

Evaluating the Zoe Empowers Model of Empowering Child and Youth Headed Households in Kenya: Establishing Impact of the Interventions

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ABSTRACT

Improving the lives of orphaned and vulnerable children living in extreme poverty is a priority of both Non-governmental Organizations (NGOs) and governmental agencies but presents many challenges. The study sought to determine the impact of interventions by Zoe Empowers on empowering child or/and youth headed households using a cross-sectional research design.. This study evaluated the effectiveness of Zoe Empowers' three-year, holistic program based on empowerment. We specifically looked at households that were accepted into the program due to their vulnerability status, have completed the program, and no longer receive interventions. All study participants have been out of the program for a minimum of nine months and a maximum of three years and ten months. A sample of 385 graduates was randomly selected and interviewed, with information gathered on food security and nutrition, housing, community reintegration, health and hygiene, child rights, education and vocational training, business development, household savings and assets, and spiritual health. The study was anchored on the empowerment theory in social work. We found out that program graduates performed well in all sectors, did not show slippage from their conditions at graduation, and excelled compared to the general population of their counties regarding household assets. The study recommends for improved documentation of the model for replication, robust case management process for tracking, monitoring and learning, extended tracking of graduates and enhanced publicity of the program.

Keywords: Child and youth empowerment, child headed households, empowerment groups, community reintegration, impact, interventions.

BACKGROUND TO THE STUDY

Zoe empowers is a global non-profit organization seeking to create sustainable livelihood for orphans and vulnerable children in Kenya through a children/youth headed model that focuses on several thematic areas. This study discusses the empowerment program by Zoe Empowers, focusing on various thematic areas targeted towards youth or child-headed households. The model empowers children/youth aged 13-21 years to make decisions themselves and support each other toward sustainable/permanent movement beyond dependence. In collaboration with the local community and other partners, Zoe enrolls the most vulnerable children into mutual support groups consisting of 25-30 child/youth-headed families. The children and youth take the lead in their journey out of poverty with limited support of the adults.

In this model, each group chooses a leader and nominates a volunteer adult mentor from the community in which they are part. A Zoe program facilitator then organizes training and transfers resources to them. The group members themselves will decide how the distribution of funds and resources can yield results. The model instills ownership and agency in the children and youth, and the results are bound to be sustainable. The interventions that Zoe Empowers pursues in order to establish relevance and sustainability in addressing effective orphan care, household economic strengthening, family preservation, and prevention from separation, and alternative family care include business development, food security, housing, health and hygiene, child rights, education, vocational training, community reintegration, and spiritual health.

Zoe Empowers Model Results Framework

Goal: Child and youth led households equipped to overcome life threatening poverty and experience the fullness of life.

Objectives: Create opportunities for orphaned children and vulnerable youth to become secure, healthy, and connected community members and thereby eliminate the need for endless aid.

