

NGO INITIATIVES AND POVERTY REDUCTION IN KAMPALA CITY;

A CASE OF COMPASSION INTERNATIONAL, UGANDA.

BY

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DECLARATION.

I, AHIMBISIBWE EMMANUEL, declare that this dissertation is a result of my own independent research efforts and investigations and has not been submitted to any other institution for any award.

Where the works of other authors have been quoted, due acknowledgement has been made.

Signed.....

APPROVAL.

We certify that Ahimbisibwe Emmanuel carried out this study and wrote this dissertation under our supervision. We confirm it is the candidate's own work.

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DEDICATION.

To my wife; Pamela Ahimbisibwe whose prayer support and encouragement were foundational; I thank her for being there for me all through as a source of encouragement whenever I almost gave up, she consistently prayed for me and carried the entire weight of the home many times that i would be at work and away for class, discussions and research.

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ACRONYMS/ABBREVIATIONS.

- **ANC:** Antenatal care.
- **CDC:** Child Development Center.
- **CSP:** Child Survival Program.
- **NGO** is a not-for-profit organization.
- **UDHS:** Uganda demographic and health study.

ABSTRACT

The research was about the effect of NGO initiatives on poverty reduction in Kampala City and focused on Compassion International as a case study. The specific study variables included education, health care and Child survival. Study objectives included investigating the effect of NGO education sponsorships on poverty reduction, establishing the effect of NGO health care programs on poverty reduction and examining the effect of NGO child survival capacity building initiatives on poverty reduction in Kampala City Council Authority.

It utilized both qualitative and quantitative methods of data collection and analysis. 146 respondents participated with a response rate of 98% and at the end of the study, it was established that NGO Sponsorship of education affects income poverty; health care programs do affect infant mortality rates; and NGO child survival affects the quality of life and social wellbeing of NGO program beneficiaries.

At the end, the study recommends that future studies should focus on NGOs and financial accountability to ascertain the relationship between financial investment and impact at hand.

CHAPTER ONE

INTRODUCTION.

1.1 Introduction

Though voluntary associations of citizens have existed throughout history, NGOs along the lines seen today, especially on the international level, have developed in the past two centuries.

The NGO sector has expanded enormously but its contribution to social, economic and political transformation remains a subject of inquiry. Most NGOs are dedicated to service in parts of society that are undeserved or neglected by governments or other official institutions; they exist to alleviate human suffering; and/ or promoting education, health care, economic development, environmental protection, human rights, conflict resolution; and /or encouraging the establishment of democratic institutions and civil society.

Despite the above positive picture that seems to present NGOs as beacons of hope for the developing world, it is still believed by a cross – section of scholars that NGOs in practice, do not provide the hope they promise Issa G. Shivji (2011).

With the above presentation of NGOs as the beacons of hope for the developing world on one part, and vehicles of “falsehood” on the other part, the study investigated these claims back in Uganda to establish the effect of NGO initiatives on poverty reduction in Kampala District; using Compassion International, as a case study.

1.2 Background to the study:

1.21 Historical Background

Historically, NGOs have identified themselves as entities committed to improving conditions around the globe, and dedicated to service in parts of society that are undeserved or neglected by governments or other official institutions. It is for the same reason that NGOs have been known as existing to alleviate human suffering; and/ or promoting education, health care, economic development, environmental protection, human rights, conflict resolution; and /or encouraging the establishment of democratic institutions and civil society.

NGOs have historically paraded themselves as alternatives to the failed state in meeting the needs of the society and in Africa itself, NGO development can be traced as far back as at least the late eighteenth century especially from a perspective of neo-liberal perspectives which conceive the African state as a "failed state" in a market perceived as "imperfect" in allocation of resources in society which resulted into a changed and better still, more positive NGO outlook even in Uganda as alternative service providers to the state. From this perspective, NGOs and civil society are seen as viable alternatives to the "failed" state in providing services needed by the people and alleviating poverty especially among the poorest of the poor Dicklitch (1998).

1.22 Theoretical Background

The theory that Poverty is caused by Cumulative and Cyclical Interdependencies is the theory upon which this study was be built. This theory has its origins in economics in the work of Myrdal

(1957:23) who developed a theory of “interlocking, circular, interdependence within a process of cumulative causation” that helps explain economic underdevelopment and development.

This was because of its close relevance to the study but also as it builds on components of other theories and looks at the individual and their community as caught in a spiral of opportunity and problems, and that once problems dominate, they close other opportunities, resulting into denial of opportunities and create a cumulative set of problems that make any effective response nearly impossible. Bradshaw, (2000).

The cyclical explanation explicitly looks at individual situations and community resources as mutually dependent, with a faltering economy, for example, creating individuals who lack resources to participate in the economy, which makes economic survival even harder for the community since people pay fewer taxes.

This relevantly ties in with the World Bank definition of poverty as the economic condition in which people lack sufficient income to obtain certain minimal levels of health services, food, housing, clothing and education, generally recognized as necessary to ensure an adequate standard of living. NGO poverty reduction strategies were therefore looked at in a perspective of a continuum of conditions that do not tie only an individual in poverty, but also related community interdependencies and resources around individuals and communities if they are to make any difference in peoples’ quality of life.

1.23 Conceptual Background

The NGO sector has expanded enormously but its contribution to social, economic and political transformation remains a subject of inquiry. NGOs exist for a variety of purposes and most of them

exist to fight/reduce poverty. To do this, they employ several initiatives and this study was mainly focused on NGO initiatives in the areas of education sponsorships, health care program and child survival capacity building initiatives as strategies used by NGOs to improve literacy levels of their beneficiaries, reduce income poverty and have improved quality of life and social wellbeing.

Under the NGO health care program, NGOs provide medical treatment to their beneficiaries and engage them in health promotion activities that prevent disease like regular health and dental screening. NGOs are further involved in programs that provide information and facilitate the process to access information on family-planning methods, small enterprise activities, as well as health and nutrition programs that include seminars, immunization programs, education and counselling about HIV/AIDS and use these as some of the strategies to improve the social wellbeing of the beneficiaries on her program and reduce infant mortality rates (Aall, 2005:127).

Sponsorship NGOs like Compassion International invest in education of their beneficiaries and pursue an outcome of having these beneficiaries exhibit the motivation and skills to be economically self – supporting. The NGO world believes that if beneficiaries on their program complete at least primary education, cultivate unique vocational interests and intelligence as well as learning/utilizing at least one income – generating skill, then, this would result into growth and reduction of income poverty, and some of the increase in income would get spent further on human development such as education of others around them and in turn trickle down into improved health.

This resonates with the fact that economic growth and development is a two-way relationship (Gustav et al, 2000). Since economic growth is likely to lead families and individuals to use their heightened incomes to increase expenditures, this in turn furthers human development. Pursuing the path of supporting beneficiaries' education therefore, as looked at as one key poverty reduction initiatives that results into sporadic positive differences in several other areas of human development.

In addition to increasing private incomes, economic growth also generates additional resources that can be used to improve social services such as health care, safe drinking water, etc. Increase in average income therefore leads to improvement in health and nutrition (known as Capability Expansion through Economic Growth) and social outcomes can be improved by reducing income poverty (Sen 1999).

According to the 1995 World Bank policy paper, (What Poverty Reduction Means), Education, tied directly to the objective of promoting the productive use of labor Billed as a synthesis of World Bank work on education. The World Bank's strategy for reducing poverty focuses on promoting the productive use of labor—the main asset of the poor—and providing basic social services to the poor. Investment in education contributes to the accumulation of human capital, which is essential for higher incomes and sustained economic growth. Education—especially basic (primary and lower secondary) education—helps reduce poverty by increasing the productivity of the poor, by reducing fertility and improving health, and by equipping people with the skills they need to participate fully in the economy and in society. This is exactly what NGOs present themselves to pursue.

NGOs further exist among others, to contribute to reduction of infant mortality rates and they do this through their Child Survival capacity building initiatives like Infant growth monitoring, breast feeding, facilitation of immunization, raising awareness about family planning, putting in place food security and nutrition projects, etc to easily address poverty related causes of childhood illnesses (Aall, 2005:127).

According to UNDP report (UNDP 2007), Infant and child mortality rates are basic indicators of a country's socioeconomic situation and quality of life (UNDP 2007) and therefore, NGO intervention in the reduction of infant mortality rates is a key contributor to the improvement of a country's social economic situation. This makes NGOs viable alternatives to state agencies in effort to alleviate poverty and promote development.

1.24 Contextual Background

Uganda is another country that has experienced rapid NGO growth and according to the Uganda NGO forum, we have over 2025 NGOs in different categories covering different areas that range from Livelihood NGOs, Children and youth, Disability, education, gender/women in development, human rights and governance, legal AID, health, HIV to mention but a few (Uganda National NGO Directory, 2017).

