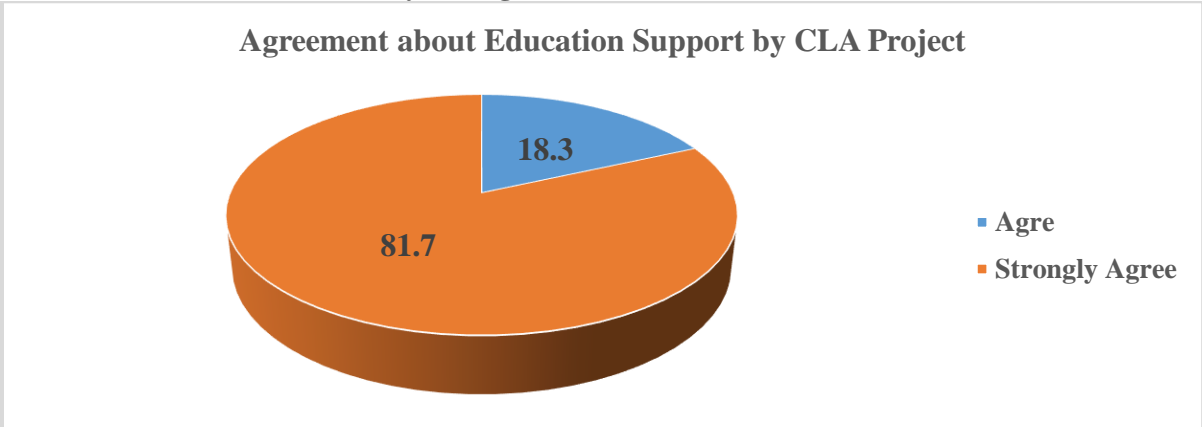


Figure 5: Contribution on education support by CLA project

The findings on agreement to whether education support by CLA project had contributed on improving the livelihood of vulnerable children in the City of Kigali, 81.7% respondents strongly agreed, and 18.3% of the respondents just agreed.

Table 11 demonstrates to what extent educational support by CLA project contributed to improve the livelihood of vulnerable children in the City of Kigali.

Table 11: Extent of Educational Support by CLA Project

	To a great extent	Very great extent	Mean	Std Dev.
Special fees	8(6.7)	112(93.3)	4.93	0.250
Stationary and other school supplies	23(19.2)	97(80.8)	4.81	0.395
School Lunch program	10(10.3)	110(91.7)	4.76	0.467

Source: Primary Data, 2022

Findings in Table 11, when respondents were asked to what extent had educational support been contributed by CLA project on improving the livelihoods of vulnerable children in the City of Kigali, on special fees 93.3% to a very great extent, stationary and other school supplies 80.8% to a very great extent, school lunch program 91.7% to a very great extent.

Correlation Analysis

The following table highlights the relationship between special fees, stationary and other school supplies, and school lunch program to educational support by CLA project contributed on improving the livelihood of vulnerable children in the City of Kigali.

Table 12: Correlations

		Special fees	Stationary and other school	School program	Lunch program
Special fees	Pearson Correlation	1			
	Sig. (2-tailed)				
	N	120			
Stationary and other school supplies	Pearson Correlation	.549**	1		
	Sig. (2-tailed)	.000			
	N	120	120		
School Lunch program	Pearson Correlation	.579**	.884**	1	
	Sig. (2-tailed)	.000	.000		
	N	120	120	120	

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

Source: Primary data, 2022

Table 12 indicates that there is significant correlation between special fees and stationery and other school supplies with a Pearson correlation equal to 0.549±0.000. The relationship between special fees and school lunch program with Pearson correlation equal to 0.579±0.000. Furthermore, the relationship between stationary and other school supplies and school lunch program demonstrates a strong relationship as an educational support by CLA project on improving the livelihood of vulnerable children in the City of Kigali has Pearson correlation equal to 0.884±0.000.

Table 13: Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.421 ^a	.177	.156	.448

a. Predictors: (Constant), School Lunch program, Special fees, Stationary and other school
Source: Primary Data, 2022

Percentage of variation in the dependent variable and the independent variables were explained with the help of regression model for determination (R Square) that is obtained from the above. The findings based on the analysis indicate that the independent variables contributed 17.7% of variation in the dependent variables as clarified by R² of 17.7%

Table 14: Coefficients^a
 Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error			
1	(Constant)	2.214	.840		2.636	.010
	Special fees	.013	.202	.006	.062	.951
	Stationary and other school	-.019	.224	-.015	-.084	.933
	School Lunch program	.450	.194	.431	2.318	.022

a. Dependent Variable: Extent to educational support by CLA project contributed to improving the livelihood of vulnerable children in the City of Kigali