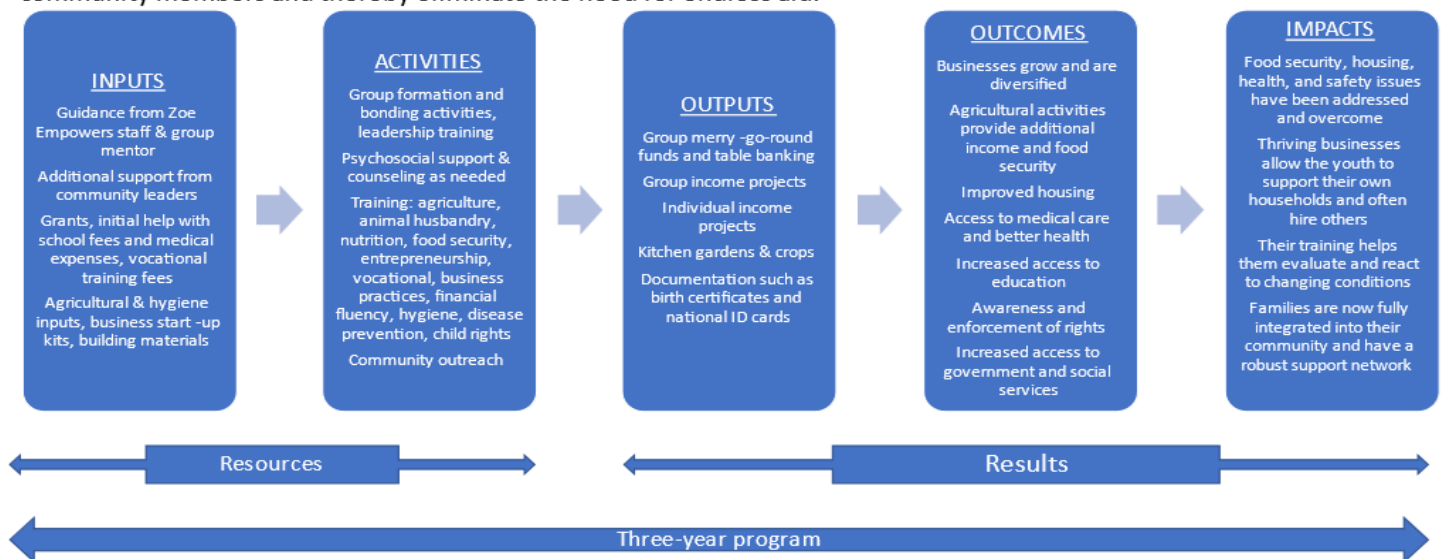


Figure 1: Zoe Empowers Model results framework

METHODOLOGY

Theoretical Framework

The research study asserts that the most appropriate framework for understanding this linkage is empowerment theory, as it endeavors to establish a link between individual well-being and the wider social environment, as proposed by Perkins and Zimmerman (1995). As a term, empowerment originates from American community psychology and is associated with the social scientist Julian Rappaport (1981). However, the roots of empowerment theory extend further into history and are linked to Marxist sociological theory. Zimmerman (1995) points out that empowerment is an open-ended construct that may not be fully captured by a single operationalization uniformly applied because, by its very nature, it takes on different forms in distinct populations, contexts, and times.

Social empowerment is the process of building the autonomy, power, confidence and other necessary means to enact change and pave the way for a better future. It takes place at both the individual and the collective level. For an individual, it could look like gaining the inner and outer resources to make personal choices, such as what to eat, where to live and other decisions that allow us to control our environment and way of life. On a collective level, it is social empowerment through organizations and institutions to help marginalized groups of people achieve the resources to be empowered-material assets, good health, education, social belonging, self-esteem, self-confidence, and economic opportunity. The intent is to provide a sense of identity, community, and well-being to people who do not have access to these resources so they can thrive, and to rid systems that keep them without necessary resources and perpetuate marginalization.

Empowerment can be categorized into various types depending on the context and area in which it is applied. This could involve personal empowerment; self-confidence, self-esteem, and the sense of personal agency; economic empowerment-meaning access to resources, training, and opportunities; political empowerment-influence and participation of individuals or groups in the political process and decision-making; organizational empowerment-creation of a supportive and enabling environment within institutions, businesses, and organizations; and community empowerment-building capacity within the community to identify and address issues and problems. It involves instilling a sense of shared responsibility, promoting active citizenship, and supporting community-based activities. Other forms of empowerment include gender, environmental, digital,

and social empowerment aimed at bringing improvement in the social status and well-being either of individuals or groups within society. This includes the promotion of social inclusion, equality in rights and opportunities, and the challenging of social norms and prejudices that perpetuate discrimination and exclusion.

Zoe empowers children and youths on 8 thematic areas which also form the types of empowerment according to this theory. The theory is relevant to the study since it uses intervention methods to help guide people toward building autonomy and control in their lives. This theory recognizes that oppression is a primary contributor to disempowerment, which is experienced across a number of marginalized groups. Empowerment theory aims to empower individuals and communities toward personal, interpersonal, and political power to improve life conditions. It also seeks to challenge those systems that impede the ability of these groups in meeting their needs. Empowerment theory, thus, requires social workers and advocates to understand closely marginalised groups and the systems, policies, and practices that impede on their success.

Study Design, Population and Sampling

The study design was guided by one research question: to determine the impact of interventions by Zoe Empowers to empower child or youth-headed households. The study employs a cross-sectional design where information on food security and nutrition, housing, community reintegration, health and hygiene, rights of a child, education and vocational training, business development, and spiritual health was gathered from the Zoe Empowers programs graduates. The population in this study includes all Zoe Empowers Kenya program graduates from the year 2018 who had participated in an internal impact survey. By the time the study was deployed, 4767 households had already graduated from the program in Kenya. Out of these, 946 households were randomly sampled for the Zoe impact survey. Out of this population, 385 households were selected for the study based on the Yamane 1967 formula.