Non – Governmental Organizations (NGOs) have come to play a significant role in Uganda in recent years. From colonial rule to the 1980's, there was a relatively small NGOs sector, dominated mainly by the humanitarian and evangelistic organizations such as church related organizations which provided crucial services such as schools, medical care and counseling. Other NGOs such as Women's Organizations, social clubs and professional organizations were organized along interests of their constituents. Until recently, NGOs were not looked to as significant alternative providers of services to the state sector or as representing alternative policy framework to the state

or private sector.

The NGO sector has seen tremendous growth since 1986, when the National Resistance Movement came to power; the enabling political environment, people's response to harsh economic environment; easy access to donor funding, increase in the spirit of voluntarism in interest groups such as the women, youth, disabled etc and the willingness of government to incorporate some NGOs in some governments' strategic plans Gariyo (1995) have all contributed to the growth of NGOs in Uganda.

Among the NGOs that sprung up in the 1980s was Compassion International which started its work in Uganda in 1980 and is now one of the largest NGOs in Uganda. This study focused on Compassion International as a case study to find out how NGO initiatives are impacting poverty levels in Uganda. This is because, Compassion International is a big organization and was a good case to represent the NGO world in Uganda. Given its size however, the study was again focused on Kampala region because it is one of the areas where we have many NGOs working. Compassion International has a significant presence in Kampala and it is where some of Compassion International's oldest projects are and this made the study more cost effective and relevant.

1.3 Problem Statement:

While it is largely accepted that NGO development presents a case for their relevance and efficacy as agents of both social and economic transformation, and beacons of hope for the developing world, it is still debatable whether they deliver the real transformation that “they preach”.

Compassion International Uganda, the NGO that this study focused on as a case study has existed since 1980 and in addition to a wide presence in the country, supports 20 projects in Kampala district to release needy Children from poverty through various interventions that reduce poverty like provision of education, health care and Child survival initiatives like antenatal care, immunization and nutrition. Compassion does this to improve literacy levels, increase growth/ reduce income poverty, reduce infant mortality rates and improve the quality of life and social wellbeing of her beneficiaries.

However, despite more than 30 action packed years doing all this, it was not clear if there was any evidence that their interventions were making significant impact, for example, from the 2014 Compassion International annual report, in that year alone, 10 out of 2100 Children on the Child Survival program died before the age of 3 years, 3 babies died before one month after birth, 2006 Children were treated for Malaria which is preventable, 2,672 Children were treated for Respiratory Tract Infections and 831 Children for diarrheal diseases all of which are cases that challenge the very reason of this NGO’s existence (Compassion International annual report, 2014).

To reverse this trend, the Organization has over the years introduced a special health fund to facilitate more specialized health care, introduced income generation activities to enable caregivers

offer basics of life to their Children, introduced top up school fees above the ordinary school fees contributions, water and sanitation and hygiene initiatives, food security and nutrition projects, at one time, even networked with micro – credit awarding institutions to have her beneficiaries become more self – supporting but as they did this, poverty reduction among their beneficiaries did not seem to decrease at a proportionate rate (Compassion International Program Field Manual, 2015).

If nothing was done to understand this impending ineffectiveness and reverse the trend, the organization would soon find it difficult to defend its credibility before its supporters, sponsors and clients and would stand a risk of bankruptcy.

It is partly on this background, that this study was very important to understand the cause of this and help the organization reverse this undesired trend.

1.4 Purpose of the study

The intent of the study was to find out the effect of NGO effort in poverty reduction in Kampala City Council Authority.

1.5 Objectives of the study

- a) To investigate the effect of NGO education sponsorships on poverty reduction in Kampala City Council Authority.
- b) To establish the effect of NGO health care programs on poverty reduction in Kampala City Council Authority.
- c) To examine the effect of NGO child survival capacity building initiatives on poverty reduction in Kampala City Council Authority

1.6 Research questions

- a) What is the effect of NGO education sponsorships on poverty reduction in Kampala City Council Authority?
- b) What is the effect of NGO health care programs on poverty reduction in Kampala City Council Authority?
- c) What is the effect of NGO child survival capacity building initiatives on poverty reduction in Kampala City Council Authority?

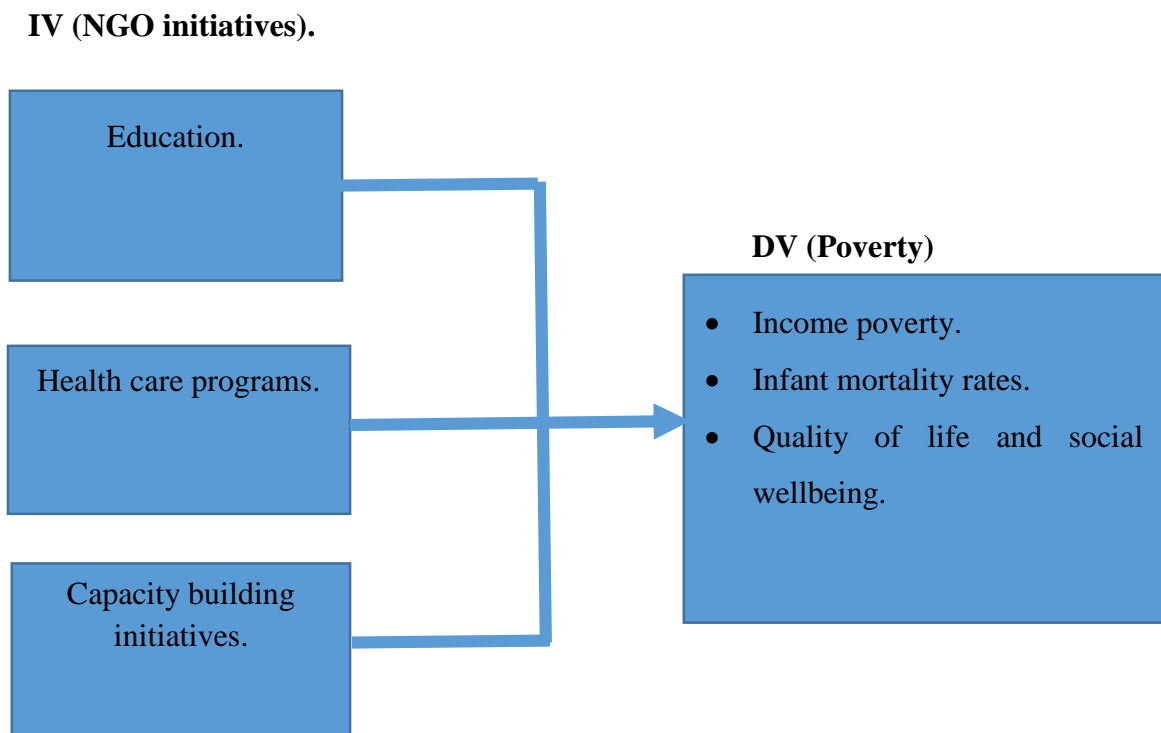
1.7 Hypotheses of the study

- a) NGO education sponsorships have an effect on poverty reduction in Kampala City Council Authority.
- b) NGO's health care programs have an effect on poverty reduction in Kampala City Council Authority.
- c) NGO child survival capacity building initiatives have an effect on poverty reduction in Kampala City Council Authority.

1.8 Conceptual framework:

Figure 1 Conceptual Framework

The conceptual framework showing the relationship between NGO education sponsorships, health care program, child survival capacity building initiatives and poverty reduction.



Developed from April 2006 IMF Country Report No. 06/142, United Republic of Tanzania: Poverty Reduction Strategy Paper.

1.9 Significance of the study:

The findings of the study will be important to other NGOs and Compassion International itself with regard to the efficacy of NGO poverty reduction drive and therefore, provide a platform for

a possibility of re – considering some of their approaches for better service delivery to the program beneficiaries.

Further still, in the NGO legitimacy discourse, the study findings will contribute to the body of knowledge that will inform future discussions on the legality and validity of NGOs in Uganda.

In the academic arena, the research findings will unearth hitherto untouched areas of research which will be points of reference for future researches by other scholars.

1.10 Justification of the study:

NGOs have clear and worthy reasons of existence and have grown in greater prominence in the 1980s and 90s. Most of them have presented themselves as beacons of hope for social and economic transformation of the developing world.

They justify their reason of existence by employing strategies that provide elements required for human survival and normal mental and physical health of Children, such as food, education, medical care, access to clean water, shelter, protection from environmental threats, love as well as empowering their beneficiaries, to be economically self-supporting in a bid to break the cycle of poverty. Their models support education, health and environmental improvement goals among others.

A look at these strategies creates a sense that hope to the underprivileged might come through NGOs yet, it is not clear if any impact is being made in the areas of intervention to judge NGOs

as playing their presumed role in poverty reduction or not. This study was very important to establish truth of this fact.