In Table 14, the researcher sought to establish the contribution of School Lunch program, Special fees, Stationary and other school supplies on education support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali. The regression equation as indicated below was attained:

$$SA = 2.214 + 0.013SF - 0.019S + 0.450SL + \epsilon$$

Where, **SF**: Special fees, **SS**: Stationary and other school supplies, **SL**: School Lunch program

The findings above and with the various components being held consistent, special fees, Stationary and other school supplies, School Lunch program and educational support by CLA Project were measured by proficient and powerful usage on improving the livelihood of vulnerable children in the City of Kigali. The significances of the various regression models indicate a positive relationship between Special fees, Stationary and other school, School Lunch program and support by CLA project on improving the livelihood of vulnerable children in the City of Kigali.

Table 15: Trend in the last 2 to 4 years by CLA project on improving the Livelihood vulnerable children project, in the City of Kigali

	Moderate	Constant	Improved	Greatly improved
Medical Insurance,	6(5)	21(17.5)	64(53.3)	29(24.2)
Food supplement, hygiene, and sanitation provision	11(9.2)	42(35)	38(31.7)	29(24.2)
Counseling and Economic Support	10(8.3)	29(24.2)	53(44.2)	28(23.3)
Access to education, tuition scholastic material provision		2(1.7)	36(30)	82(68.3)

Source: Primary Data, 2022

Findings of Table 15 demonstrated trends in the last 2 to 4 years by CLA project on improving the livelihood vulnerable children project, in the City of Kigali. On medical insurance there had been improvement of 53.3%. Food supplement, hygiene, and sanitation provision the trends in the last 2 to 4 years had remained constant at 35%, counseling and economic support, the trends had improved at 44.2%. Access to education, tuition scholastic material provision trends in the last 2 to 4 years had greatly improved 68.3%.

Analysis of Variance

Table 16 indicated the analysis of variance used to demonstrate trend in the last 2 to 4 years by CLA project on improving the livelihood vulnerable children project, in the City of Kigali.

Table 16: Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.766 ^a	.587	.572	.417

Predictors: (Constant), Access to education, tuition scholastic material provision, food supplement, hygiene and sanitation provision, Medical Insurance, Counseling and Economic Support. The model summary gives the measures of how well the overall model fits and how well the predictors, access to education, tuition scholastic material provision, food supplement, hygiene and sanitation provision, Medical Insurance, Counseling and Economic Support in the last 2 to 4 years by CLA project on improving the livelihood vulnerable children project, in the City of Kigali predict the trend. This study, the prediction indicated that $R = 0.766$ thus $r^2 = 0.587$, the correlation measurement therefore was equal to 58.7%. The R square amount suggest the measure of how well the predictors predict the outcome however, adjusted R square is more preferred to get a more accurate measure (58.7%).

Table 17: Coefficients^a

Model	Unstandardized Coefficients		Standardize d Coefficients	T	Sig.
	B	Std. Error	Beta		
	1 (Constant)	7.200	.452		
Medical Insurance	.136	.124	.169	1.101	.003
food supplement, hygiene and sanitation provision	.557	.112	.823	4.957	.000
Counseling and Economic Support	.463	.165	.641	2.814	.006
Access to education, tuition scholastic material provision	.588	.143	-.469	4.096	.000

a. Dependent Variable: To what extent do the above contribution affect CLA project beneficiaries in accessing education.

Source: Primary data, 2022

Table 17 demonstrates to what extent the above contribution affects CLA project beneficiaries in accessing education in the last 2 to 4 years. The regression equation demonstrated below was attained: $SA = 7.200 + 0.136MI + 0.557FS + 0.463CE + 0.588AE + \epsilon$

Where, MI: Medical insurance, F: Food Supplement., CE: Counseling and Economic Support and AE: Access to the Education

In the findings above, several components were consistent, medical insurance, food supplement, hygiene and sanitation provision, counseling and economic support and Access to the education. The importance of various regression models is indicative of positive associations between medical insurance, food supplement, counseling and economic support and access to the education in the last 2 to 4 years by CLA project on improving the livelihood vulnerable children project, in the City of Kigali.

Discussion

The findings from this research showed that the majority of respondent (53.3%) had been involved in CLA Project for the last 12 and above years, (81%) of respondents strongly agreed that healthcare was supported by CLA Project as a contribution on improving the livelihood of vulnerable children in City of Kigali. The findings showed that medical insurance had been supported to a great extent (83.3%) and nutrition to a great extent (59.2%) had been supported. The findings further indicated that support for counseling (59%), home visitation (58.3%) was to great extent, emotional support (70.8%), recreation and fun days (80.8%), child advocacy (72.5%), economic assistance (81.7%) to a great extent had received psychosocial support by CLA project as a contribution on improving the livelihood of vulnerable children in City of Kigali.