Data Collection Tools and Analysis

Structured hard copy questionnaires closed-ended questions spanning across food security and nutrition, housing, community re-integration, health and hygiene, child rights, education and vocational training, business development, spiritual health aspects were administered to the 385 households. . The data collection was undertaken between July 6, 2022 to October 30, 2022. Exploratory data analysis (EDA) was applied to understand the underlying structure of the collected data and to uncover useful insights that were relevant for the study. Histograms, bar charts and pie charts were used for data presentation. Missing values in the data were imputed by inserting the word 'missing' in the missing entry fields. Numeric attributes were imputed via the K-Nearest Neighbor imputation technique (Pujianto et al., 2019).

Ethical Considerations

The study committed to Institutional Scientific Ethics Review Committee guidelines on data collection, manipulation, and analysis from the University of East Africa, Baraton. The researchers also met with the Zoe Empowers Team to brief them on the purpose and scope of the study. Thereafter, permission was requested from Zoe Empowers to conduct the evaluation practice. Participation in the study was voluntary, and the respondents were all required to sign a consent/assent form. Research Assistants were diploma/degree holders in social sciences, with experience in data collection, with good moral standing-a certificate of good conduct from government of Kenya. They were trained on data collection for two days involving human subjects by the university and certified. All their interactions with subjects were supervised by the researchers. The research assistants were also trained in handling psycho-social aspects in data collection. Further, a psychologist was on standby for support.

Validation

The study conducted the Zoe post-graduate data collection in Meru and Tharaka and compared the results to a study on Changing Lives in Kenya 2018-2019: The Impact of the Zoe Empowers Model (Kenneth Hinze, 2020) for those same households and to Kenya 2019 Population Census results for the two geographic areas. This gave longitudinal before-after analysis and cross-sectional comparisons with all the local households outside Zoe.

Data Analysis Procedure

Mixed methods approach was utilized in this evaluation. The study used longitudinal before and after analysis and cross-sectional comparisons with all the local households outside Zoe. Analysis methods used included comparing different Zoe Households (cross-sectional Analysis), comparing Zoe households with themselves (Panel Analysis), comparing change in Zoe Households with change in Non-Zoe Households (Quasi Experiments). This involved the Kenya 2019 Population Census findings in the same geographical area and also understanding the heart of the Zoe Empowers Model (Path Analysis).

RESULTS

Introduction

The study sampled 385 respondents which represents 41% of the graduates between December 2018 and December 2021 that participated in the Zoe impact survey. The 385 households sampled in this study represent 8% of all the Zoe Kenya graduates from those years. Out of the 385 participants, 338 were reached out representing a response rate of 87.79% which to research is scientifically representative. Out of the 338 respondents, 201 (59.47%) were female, 119 (35.21%) were male while 18 (5.32%) didn't indicate their gender affiliation; 273 (80.77%) of the respondents were never married; 82.09% of the households had most members above 6 years of age and 336(99.41%) were household heads. The respondents further indicated that 241 (71.3%) met with other graduates occasionally. On respondents' age, the output was as presented in the graph below;