1.11 Scope of the study: Geographical scope and time scope.

1.112 Content Scope.

The research looked at the Compassion International's education sponsorship program, health care and child survival capacity building initiatives and their effect on poverty levels. This was because, these 3 independent variables constitute NGO key Initiatives to reduce poverty and are initiatives that are thought to have an effect on poverty levels by reduction of income poverty, infant mortality rates and therefore resulting into improved quality of life and social wellbeing.

1.113 Geographical Scope.

The study was conducted in 14, of the 20 Compassion International funded projects in Kampala district of which; 4 had a Child Survival Program in the same area. All these are in different parts of Kampala City Authority and include Ntinda, Kyambogo, Bugolobi, Nateete, Nakulabye, Kamwokya, Kisugu, Nsambya, Makerere, Naguru, Agape, Kansanga, Inner man makerere kikoni and Kivulu.

1.114 Time Scope.

The study was conducted in September 2017 and took one month looking at a period of one year. The study population comprised of Project Directors, Child Development Officers, Child Survival Program implementers, Care-givers/Parents of supported beneficiaries, Compassion International Partnership Facilitators and select program graduates.

1.12 Operational definitions of terms and concepts:

- **Poverty:** Poverty is the economic condition in which people lack sufficient income to obtain certain minimal levels of health services, food, housing, clothing and education generally recognized as necessary to ensure an adequate standard of living (World Bank 2000).
- **NGO** refers a non-governmental organization (NGO) usually non-profit, voluntary citizens' group which is organized on a local, national or international level and independent from states and international governmental organizations.
- **Globalization.** This is the process of international integration arising from the interchange of world views, products, ideas and other aspects of culture.
- **Welfare state:** The welfare state is a concept of government in which the state plays a key role in the protection and promotion of the social and economic well-being of its citizens. It is based on the principles of equality of opportunity, equitable distribution of wealth and public responsibility for those unable to avail themselves of the minimal provisions for a good life.
- **Neonatal mortality:** the probability of dying within the first month of life.
- **Post neonatal mortality:** the probability of dying after the first month of life but before the first birthday (the difference between infant and neonatal mortality).
- **Infant mortality:** the probability of dying before the first birthday.
- **Child mortality:** the probability of dying between the first and the fifth birthday.
- **Under-5 mortality:** the probability of dying between birth and the fifth birthday.
- **UDHS:** Uganda demographic and health study.
- **ANC:** Antenatal care.

- **Education Sponsorships** is the description of the financial support that NGOs provide to meet the education needs of her beneficiaries on the program so as to develop their cognitive capability.
- **Health care** will refer to all efforts by NGOs in maintaining and restoring the health of beneficiaries on her program through the treatment and prevention of disease by contracting trained and licensed professionals (like in medicine, dentistry, clinical psychology) as well as public health.
- **Capacity building** in the context of NGO Child survival refers to the process of developing and strengthening the skills, instincts, abilities, processes and resources that Caregivers and mothers of babies on the NGO program need to enable babies survive and thrive through their early years in life. It connotes that the mothers of babies and children would be given the ability of doing what is required of them, leading to survival and growth of their children.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This Chapter studied and analyzed the available literature that was related to the account of other scholars and researchers on poverty reduction. It presents a survey and discussion of the literature on the topic of poverty reduction and gives an overview of what has been studied, argued and established about the topic.

This chapter is organized around objectives related to the study on the basis of which, controversies and gaps were identified to inform the formulation of questions that needed further research. Several theories on poverty were reviewed in this chapter but the study was built on theory that Poverty is caused by Cumulative and Cyclical Interdependencies.

2.2 Theoretical review

The theory that Poverty is caused by Cumulative and Cyclical Interdependencies came out as the theory that became the guiding principle for the research because to a significant degree, builds on components of each of the other theories which gave it an edge over them.

This theory looks at the individual and their community as caught in a spiral of opportunity and problems, and that once problems dominate, they close other opportunities and create a cumulative set of problems that make any effective response nearly impossible; Bradshaw (2000).

The cyclical explanation explicitly looks at individual situations and community resources as mutually dependent, with a faltering economy, for example, according to this theory, creating

individuals who lack resources to participate in the economy makes economic survival even harder for the community since people pay fewer taxes. This theory has its origins in economics in the work of Myrdal (1957:23) who developed a theory of “interlocking, circular, interdependence within a process of cumulative causation” that helps explain economic underdevelopment and development.

Myrdal notes that personal and community well-being are closely linked in a cascade of negative consequences, and that closure of a factory or other crisis can lead to a cascade of personal and community problems including migration of people from a community. Thus the interdependence of factors creating poverty actually accelerates once a cycle of decline is started.

This theory brought in further advantage of looking at possible causes of poverty as interdependent on other factors beyond an individual which was of great interest to the researcher and therefore provided more chance of providing insights into how an organization can shape anti-poverty strategies. It takes a holistic perspective of the possible causes of poverty and does not focus only at an individual as the sole cause of poverty, but at the same time, tends to under – rate an individual’s contribution to his/her own poverty situation.

2.3 NGO health care program as a poverty reduction strategy.

While NGOs are constituted by a wide range of categories, most NGOs work is humanitarian in nature and promotes the prevention, containment and treatment of diseases. NGO health care program provides medical treatment to their beneficiaries as well as prevention of disease through several health promotion activities like regular health and dental screening.

NGOs' humanitarian work, exists to not only provide developmental aid but also sustainable development. This rhymes with the notion that many problems could not be solved within a nation and since International treaties and international organizations such as the World Trade Organization were perceived as being too centered on the interests of capitalist enterprises, NGOs came in handy to take center stage as alternatives for struggling states.

That said however, there seemed to be more critics of NGO contribution in the poverty reduction space than advocates. For instance, as much as NGO contribution to social wellbeing was widely recognized, NGOs were also accused of damaging the public sector in multiple developing countries (Feiffer, 2003).

While NGOs like Compassion International try to contribute to an improved health sector, it was argued that NGOs had mismanaged the health sector and that this mismanagement had resulted in the breakdown of public health care systems. Instead of promoting equity and alleviating poverty, NGOs have been under scrutiny for contributing to socioeconomic inequality and disempowering services in the public sector of third world countries (Feiffer, 2003).

While challenges might exist just like in any other development path, the researcher did not subscribe to this generalist conclusion but as he further rightly mentioned, the researcher felt he would rather advocate for a deeper study into the social dynamics of Primary Health Care before one concludes that the surge of NGOs had fragmented the local health system or undermined local control of health programs.

However, responding to a paper summarising the academic literature on the role of NGOs in development and poverty reduction which claimed that NGOs had lost their way, it was by argued that NGOs were entities that started out as grassroots-led development bodies (heroic

organisations) and offered the potential for innovative agendas but later turned into bureaucratic, depoliticised creatures that responded more to the dictates of donors than the people whose interests they claimed to represent (Tran, 2012).

This response however, did not go well with Oxfam because it is argued that it should have made at least the average recognition of NGO contribution to poverty reduction than making a sweeping statement that NGOs had lost it, in addition, Oxfam called for the understanding of how those working in the private sector, government or the multilateral system felt when they read a generalised and ill-informed NGO attack on their work (Duncan Green, 2012).

Like Green, the researcher objected to the sweeping generalisations in this paper already referred to above, though it was denied that the paper was an attack on NGOs (Nicola Banks, 2012) and expressed surprise at Green's reaction, Green acknowledged that the overall critique was a standard one and it was not the substance to which he objected, but the approach. One gripe was that the authors apparently failed to talk directly to NGOs, and thus ignored "all knowledge" generated by NGOs themselves. As stated earlier, Green had a point; there was a vigorous debate among NGOs about the present discourse on development but most writers chose specific NGOs in one part of the world and used it to make generalized conclusions on the efficacy of NGOs. The researcher would recommend more representative studies across regions before conclusions are made regarding NGO contribution to poverty reduction.

According to the Slate magazine, Slate (2011), over the years, NGOs had implemented programs to prevent the transmission of HIV/AIDS and for instance, in Cambodia they not only contributed to the HIV fight, but also cleared landmines and implemented programs to prevent the transmission of HIV/AIDS; "there are many excellent international and local NGOs working in Cambodia,

among them LICADHO, a civil and political rights group, the Worker Rights Consortium, and Human Rights Watch”.

At the same time, it argued that though NGOs were often held as the conscience of society, NGOs should be scrutinized as harshly as governments and international institutions (global policy forum, 2011), this assertion examined an alarming trend of NGO workers in Cambodia who were said to be taking advantage of their “do-gooder” status by profiting from aid operations. While a number of Cambodian NGOs had done tremendously important humanitarian work, particularly in the area of landmine reduction and HIV education as stated, these select NGOs were said to undermine the credibility of the larger NGO movement. The paper argued that NGO workers represented a privileged class, isolated and detached from the people who served as the objects of their benevolence.