Table 4.2 indicated that medical insurance was appreciated to great extent by 83.3% of the respondents, nutrition support was appreciated at a great extent by 59.2% of the respondents and

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hygiene and sanitation supplies was appreciated to great extent by 39.2% of respondents. Vulnerable children are faced with numerous barriers which must be overcome. Efforts to access healthcare, education, nutrition, psychosocial support, shelter, protection, and economic opportunities are very key to the wellbeing of vulnerable children and therefore intervention is needed. According to Susanne (2002), school attendance helps children affected by trauma to regain a sense of normalcy and to recover from the psychosocial impacts of their experiences and disrupted lives. According to Nisa and Javed, (2015), giving more power to vulnerable children through education, information, coaching, and counseling will contribute to improving their wellbeing. According to Pillay, (2014), school could be the right place to institute proper systems to ensure that vulnerable children receive psychosocial support. Further affirming the current study that educating the vulnerable children contribute on improving their livelihoods.

Moreover, special fees (93.3%), stationary and other school supplies (80.8%) were supported. The findings showed that education (81.7%) was supported by CLA project on improving the livelihood of vulnerable children. This further affirms that a child who knows how to read, write and do basic arithmetic has a solid foundation for continued learning throughout life. Education is critically important to children's social integration and psychosocial well-being (Basic Education Coalition, 2006).

Provision of scholastic materials and other forms of educational support, that several projects have contributed to Orphans and Vulnerable Children (OVCs) have demonstrated increasing in enrolment, retention, completion and performance rates for school (USAID, 2010). The USAID (20210) report further emphasize that non-governmental agencies their services should include educational, psychosocial support.

Summary and Conclusions

In this research, the researcher discussed themes related to research objectives, to establish contribution on healthcare support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali, to examine the contribution of psychosocial support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali and to determine the contribution of education support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali.

Contribution on healthcare support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali

The findings shown that the majority of respondent (53.3%) have been involved in CLA Project within 12 years and above and (81%) of respondents strongly agreed on contribution on healthcare supported by CLA Project on improving the livelihood of vulnerable children in City of Kigali. The findings indicated that medical insurance was to great extent (83.3%) and nutrition support to great extent (59.2%) had been contributed.

Contribution of psychosocial support by CLA project on improving the livelihood of vulnerable children in the City of Kigali

The findings indicated that contribution of psychosocial support by respondents, on counseling (59%), home visitation (58.3%), emotional support (70.8%), to great extent had been contributed by CLA project on improving the livelihood of vulnerable children in the City of Kigali. Recreation

and fun days (80.8%), child advocacy (72.5%), economic assistance (81.7%) to a great extent had been contributed by CLA project on improving the livelihood of vulnerable children in City of Kigali.

Contribution on education support by a CLA project on improving the livelihood of vulnerable children in the City of Kigali

The findings showed that on education (81.7%) had been supported by CLA project as contribution on improving the livelihood of vulnerable children in the City of Kigali. Furthermore, special fees (93.3%), stationary and other school supplies (80.8%) to a great extent been supported. School lunch program (77.5%) to a great extent had been supported by CLA project as a contribution to improving the livelihood of vulnerable children in the City of Kigali. In additional, trend to access to education, tuition scholastic material provision in the last 2 to 4 (68.3%) had improved.

5.1 Conclusion

Based on the finding in this research, females dominated the males; Adults between the ages of 41-50 years dominated the age range, and most participants were married. In terms of education levels majority of respondent had finished primary school. Findings showed that the many of respondent had been involved in CLA Project within 12 years and above and strongly agreed to healthcare support by CLA Project as contribution to improving the livelihood of vulnerable children in City of Kigali.

The findings indicated that healthcare support through medical insurance and nutrition support to a great extent contributed by CLA Project on improving the livelihood of vulnerable children in City of Kigali. Regarding psychosocial support, the findings indicated that counseling; home visitation, emotional support, Recreation and fun days, child advocacy and economic assistance were to great extent supported by CLA project as contribution on improving the livelihood of vulnerable children in City of Kigali. Education support, findings showed that, special fees, stationary and other school supplies and school lunch program were supported by CLA project as contribution to improving the livelihood of vulnerable children in the City of Kigali.

In additional, access to education, tuition scholastic material provision trend in the last 2 to 4 years had been supported by CLA project as a contribution on improving the livelihood vulnerable children project, in the City of Kigali.

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