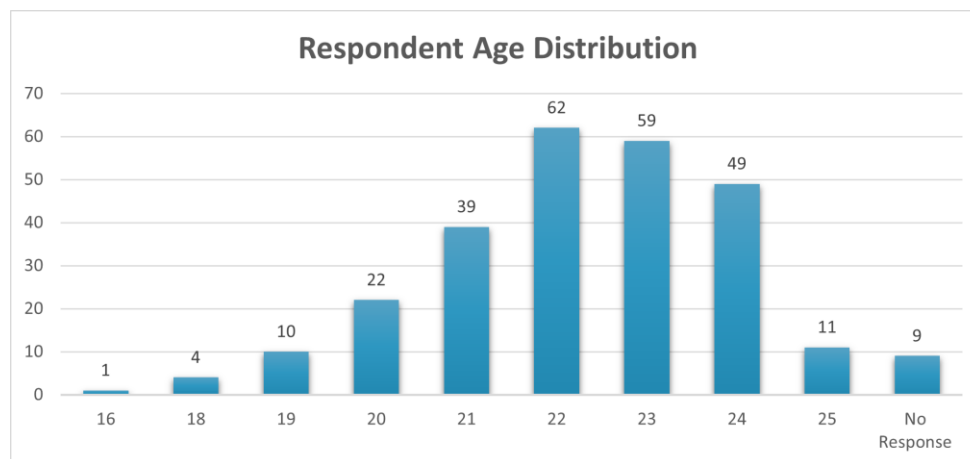


Figure 2: Respondents' Age Distribution

Food Security

There was a decline in food affordability between the current study and that conducted 12 months prior. A total of 99.7% of respondents said they could afford three meals a day in the current study, up from 100% of the previous study. In the current study, one respondent (0.3%) reported an ability to afford only two meals. The following question asked respondents to describe their food security and nutrition from 1 to 4, where 1 is "Never" and 4 is "Always." Weighted average scores are shown below.

Table 1: Food Security

Indicator	Mean Average
1 I have a store of cereals, root vegetables, or other food	3.79
2 I eat different types of food during the day	3.86
3 I beg for food	1.00

4	Twelve months ago, I begged for food	1.00
5	I work for others and am paid with food	1.01
6	I am able to grow or buy my own food whenever I need it	3.93
7	I eat enough food each day so that I am satisfied	3.89
8	Twelve months ago, I ate enough food each day so that I was satisfied	3.90

Housing

It was established that 99.11% (335) of the respondents were living in houses they owned while 2 of them didn't respond to this question. In the last three years, the respondents indicated that they had managed to do the following as presented in the chart below:

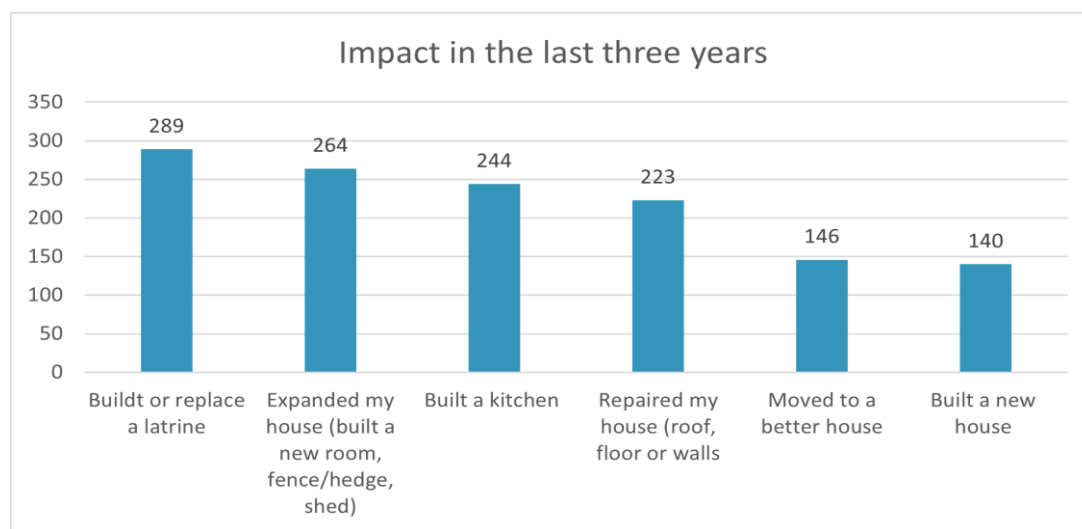


Figure 3: Impact on housing among beneficiaries in the last 3 years

Further it was established that 326 (96.45%) of them strongly agreed that they live in adequate/safe homes with the same beneficiaries strongly agreeing that 12 months ago, 299 (89.79%) of them lived in adequate and safe homes.

Community Reintegration

The study focused on the extent to which the children or youth reintegrated or related with themselves and community members as an approach to promoting care reforms and also enhancing home based care. On a scale of 1 to 4 where (1 Strongly disagree, 2 Disagree, 3 Agree while 4 strongly agree) the respondents' output was as presented below;

Table 2: Community Reintegration

Statement	Mean Average
Visitors come to my home or I visit others	3.96
I attend community events (meetings and parties) socially	3.89
I feel that I am a valuable member of the community	3.85
12 months ago, I felt that I was a valuable member of the community	3.70

This indicates generally that the beneficiaries were reintegrated well with their families and community members, developed a sense of belonging and were resourceful to the society. Further all the respondents agreed that they assisted any poor or vulnerable people in their community outside of their empowerment group without asking for payment. 35.8% of beneficiaries had adopted additional children from the community into their family or empowerment group either formally or informally.