It is probably on such background that some other scholars have believed that NGOs were being designed and used as extensions of the normal foreign-policy instruments of certain Western countries and groups of countries (Vladimir, 2007). From this assertion, it is argued that these NGOs were formally independent but they were purposefully financed and therefore under control.

In the study it was sought if Compassion International fell in the same trap of ineffectiveness mentioned by several scholars above or if their intervention in the health sector was scientific and brought out the desired outcomes. From this study, while Compassion as a case study was different and was meeting the promised needs of her beneficiaries, it had a lot to work on with regard to program design most of which is done by the international funding office.

2.4 NGO Education Sponsorships as a strategy for reduction of income poverty.

While it was undeniable that NGOs had enormous contribution in a number of areas, including provision of education as one of the strategies to poverty reduction, and demonstrated relative advantage over the local government bodies in promoting participatory development at grassroots level, there were also numerous allegations of corruption and irregularities against many NGOs (Nurul, 2008).

Economic growth and development is a two-way relationship (Ranis, 2000). Since economic growth is likely to lead families and individuals to use their heightened incomes to increase expenditures, this in turn furthers human development. Pursuing the path of supporting beneficiaries' education therefore, was one key poverty reduction initiative that results into sporadic positive differences in several other areas of human development.

In addition to increasing private incomes, economic growth also generates additional resources that can be used to improve social services such as health care, safe drinking water, etc. Increase in average income therefore leads to improvement in health and nutrition (known as Capability Expansion through Economic Growth) and social outcomes can be improved by reducing income poverty (known as Capability Expansion through Poverty Reduction); (World Bank, 1995).

Education tied directly to the objective of promoting the productive use of labor Billed as a synthesis of World Bank work on education. The World Bank's strategy for reducing poverty focuses on promoting the productive use of labor—the main asset of the poor—and providing basic social services to the poor. Investment in education contributes to the accumulation of human

capital, which is essential for higher incomes and sustained economic growth. Education—especially basic (primary and lower secondary) education—helps reduce poverty by increasing the productivity of the poor, by reducing fertility and improving health, and by equipping people with the skills they need to participate fully in the economy and in society (World Bank, 1995). This is exactly what the Compassion program pursues.

Basic education encompasses general skills such as language, science and mathematics, and communications that provide the foundation for further education and training. It also includes the development of attitudes necessary for the workplace. Academic and vocational skills are imparted at higher levels; on-the-job training and work-related continuing education to update those skills.

2.5 NGO Child survival capacity building initiatives as strategies for poverty reduction.

Many NGOs continue to present themselves as contributors to reduction of infant mortality rates by addressing poverty related causes of childhood illnesses, but at the same time, did this in face of many critiques who think NGOs were less than genuine in their poverty reduction drive for instance, in Bangladesh, Transparency International termed NGOs as corrupt. Transparency International, (2006), said NGOs were a mid-level corrupt sector, and recommended forming an independent NGO commission to oversee their activities. Transparency International noted lack of transparency and accountability in the sector, as well as serious irregularities in their dealings yet, NGOs, including Compassion International Uganda advanced themselves as effective alternative "panacea" to the state even in the area of reducing poverty related infant mortality rates.

Amidst such dreadful conclusions, the researcher still thought that critiquing NGO performance should be on a case by case basis both across NGOs and nations in which they work and making globally generalized statements on NGO effectiveness can be far from being accurate.

Besides; NGOs had intervened in situations that could have been worse without them, though they are at times confounded in the "play it safe" scenario that greatly limited their agenda for greater missions (Makara, 2000).

That said, NGO intervention in the reduction of infant mortality rates through initiatives like Compassion's Child survival program was a key contributor to the improvement of a country's social economic situation. In fact, Infant and child mortality rates were basic indicators of a country's socioeconomic situation and quality of life; (UNDP, 2007). NGOs therefore, are viable alternatives to state agencies in efforts to alleviate poverty and promote development.

Whereas the Bolivia perspective in support of NGOs is that to a limited extent, they had assumed functions that were previously carried out by state agencies (Arellano & Petras, 1994) it again ended up being that because of this role, NGOs had allowed states to assume less responsibility for the welfare of their populations (Feiffer; 2003). From most writers, it however remained undeniable that NGO intervention in Child survival programs had contributed towards the reduction of Neonatal mortality rates, Post neonatal mortality, Infant mortality, as well as Child mortality rates which greatly contributes to people's quality of life. No wonder that among others, according to the Uganda demographic and health survey (2016), Input for the report was solicited from various stakeholders including NGOs.

Feiffer; (2003), accused NGOs of damaging the public sector in multiple developing countries; that they had mismanaged the health sector and their NGO mismanagement resulted in the breakdown of public health care systems. The researcher however differed from Pfeiffer on the basis that even before the influx of NGOs, many governments in developing nations were struggling not only in the health sector but also in other sectors and, in fact, NGOs came in as

alternatives to the failed state and partners in development. For instance, Compassion's Child survival program develops and strengthens the skills, instincts, abilities, processes and resources of Caregivers and mothers of babies on the Compassion program to bring up their babies in a way that will enable them survive and thrive through their early years in life. The mothers of babies and children were therefore given the ability of doing what was required of them, leading to survival and growth of their children.

Commenting on the role of NGOs in poverty reduction, Porter, (2003) brought to perspective the Ghana scenario which also left much to be desired. Porter argued that there was already ample evidence in the Ghanaian context to suggest that ongoing donor-supported decentralization to the 110 administrative districts was creating a new tier of local NGOs whose principal aim was job- and wealth-creation for the entrepreneurs who established them. District funds such as the Poverty Reduction Fund may thus, for example, be appropriated by those organizations least likely to use them well.

NGO survival program works within the framework of the National Integrated Early Childhood Development Policy Action Plan (2016-2021) of Uganda and the program seeks among others, to ensure that there is food security for program beneficiaries and beneficiaries have proper nutrition for proper child growth and development.

The National Integrated Early Childhood Development Policy Action Plan (2016-2021) of Uganda supports nutritious food production, nutrition care within the household, and Community mobilization to promote the adoption of healthy nutrition behaviors and increased public awareness of the centrality of improved nutrition to community and national development to reduce prevalence of malnutrition among infants and young children, expectant and lactating

mothers; The National Integrated Early Childhood Development Policy Action Plan of Uganda (2016-2021).

While the policy is more comprehensive and encompassing Children from Conception to birth, Birth to three years, three to six years, and six to eight years and generally takes these categories of children to have the same holistic needs, of, for instance nutrition, health, nurture, protection, stimulation and training, Compassion international's Child survival program, focuses more on the first 2 categories above, of Conception to birth and Birth to three years as ages that need the most critical support to survive because infant mortality rates have been highest in this age range, National Integrated Early Childhood Development Policy Action Plan of Uganda (2016-2021). It is on this very position that the researcher would propose that the ministry of gender should have gone deeper than they did rather than taking it that these ages have more or less the same holistic needs; children are different across age groups and conception to 3 years is the most delicate period that needs the greatest and closest support to both the caregiver/mother and the child.

2.6 Summary

Based on what different authors have written about the variables of NGO education sponsorships, health care program and Child survival capacity building initiatives as poverty reduction strategies, it was evident that they all constituted crucial strategies for poverty reduction.

Different authors attested to the fact that many problems could not be solved within a nation and NGOs came in handy to take center stage as alternatives for struggling states especially in provision of health care.

That said however, it was clear that there were more critics of NGO contribution in the poverty reduction space than advocates. For instance, as much as NGO contribution to social wellbeing

was widely recognized, Feiffer, P. (2003), argued that NGOs had also been accused of damaging the public sector in multiple developing countries; while NGOs like Compassion International try to contribute to an improved health sector, Feiffer, P. (2003), argued that NGOs have mismanaged the health sector and that NGO mismanagement had resulted in the breakdown of public health care systems. He says, that instead of promoting equity and alleviating poverty, NGOs had been under scrutiny for contributing to socioeconomic inequality and disempowering services in the public sector of third world countries. The researcher rather proposed a case by case scrutiny of NGO work in different parts of the world than using examples for individual states to make a generalized statement on NGO work in the health sector.

In the literature reviewed, NGO Education Sponsorships were lauded as effective strategies to poverty reduction and was argued that pursuing the path of supporting beneficiaries' education therefore, was one key poverty reduction initiative that resulted into sporadic positive differences in several other areas of human development. It clearly came out from the literature that education results into human development which in – turn results into sporadic positive differences in several other areas of human development.

According to World Bank, (1995), Education investments were also crucial for the sustained economic growth that low-income countries are seeking to stimulate, and without which long-term poverty reduction would be impossible. Education directly contributes to worker productivity and was seen as fundamental to the creation of a competitive, knowledge-based economy, for the direct production of the critical mass of scientists and skilled workers that every country requires.