Health and Hygiene

The study established that out of 338HHs, 305 had health insurance cover with 1 to 7 people in the HHs being covered indicating a 90.24% impact among the project beneficiaries. However, there were some households with a member having the coverage while the others are not covered. On the state of illness and disease burden among the households the respondents' output was rated on a 4-point Likert scale where 4 (strongly agree), 3 (agree), 2 (disagree) and 1 (strongly disagree) as tabulated below:

Table 3: Health and Hygiene

Statement	Mean Average
I am often ill	1.21
Twelve months ago, I was often ill	1.27
Some members of my household are often ill	1.28
I have access to medical care	3.94
Twelve months ago, I had access to medical care	3.79
All members of my household have access to medical care	3.92
I have an adequate toilet (roofing, covered floor)	3.91
I use clean or boiled water	3.99

Child Rights and Enforcement

The children/youth were also asked if they possessed basic identify documents and had knowledge and enjoyed their basic human rights. 99.41% (336) of the beneficiaries had birth certificates, 98.52% (333) had their national ID cards. Out of the 338, 279 (82.54%) indicated that they had not worked for anyone in the past 12 months, 9.47% (32) had worked and were paid a fair wage while 6.51% (22) had worked but were not paid a fair wage. 1.48% (5) were missing data. Further on basic rights knowledge, treatment and protection on a rating of 1–4 where 4 (strongly agree), 3 (agree), 2 (disagree) and 1 (strongly disagree) the mean averages were as tabulated below:

Table 4: Child Rights Knowledge and Enforcement

Statement	Mean Average
I know my rights and can enforce them	3.98
Twelve months ago, I knew my rights and could enforce them	3.78
I know how and where to seek help if I experience abuse	3.92

I have had a problem in the last 12 months with my rights (land belongings, or money taken; physical abuse)	1.58
In my community, boys and girls are treated equally	3.10
In my empowerment group, boys and girls are treated equally	3.93

This shows that most of the beneficiaries strongly agreed that they know their rights and can enforce them, they know where to seek help if they experience abuse and, in their groups, either gender is treated equally. They also agreed that in the community both boys and girls are treated equally. Further most of them did not have a problem with their rights in the last year.

Education and Vocational Training

Out of 338 households targeted, 301 of them had 172 school aged children with 97.09% (167) of them currently attending school on either full time or part time. Further 120 children were reenrolled in primary and/or secondary school after having dropped out earlier. On the highest level of education that any member of the household had enrolled in or completed, 60.65% (205) were in secondary, 32.54% (110) were in primary, 4.73% (16) were university students or had completed while 1.48% (5) had no member enrolled. Further on the ability to pay for the school expenses, it was established that 98% (291) of the households with school aged children were able to pay for all of the school expenses, 2% (6) could pay for some of them. On areas that the family members had been trained on by Zoe Empowers, it was established that all the respondents had been trained on basic business practices, farming/agriculture, animal husbandry, food security or nutrition and good hygiene & disease prevention while 89.64% (303) had received in-depth training on the above areas too. Further on skills transfer among the 53% that had vocational training, 43% taught others for a fee and 32% taught others at a reduced cost or for free.

Business Development

This section focused on whether the households were engaged in any business activity. All the households included the study indicated that they had savings either in cash, livestock and other resources. 99.7% (337) had more than one business with most of them engaged either in retail and agricultural activities, 96.45% (326) hire someone to help with their business or farm work, 86.39% (292) hired orphans or vulnerable people to help with their business or crops while 79.94% (267) of them had started or joined a business with other group members.

The respondents were further assessed on the kind of business they were running and the impact it had on their daily lives and self-reliance. On a scale of 1–4 where 4 (strongly agree), 3 (agree), 2 (disagree) and 1 (strongly disagree) the mean averages were as tabulated below:

Table 5: Business Development Impact on Beneficiaries

Statement	Mean Average
I have a business or businesses which provide income	3.97
I have livestock crops which I can trade or sell	3.86
Through my work, I can provide sufficient food, clothing, school expenses, and other necessities for my household	3.96
12 months ago, through my work, I could provide sufficient food, clothing, school expenses, and other necessities for my household	3.90

This further indicates that most of the beneficiaries strongly agreed that they had businesses which provided them with incomes, had livestock and crops to trade on and could provide sufficient food, clothing, school expenses and other household needs.

In the last 12 months, the beneficiaries indicated that all were engaged in crop farming and rearing livestock. At least 15 families were engaged in aquaculture, but there were 80 missing responses on this question. The main purpose of the main agricultural activity involved in was for subsistence or their own consumption - 84.62% (286) - while 10.36% (35) was for sale. 4.73% (16) of the responses were missing. At the time of the study, among the 338 households, there were 244 goats, 125 pigs, 256 chicken, 243 cattle, 162 sheep, 53 poultry and 94 rabbits. This indicates that all the households had at least some livestock for either subsistence or for commercial purposes.

The households owned various items as tabulated below;

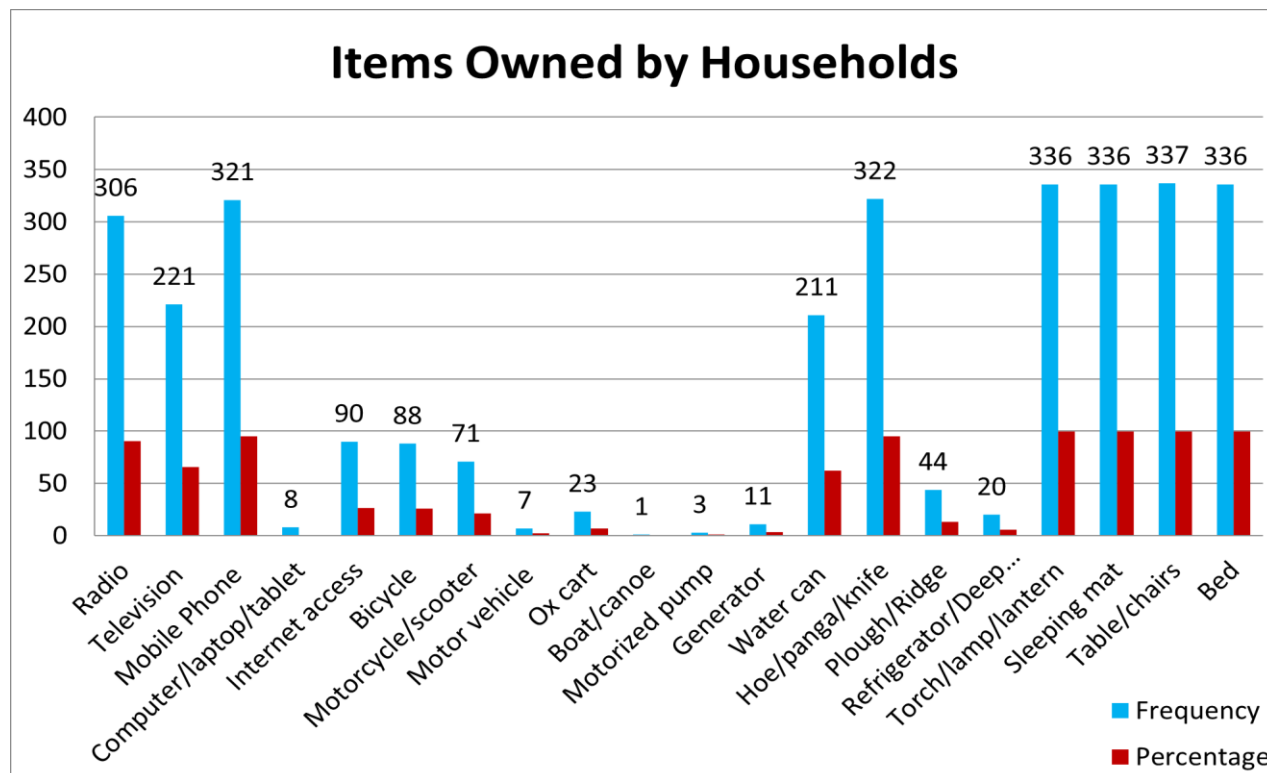


Figure 4: Items owned by households

This generally indicates that the households have grown in terms of ownership of basic and other secondary household items. NB: There were missing responses on this section and they were calculated as indications of no ownership.