It clearly came out from the literature that NGO intervention in the reduction of infant mortality rates through initiatives like Compassion's Child survival program was a key contributor to the improvement of a country's social economic situation. In fact, according to UNDP report; UNDP (2007), Infant and child mortality rates were basic indicators of a country's socioeconomic situation and quality of life; UNDP (2007). Uganda demographic and health study, (2016) indicated that under-5 mortality rates had declined over time, from 116 deaths per 1,000 live births 10-14 years before the survey (2002-2006) to 64 deaths per 1,000 live births in the 0-4 years prior to the survey (2012-2016) and since reduction of under 5 mortality rates is one of the success indicators of NGO child survival programs. NGOs therefore, were viable alternatives to state agencies in efforts to alleviate poverty and promote development.

However, it did not come out clearly by how much the NGO work had contributed to the improving child mortality statistics.

The next chapter looks at the methods that were used in data collection, analysis and presentation of the data collected both from the literature review, interviews, questionnaires and secondary data.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This section covers the methods and instruments that were used to collect, analyse, interpret and present data. It displays the instruments that the study used to collect and analyse data necessary to solve the research problem. It highlights what the research design was, study population, sample size determination, sampling techniques and procedures.

This chapter also highlights the Data collection methods, instruments used in this, as well as how validity and reliability were tested. In the latter part of the chapter, is the procedure that was used in Data collection, Data analysis and measurement of variables. The Chapter then closes with, ethical considerations.

3.2 Research design.

The study was a case study research about the effect of NGO effort on poverty reduction. A case study is an in-depth study of a particular research problem rather than a sweeping statistical survey and is used to narrow down a very broad field of research into one or few easily researchable examples. (Robert, 2003).

The case study was the choice of the design made because it would enable the researcher, more than any other, make an in-depth study of the problem under investigation because the beneficiary experiences/characteristics across Compassion funded projects are the same and findings from

such a study would be used for lessons that cover other similar programs. In addition to this, case study research design is a highly versatile and adaptable research strategy; Cavaye A. L. (1996).

The study was conducted in 14 out of 20 Compassion International funded Projects in Kampala District which have existed for 10 years and more and utilized a mixed methods approach, which integrates quantitative and qualitative data collection and analysis in a single study (Creswell, 2003).

Specifically, the study made use of sequential exploratory design, where qualitative data collection and analysis was followed by quantitative data collection and analysis, and findings were integrated during the interpretation phase of the study (Creswell & Clark, 2007). This was because the second phase of the study was important for triangulation.

The purpose of the research was to use Compassion International to find out if any difference is being made by NGOs with regard to the social well – being of beneficiaries on their program and their households, to pick lessons and therefore, provide a platform of considering whether some of the program approaches need to be re – thought for better service delivery to the program beneficiaries.

3.3 Study population.

3.31 Study population of the projects

Kampala has 20 Compassion International funded Child Development Centers/Projects and have existed for different number of years between 5 and 28 years. 7 of the 20 Projects have existed for 19 years and above, 5 others for 10 years and above, while other 8 are 9 - 10 years.

3.32 Study population of the individual respondents

Each Project has 2 Staff led by Project Director who are overseen by one Supervisor by the title of Overseer. This means, including the Project Director, 20 Projects have at least 60 Staff and 20 Overseers.

In addition to the above Staffing, 6 of the 20 Projects have a Child Survival program that works with Children from pre – natal to 3 years and these too have one full time Staff (Child Survival Program Implementer). A child survival program has 20 – 30 beneficiaries and because the direct beneficiaries of this program are babies, to make them survive their early years, it is both the baby and the mother that are targeted by the program. From this program, mothers of Children were respondents together with the Staff. A Child survival program therefore had a study population of 1 Staff per project which translated into 6 staff for the 6 projects and between 20 – 30 mothers which translated to between 120 – 180 mothers/Caregivers for the same 6 Projects.

The study covered the Project Staff, Overseers, Program graduates, and Caregivers/Parents of program beneficiaries (for Child survival from 4 selected projects). Program graduates were picked from the 4 of the projects that have existed for 10 years and beyond; these were picked by purposive sampling since projects that had stayed for more than 10 years had the same structure and approximately same number of program graduates. One out of the 2 Compassion International contact persons for these Projects by the title of Partnership Facilitator was also a respondent. The Staff comprised of the Project Director and 2 Child Development Officers while for the Child

Survival Programs, it was 1 Staff per project, for 4 Projects and 20 – 30 mothers for each of these projects though the sample population for these was 4 out of 6 Projects.

Each of the 12 Projects that are 10 years and above has at least 15 - 20 available program graduates.

This means, the total study population was 66 Staff, 20 Overseers, at least 80 program graduates (from the 4 oldest ICPs with such a number of graduates), at least 150 Parents/Caregivers of beneficiaries on child survival program, and 2 Compassion International representatives which translated into a study/target population of 318 people.

3.4 Determination of the sample size.

3.41 Determination of the sample size for the projects.

Because there is rarely enough time or resources to gather information from everyone in a population, the researcher found a representative sample (or subset) of the study population and used his judgment to select population members who are good prospects for accurate information.

As Kothari (1985) proposes; that the sample should be representative and allow the researcher to make accurate estimates of the thoughts and behavior of the larger population, the researcher employed purposive sampling and conducted the study in 2 stages.

The study was carried out in 12 out of 20 projects. Of these 12, 10 had a Child survival program and the other 2 did not have. Because the study wanted to cover the Child survival program (for objective 3), 2 other projects with Child survival program were added to make 14 whereby 4 of the 14 had a child survival program. At the end of the day, the study had 149 total respondents that were selected by purposive sampling although only 146 responded (as indicated in table 1 – Selection of respondents). Purposive sampling methodology was used because all Compassion

funded Projects have the same structure and sampling some of them was representative of the rest and conclusions that cover all the projects could be authoritatively drawn. In addition to this, projects that were 10 years and older were selected because they are the ones that had significant number of program graduates and were more able to present a rational picture of program impact. 8 projects were sampled for phase 1 which entailed Qualitative data collection through structured focus group discussions, questionnaires and key informant interviews to gather perceptions of the project and caregivers/parents on Compassion International's education sponsorship program, health care and child survival capacity building initiatives and their effect on poverty levels. This was because; these 3 independent variables constituted Compassion's key Initiatives to reduce poverty.

Respondents were the Child development workers/officers, the Project Director, Child Survival Program implementers, Program graduates, Partnership Facilitator and Overseers. Community informants were the parents and caregivers of beneficiaries on the Child survival program, but phase one respondents were 112 because 32 program graduates and 2 other project overseers were for phase 2.

Responses gathered from Phase 1 were analyzed and were used to inform the development of a quantitative study tool for Phase 2 for only program graduates from 4 ICPs.

In Phase 2, a quantitative questionnaire was administered to a representative sample of 4 other projects in Kampala among those that have existed for over 10 years; this was administered to Compassion program graduates.

Other sampled Projects were 4 out of the 6 Child Survival program projects in Kampala District.

In the 8 Projects of phase one (qualitative), the study covered 8 Project Directors, 8 Child Development workers, 8 Overseers, 80 Caregivers/Parents of Child Survival Program beneficiaries and 8 CSP Implementers..

In phase 2 (quantitative), the study covered 8 program graduates for each of the 4 longest existing projects totalling to 32 respondents. The sample size was determined at 32.

In the 4 Child Survival Program Projects, the study covered 1 Staff per Project, 20 Mothers of beneficiaries per project though some projects had more than 20, and others less.

4.42 Sample Size for Quantitative approach.

The sample size included 32 respondents and the sample was obtained by following the formula

$$SS = Z^2 * (p) * (1-p) / C^2$$

Where:

Z = Z value (e.g. 1.96 for 95% confidence level)

p = percentage picking a choice, expressed as decimal (.5 used for sample size needed)

c = confidence interval, expressed as decimal (e.g., .04 = ±4)

$$= (1.96*1.96)* (0.075)* (1- 0.075)$$

$$= 3.8416 (0.075)* 0.925$$

$$= \underline{0.28812*0.925}$$

$$0.09*0.09$$

$$= \underline{0.26651}$$

$$0.0081$$

$$= \underline{32.90}$$

4.43 Selection of Respondents.

Category of respondents	Population	Sample Size	Sampling Method
Overseers	20	8	Purposive Sampling
Partnership Facilitators	2	1	Purposive Sampling
Project Directors	20	8	Purposive Sampling
Child Development Officers	40	16	Purposive Sampling
Child Survival Program Implementers	6	4	Purposive Sampling
Program Caregivers/Mothers	150	80	Purposive Sampling
Compassion Program graduates	80	32	Purposive Sampling
Total	318	149	

By Ashley Crossman March 18, 2017

3.5 Sampling techniques and procedure.

In this study, the researcher employed purposive sampling which is one of the non – probability sampling methods. This was because categories of possible respondents were known and all Compassion funded Projects have the same structure. This means sampling some of them was representative of the rest and conclusions that cover all the projects could be authoritatively drawn.

The study focused on 14 out of 20 Projects in Kampala because they are some of the oldest in Uganda and were likely to present a better picture of how the Compassion program has affected poverty levels. This is because it was assumed that a Project that has existed for more years had a higher chance to present the effect of the program than a new one.

3.6 Data Collection Methods.

Several data collection methods were employed to collect data and according to Sekaran (2003), these are classified into primary and secondary with both qualitative and quantitative methods. Primary data was collected fresh for the first time and was original while secondary data was already collected by other researchers and have passed through the statistical process. Below; were the data collection methods used;

1. **Interviewing:** This method involved asking respondents a series of questions and was used to collect information from Parents and Caregivers of Child Survival beneficiaries. This method was preferred over other methods because it easily helped the researcher to generate more in-depth qualitative data but is also a method that can prompt individual experiences, opinions and feelings and more importantly, it enhanced room for probing and the researcher could get immediate feedback. Though it took longer (about an hour), it came in handy for respondents such as Caregivers of Compassion beneficiaries that do not know how to write.
2. **Use of Focus group discussions:** This was another data collection method that was used and this involved an hour group discussion of approximately 6 - 20 persons that were guided by a facilitator. In this group, group members talked freely and spontaneously about the research topic and the method was chosen because it helped the researcher obtain in-

depth information on concepts, perceptions and ideas of the group and it was more than a question-answer interaction.

The idea is that group members discussed the topic among themselves, with guidance from the facilitator. This was used to collect information from both Child Survival mothers and the project Staff.

3. **Documentary reviews** was also used and this is a data collection method that involved collection of data related to area of inquiry. For this study, this was done by reviewing several project reports, statistics for instance number and gender of beneficiaries and several others. To do this, support and gift lists were reviewed, monthly and annual reports, staff records, and Child folders.
4. **Observation** was used to collect information and this is a method that relied on the researchers' ability to gather data through his senses and allowed him to document actual behaviour rather than responses related to behaviour. This was chosen over other methods because there are changes in quality of life that could be observed and triangulated with what respondents' stated for example malnourished babies and confidence levels of respondents could be observed from respondents' expressions. This was used especially on Parents and Children on the Child survival program.
5. **Self – administered questionnaires** were used to pick quantitative data from the program graduates and were used because they easily covered all respondents even those that were tied up by work demands yet, demanding a short time to complete. They were also preferred because data picked can be very reliable since they were self-administered with no second party.

3.7 Data Collection instruments.

This section highlights the tools that were used to gather information and how these tools were developed. The researcher used a number of data collection instruments to gather data as highlighted below;

3.71 Self – administered Questionnaires were designed by the researcher with regard to the research objectives and variables of the study. Each item was therefore developed to address a specific objective, research question or hypothesis in the study (content). These were used because they helped cover a large number of respondents in a short time, they easily brought out reliable data and enhanced a respondent to fill in his/her moods. When it came to data analysis, structured questionnaires made it easy and were less expensive. Sensitive or personal questions, were responded to with a lot of convenience, questionnaires involved no interviewer bias, permitted anonymity & may have resulted in more honest answers in addition to offering a considered and objective view of the respondent. These were used to collect information from program graduates.

3.72 Interview guides were another set of instruments that were be used to collect information and these were used during face to face interviews with Caregivers and Parents of Program beneficiaries. These were a check list of the areas the researcher was investigating and the order of questions. They were instruments of choice because they made it possible to obtain data required to meet specific objectives of study and could also be used to standardize the situation by asking same questions in the same manner.

3.73 Focus group discussion topics constituted another set of instruments that were used to guide the collection of data from Project Staffs, Project Supervisors (Overseers) and program graduates. These were preferred because they helped to focus the discussion to the desired objectives.

3.74 Documentary review checklists was used to study relevant documents like Project reports, national statistics and other applicable project documentation for more evidenced data. These were preferred because they focused documentary review to a select relevant documents which helped provide more evidenced data.

3.75 Observation check list was used after the development of the observation form and was tested in situations similar to those expected in the data collection. This was preferred because it helped to record what a researcher observed during data collection, helped define areas to be observed and focused the observation to only relevant behaviors and characteristics.

3.8 Pre – testing of instruments.

3.81 Validity.

According to Basheka (2009), validity is a test of accuracy for the data collection instruments. It also checks to confirm if the operationalization is bringing out the right indicators. Reliability on the other hand is about consistency; it tests to confirm that the instrument when used over and over with the same kind of respondents and under the same circumstances, will not give differing results, Nardi (2003).

3.82 Reliability.

To test the validity and reliability of the data collection instruments, i.e; the questionnaire, interview guides, Focus group discussion topics, documentary review and observation check lists, the researcher conducted a pilot study in 3 Projects to ensure that the final findings would be reliable and valid. As mentioned, this also enabled the pre- testing of data collection instruments. These 3 Projects constituted a quarter of the sampled study population and comprised of 6 Staff, 3 Overseers, 10 Program graduates and 10 Caregivers/Parents of Survival Program beneficiaries.

By this, questions that were vague, repeated or unclear were assessed and necessary adjustments were made before doing the actual research. This also presented an opportunity for the researcher to add clarity to some questions, making appropriate grammatical and spelling corrections, as well as re – phrasing of the introductory part of the interview guide and questionnaires. This acted as a means for quality assurance for the research data as well.

Since respondents in this pilot study would again be respondents in the final study, it was of interest when they yielded the same results at the final research study.

3.9 Procedure of Data Collection.

The researcher contacted Uganda Management Institute and got an introduction letter which was taken to the Project Offices where the study was conducted and this was done a week before the commencement of the data collection exercise. Appointments indicating when the researcher

would be going back for the data collection exercise were fixed and a pledge made to abide by the schedule that was agreed on including keeping the exercise within the time frame that was given.

This study was carried out in 2 stages:

Phase 1 – Qualitative data collection through structured focus group discussions and key informant interviews was conducted to gather perceptions of the project and caregivers/parents on Compassion International’s education sponsorship program, health care and child survival capacity building initiatives and their effect on poverty levels. This was because; these 3 independent variables constitute the NGO’s key Initiatives to reduce poverty.

Respondents at the projects were the Child development workers/officers, the Project Director, and Overseers. Community informants were the parents and caregivers of Survival beneficiaries on the program. One Compassion Staff (Partnership Facilitator) was selected to have the key informant interview and also filled a questionnaire.

Responses gathered from Phase 1 were analyzed and used to inform the development of a survey tool for Phase 2 which was for only program graduates.

Phase 2 – Survey was administered to selected 4 projects within the Kampala region (Kyambogo, Nakulabye, Agape and Bugolobi CDCs).

This Survey was administered to a representative sample of 4 ICPs that had existed for over 10 years where 8 Compassion graduates were randomly selected.

On the same days, the necessary documentary reviews were conducted to get appropriate back – up to the information collected and of greater interest were the Project reports and other Project impact stories.

3.10 Data Processing and Analysis.

Quantitative data was analysed using Statistical Package for Social Scientist (SPSS) for major variables which was done to examine the differences made by the Compassion program with regard to the social well – being of beneficiaries on her program and their households.

Qualitative data was analysed using a content and thematic approach. The relevant themes on poverty reduction were developed according to how the objectives were set. Data was then grouped into themes for easy interpretations of the study results.

3.11 Measurement of variables.

Measurement according to Bailey (2000), is the process of determining the values or levels either qualitatively or quantitatively of a particular attribute for a specific unit of analysis. It is important for classification of variables for easy analysis. In this study, 4 scales of measurement were applied. These included nominal, ordinal, interval and ratio. The nominal scale was used to determine the gender of the respondent while ordinal was used to rank aspects like level of education and job hierarchy. Some variables were measured at a ratio scale for instance percentage of program graduates that are in the workforce and earning regular income.

The indicators of improved quality of life were measured using the five Likert scale ranging from strongly agree to strongly disagree. Therefore, this Chapter three details the research design, study population, how the sample size was determined, sampling techniques and procedure and data collection methods. It also specifies the data collection instruments, how validity and reliability were ensured, procedure of data collection, analysis and measurement of variables.