Spiritual Health

The study established that 99.41% (336) of the households were Christians. The program integrated spiritual strength in its activities whose impact on the beneficiaries was rate on a scale of 1–4 where 4 (strongly agree), 3 (agree), 2 (disagree) and 1 (strongly disagree) whose mean averages were as tabulated below:

Table 6: Spiritual Health Status

Statement	Mean Average
I feel that God loves me	3.99
Twelve months ago, I felt that God loved me	3.82

I attend worship services	3.92
I hold leadership positions in my place of worship	2.79
I feel free to worship as I want to in my group	3.91
I share my faith with others	3.87

This indicates that most of the respondents strongly agreed that they feel that God loved them, attend worship services in church, were free to worship as they want in their empowerment groups, and share their faith with others. 52% hold leadership positions in their places of worship.

CONCLUSIONS

The study revealed the children were free to form their own group leadership without interference from the program. The community took ownership in the process of empowerment and around the 8 key thematic areas. There was a significant impact among the interventions on the beneficiaries. The twelve-month period for comparative purposes was found to be insignificant in terms of impact since the respondents had graduated between 2018 and 2021.

On food security, over 99% of the respondents could afford 3 meals if they wanted to and could eat different types of food, no more begging for food, could buy or grow their own food and could also had a store for the surplus. This indicates an exodus from dependence to independence and also household food security. Most of the households visited had a garden of vegetables and some livestock. This as a result of capacity building, provision of farm inputs and seed capital for farming through the Zoe Empowers program.

On housing, almost all the households (99.11%) were staying in their own houses. During the last three years, the respondents were able to build, renovate, repair or expand their dwellings including houses, latrines, kitchen, roofs, and floors. Their homes were adequate and safe for their habitation through the resources raised from economic activities initially supported by the Zoe Empowers program.

Reintegration is key is promoting family-based care over institutional care and Zoe Empowers has made strides on this by enhancing support to the children or/and youths while at home and with their kin. Studies done by Better Care Network, Faith to Action, Catholic Relief Services, and Changing the Way We Care have revealed institutional/residential care or getting children out of families makes them lose attachment and hence lose a sense of belonging. The program ensured reintegration of the beneficiaries through working with others in empowerment groups, attending and supporting community functions and structures and also operating in a family set up.

It was concluded also that most of the children/youth in the program learnt to assist other poor or vulnerable people in the community outside their empowerment group. 36% adopted additional children from the community into their family or empowerment group either formally or informally.

On health and hygiene, it was concluded that most of the households (90.24%) had a health insurance coverage and hence could access medical care. They had also established or improved their sanitation facilities through having adequate toilets and accessing and using clean and boiled water. A significant number have access to safe and clean drinking water given that they could get it from nearby streams.

It was concluded that a majority of the beneficiaries (99.41%) had basic documents which included birth certificates and national identity cards to enable them access to basic government services, had knowledge on their basic rights, mode of reporting cases of abuse, gender equity, and fair treatment. This was taught in the group modules and was part of the empowerment group culture. The approach of them working in groups also enhanced cohesion, a sense of protection, and problem sharing and solving.

On education and vocational training, the program had increased school enrollment and reenrollment through

empowerment of the households. Through empowerment, 98% of the households with school-aged children were able to meet their school expenses. The program had trained the beneficiaries on basic business practices, farming/agriculture, animal husbandry, food security or nutrition and good hygiene & disease prevention. Those trained also transferred the skills among family members and other youths in the community freely. 53% of the participants had vocational training.

It was concluded that all the households had savings either in cash, livestock and other resources. Most of them (99.7%) had more than one business and 96.45% could hire someone to help with their business or farm work. What was significant was that 86.39% of the households hired orphans or vulnerable people to help with their business or crops while 79.94% (267) of them had started or joined a business with other group members. The businesses generated and improved household income through crops and livestock for sale which helped provide sufficient food, clothing, school expenses and other household necessities including assets and basic items.

Spiritual strength among the beneficiaries is one of Zoe's core thematic areas. Although the program is religiously non-restrictive and encourages participants to decide for themselves on matters of faith, Zoe is a Christian program where staff gently share their faith in words and actions. In practice this means a Muslim participant can fully participate in the program while remaining Muslim, but they understand Zoe's staff are guided in this work by their Christian faith.

In Kenya, most project beneficiaries were Christian. It was concluded that the respondents were free to worship as they chose in their empowerment groups, felt that God loved them, attended worship services, and shared their faith with others. Fifty-two percent of participants held leadership positions in their places of worship.