3.11 Ethical considerations:

- 3.12 Uganda Management Institute was contacted by the researcher to get an introduction letter which was taken to Compassion International for clearance to conduct the study in the projects they fund. Clearance was granted by the Kampala Compassion Partnership Facilitators.
- 3.13 The same letter was then taken to each Project Director at the Project Offices where the study was conducted and this was a week before the commencement of the data collection exercise.
- 3.14 Appointments indicating when the researcher would be going back for the data collection exercise were fixed and a pledge made to abide by the schedule that was agreed on. (see appendix...).
- 3.15 The researcher also committed to keeping appointments and keeping the exercise within the time frame that was given. (see appendix I).
- 3.16 The researcher stated his name on all data collection instruments, what he is doing by the study, and made a commitment by verbally reading – out confirmation that the findings from the study would be used for purely academic reasons and help NGOs in improving their approaches and strategies to Poverty reduction. He also stated how they will contribute to the body of knowledge that will inform future discussions on the effectiveness of NGOs in Uganda.
- 3.17 The researcher also committed to handling the information given with utmost confidentiality. (See appendix 1-3).

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS.

4.0 INTRODUCTION.

In this chapter, the study results are presented, analyzed and interpreted and are based on the data collected using questionnaires, interviews and documentary review.

For purposes of easier understanding, the findings are presented, analyzed and interpreted in light of three objectives that the study was set to respond to. Descriptive means of data analysis were used to present the study findings and the results of the study are presented, analyzed and interpreted according to the themes of the study; “The effect of NGO effort in poverty reduction in Kampala capital city”. 14 projects under compassion international consented to participate and their responses are presented in three sections according to study objectives. These sections include NGO education sponsorships, health care programs and child survival capacity building initiatives on poverty reduction but the chapter begins with the response rate and of demographic characteristics of respondents. To cover Child survival, 2 other projects were added to make 14 projects in Kampala district. The data was analyzed using the SPSS and ANOVA tables for easy presentation.

4.1 Response rate.

A total of 149 respondents was expected and 146 responded giving a response rate of 98% which was a very good and positive response. This indicated that the research was given priority. 2% (3) were not able to participate fully in the study and were all project overseers who had very busy

schedules. For some caregivers, more than the expected number turned up at some projects like Nsambya and Kamwokya CDCs. From the 149 respondents, only 69 respondents were supposed to fill the questionnaires namely; Project staff, Child Survival Program Implementers, Overseers, program graduates and Partnership Facilitator of Kampala where as others were meant to participate in the focus group discussions.

4.2 Background characteristics of the respondents.

4.21 The 14 Compassion funded projects in which the study was conducted had a total number of 3,747 registered beneficiaries, of whom, 1856 were boys and 1891 were girls. These projects had 67 Project Staff, of whom 21 were male and 46 female.

From the above, registered children from the selected 14 compassion international funded projects in Kampala Capital City comprise of 49.5% males and 50.5% females. Registration of children is normally carried out by the implementing Church Partner and project staff in conjunction with compassion field office whose selection criteria seeks to ensure reaching the most needy and vulnerable children in the community by looking at items like the living conditions, employment status and how many siblings are in the family. This is to assess the vulnerability of each child and help them to get out of it.

A look at the Project Staff, revealed that 21 (32%) were males while 46 (68%) were females. While Compassion targets needy Children, this reflects the number of project staff that are employed as a result of Compassion work in Uganda some of whom are graduates of the program. This demonstrates the fact that by compassion employing a big number of people, indirectly reduces poverty levels not only among children but also among its former beneficiaries. As a result of Compassion's approach of catering for beneficiary health, education and other needs some of

which beneficiaries are later employed by Compassion or her Partners, reveals the strategic nature of Compassion work to reduce poverty in Uganda.

4.22 Findings on the background information.

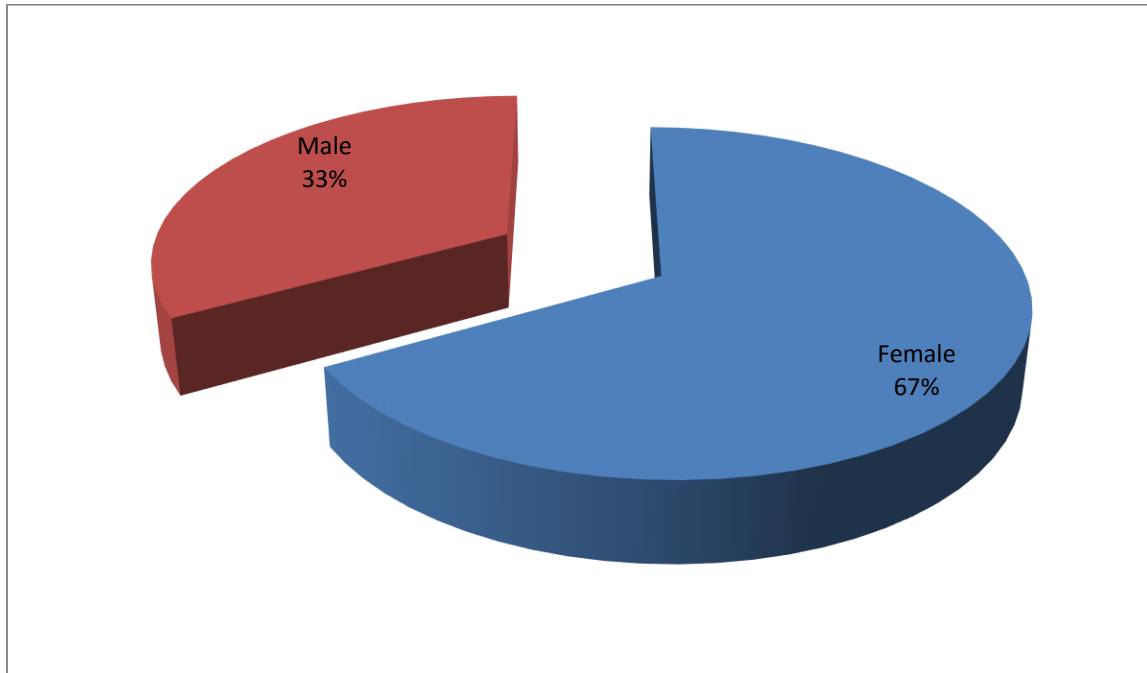
This section presents the background information of respondents who participated in the research study. The information contained in this section includes gender, working experience, age of the respondents, and education background.

4.23 Gender of respondents.

Gender	Frequency	Percentage of total Respondents
Female	98	67
Male	48	33
Total	146	100

Source: Researcher's Field Data, 2017

Figure 2 A pie chart showing the gender of respondents.



From the above, the total number of respondents that were Project Staff, Compassion staff and Child Survival parents/beneficiaries was 146. Majority of the respondents were female, constituting 67% of total respondents while male respondents were 33% of total respondents. This indicates that there are more female staffs and caregivers, than male Staff. According to this data the researcher felt that both genders represent a trending scenario of involvement in compassion projects in Kampala City. As implied already, even when it came to beneficiary caregivers from the 14 projects where the study was conducted, numbers of men participating in the child survival program were about 15%, compared to 85% women who actively engaged in the different skills translating into the fact that more women demonstrate willingness to get involved in social and skills developments than men.

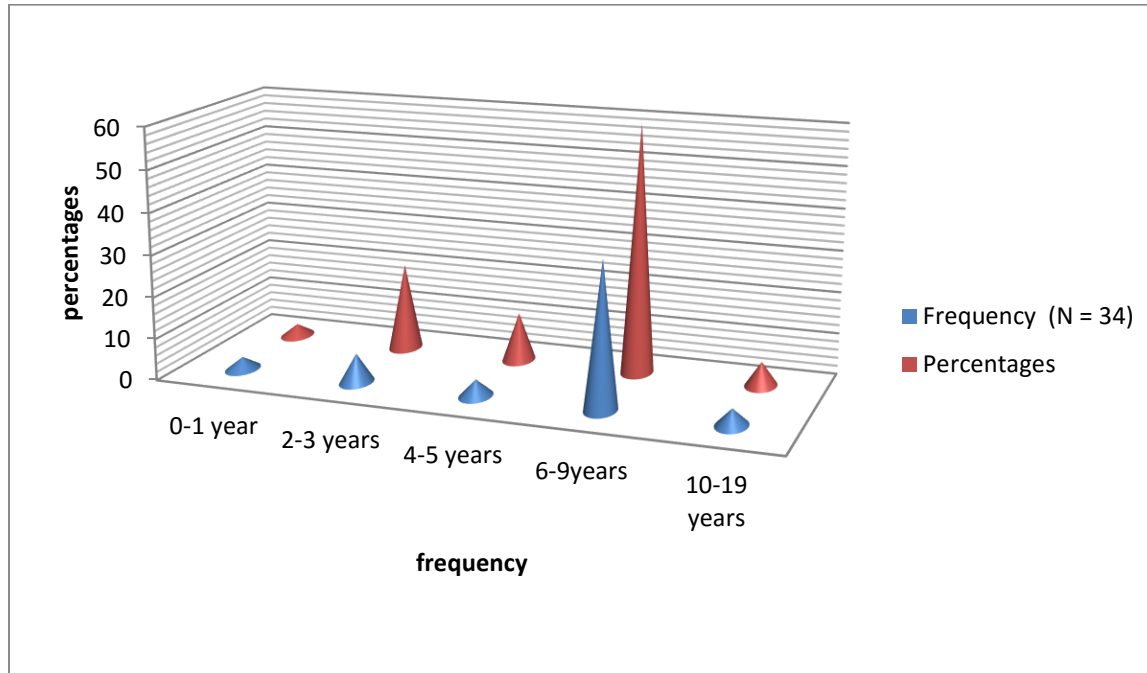
4.24 Work experience of the respondents.