RECOMMENDATIONS

The study focused on the 8 areas of empowerment by Zoe Empowers in Meru and Tharaka Nithi Counties, Kenya. The thematic areas evaluated included: food security, housing, community reintegration, health and hygiene, child rights, education and vocational training, business development and spiritual health.

The following recommendations were drawn from the findings and conclusions of the study;

1. The empowerment model should be well documented for replication with other organizations that support residential care or children separated from their families to embrace care reform and empower the children or youths at household or family level
2. The program needs to have training manuals, program implementation plan and for the thematic areas to guide continuous monitoring and evaluation of the project life-cycle for every cohort to also enable track and measure impact.
3. There is need for a clear case management process towards supporting children or youth based on their needs. This should be accompanied by clear household/case assessment forms, case plans, household monitoring forms and intervention tracking.
4. There is also need for the program to have a clear graduate tracking framework to ensure a lasting impact on them given their level of vulnerability. Probably for a period of 2 years the households should be followed up as it lags with time. This will ensure those that have backtracked are supported to sustainability and also for accountability.
5. Publicity of the program should be enhanced at community level to ensure more needy cases are aware and come for support. Despite the community level leaders and structures being involved, advocacy is key in get highly vulnerable cases for support.
6. The government departments like Directorate of Children Services, Directorate of Social Development and even the National Council for People with Disabilities should also be integrated in the Zoe Empowers programming to enable leveraging and hence support more households whose numbers are overwhelming.

7. There is need for other partners including government to borrow from this model and empower households to move beyond charity to independence.

VALIDATION

The study results agree with those by Kenneth Hinze (2020) on his assessment of the impact of the Zoe Empowers Model in Kenya through the Changing Lives in Kenya report of 2018-2019. Dr. Hinze concluded that Zoe Empowers model is remarkably effective because it simultaneously, intentionally, and equally addresses foundational human needs – both the “social support” and the “income” varieties of basic human needs.

A study by Awino & Nyman (2010) on livelihood strategies for child headed households in Western Kenya indicated that children in child/adolescent headed families, despite the disruption and breakdown of their immediate nurturing environment if provided with all the support they needed within the home environment were still capable of building resilience and achieving positive development. Therefore, strategies and interventions initiated towards ensuring that all children experience positive growth and development should be based on a joint effort from all stakeholders; the children, communities, organizations and the government.

The study further compared its findings with those by the 2019 Kenya Population and Housing Census that was conducted in 2019. The 2019 KPHC Report focuses on distribution of population by socioeconomic characteristics which include education; labour participation; housing conditions and amenities; agriculture and livestock; disability; religion and ethnicity; Information and Communication Technology (ICT); and ownership of household assets. The study therefore correlated the current findings based on the thematic areas of the Zoe Empowers Model. For Meru County where the current study was domiciled, the findings indicated that 95% of the residents were Christians, 61.9% owned dwelling units with only 35.2% having access to piped, clean and safe water. The number of youths engaged in self-employment had increased and also ownership of household items. Most residents are engaged in agriculture and also on health most of them have health insurance cover. This is in tandem with the findings of the current study though the Census Reports does not relate the impact directly to Zoe Empowers Interventions however its contribution is there. However, the sample taken by KPHC 2019 is larger.

Table 7: Study Validation with Kenya Population and Housing Census 2019 findings

Indicator	Study Findings	KPHC 2019 Findings	
		Meru (426360 Households)	Tharaka Nithi (109860 Households)
Religious Identification	99.41% Christians	96.26% Christians	97.39% Christians
Form of agriculture engaged in			
Crop farming	99.41%	58.8%	72.12%
Livestock rearing	98.82%	47.15%	61.86%
Aquaculture		0.26%	0.28%
Ownership of Household Items (KPHC Households: 423931 in Meru & 109450 in Tharaka)			
Radio	90.53%	53.4%	58.4%
Computer/laptop/tablet	2.37%	4.3%	4.9%
Television	65.38%	34.5%	29.8%
Internet	26.63%	10.2%	11.5%

Bicycle	26.04%	8.7%	18.2%
Motorcycle	21.01%	9.8%	13.6%
Refrigerator	5.92%	3.5%	3.5%
Car/Motor vehicle	2.07%	5.2%	5.0%

Source: KPHC 2019 and Study Findings

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