Experience	Frequency (N = 66-32)	Percentage of total (%)
0-1 years	1	2.9
2-3 years	7	20.1
4-5 years	4	11.6
6-9 years	20	58.8
10-19 years	2	5.8
Total	34	100

Source: Researcher's field data, 2017.

Frequency = 66-32 because 32 were Program graduates that were not necessarily working with Compassion funded projects.

Figure 3 A graphical representation of the work experience of respondents.



From the above, and the graphical representation of respondents' work experience, the majority respondents 20 (58.4%) had worked 6-9 years, followed by 7 (20.1%) who had worked for 2-3 years, 1 (2.9%) that had worked for between 0-1 years, 4 (11.6%) that had worked for 4-5 years while 2 (5.8%) who constituted the minority had worked for 10-19 years. With the majority of the respondents at 6-9 years, it is implied that there was a significant maturity rate of the respondent's knowledge regarding how effective compassion international efforts were, in eradicating poverty in Kampala City.

The least representation of work experience was for those that had worked for 10-19 years yet this is a category that would be expected to have the most knowledge of Compassion work compared to the rest; these were only 2 out of the 34 respondents. Longevity at work (at least for those with

6 – 9 years’ experience) which was the highest category of Staff can be an indicator of high organizational performance since these workers are expected to be more skilled, knowledgeable and experienced with regard to the initiatives that compassion as an NGO uses to reduce poverty among her beneficiaries.

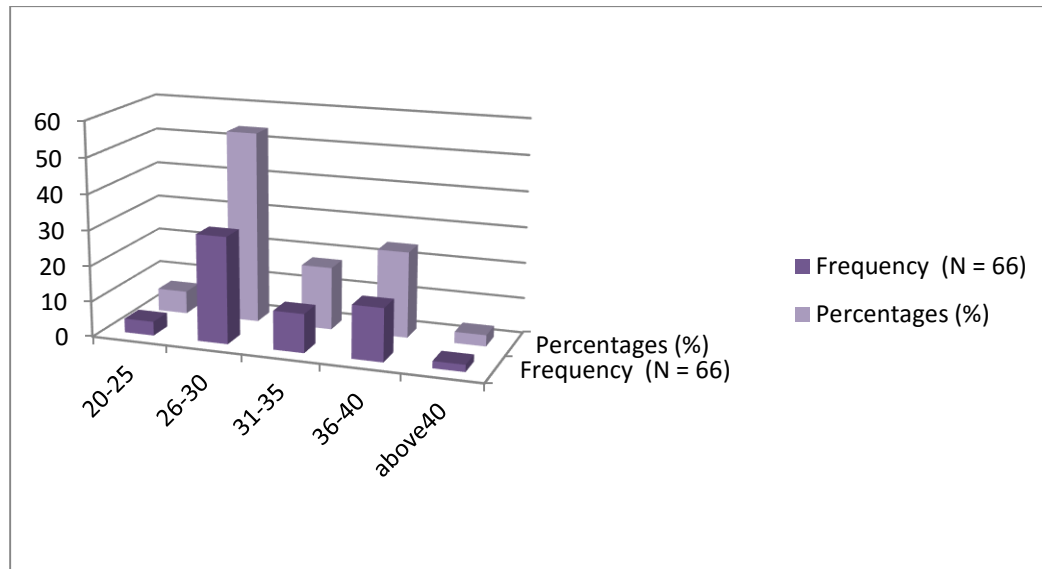
4.25 Ages of respondents.

Age	Frequency (N = 66)	Percentage of the total (%)
20 – 25	4	6.4
26 – 30	34	51.5
31 – 35	11	17.7
36 – 40	15	22.7
Above 41	2	3.2
Total	66	100

Source: Researcher’s field data, 2017

From the graph below and the above table, 6.4% of the respondents were between 20– 25 years, 51.5% respondents fell in the age bracket of 26–30 years, 17.7% between 31– 35years, while 22.7% were 36 – 40 and 40 above constituted 3.2%. With only 3.2 above 40 years, this reveals that Compassion International and her Partners employ young and energetic Staff that are more likely to be effective and cause positive differences in beneficiary lives.

Figure 4 Ages of respondents.

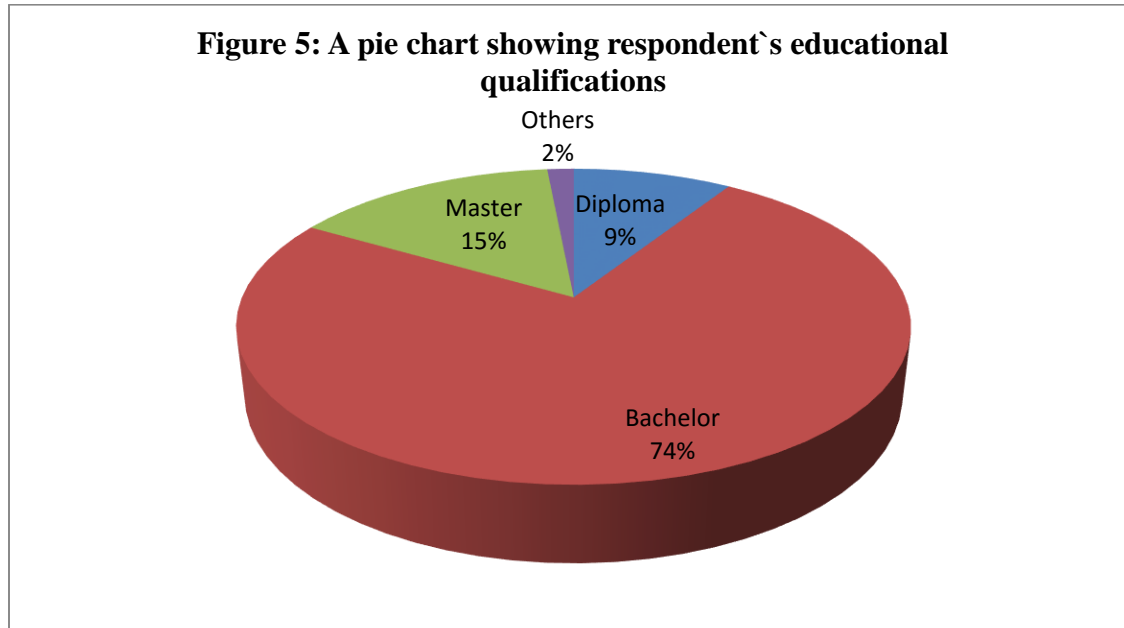


4.26 Educational background of respondents.

Educational Qualification	Frequency (N = 66)	Percentages (%)
Bachelor's degree	49	74.2
Masters	10	15.1
Diploma	6	9.0
Others	1	1.5
Total	66	100

Source: Researcher's field data, 2017.

Figure 5: A pie chart showing respondent`s educational qualifications.



Source: Field data.

Figure 5 above shows that majority respondents, (74.2%) were degree holders, 15.1% were masters' holders, and 9% were diploma holders while 1.5% were other holders like certificates. With this, it was established by the study that the majority respondent employees of Compassion Implementing Church Partners and Compassion Field Office Staff were degree holders and this presented respondents that were very knowledgeable about the study variables. Because of this, all respondents were better placed to give the required information.

Demographic characteristics therefore are so important in determining the knowledgeability, maturity and understanding of concepts in the study of the respondents deduced from their experience in a work area and qualifications which has a bearing on the final quality of the study results.

4.3 NGO education sponsorship and poverty reduction.

The study required the researcher to investigate NGO education sponsorship and poverty reduction. The following results were obtained;

4.31 Compassion international meeting more than 60% of scholastic needs.

The respondents were asked to indicate whether Compassion international was meeting more than 60% of scholastic needs. The following results were obtained.

4.32 Views of the respondents on whether Compassion international was meeting more than 60% of scholastic needs or not.

Response	Frequency (N=66)	Percentages (%)
Agree	35	53.0
Strongly agree	16	24.2
Disagree	9	13.6
Strongly disagree	4	6.0
Not sure	2	3.0
Total	66	100

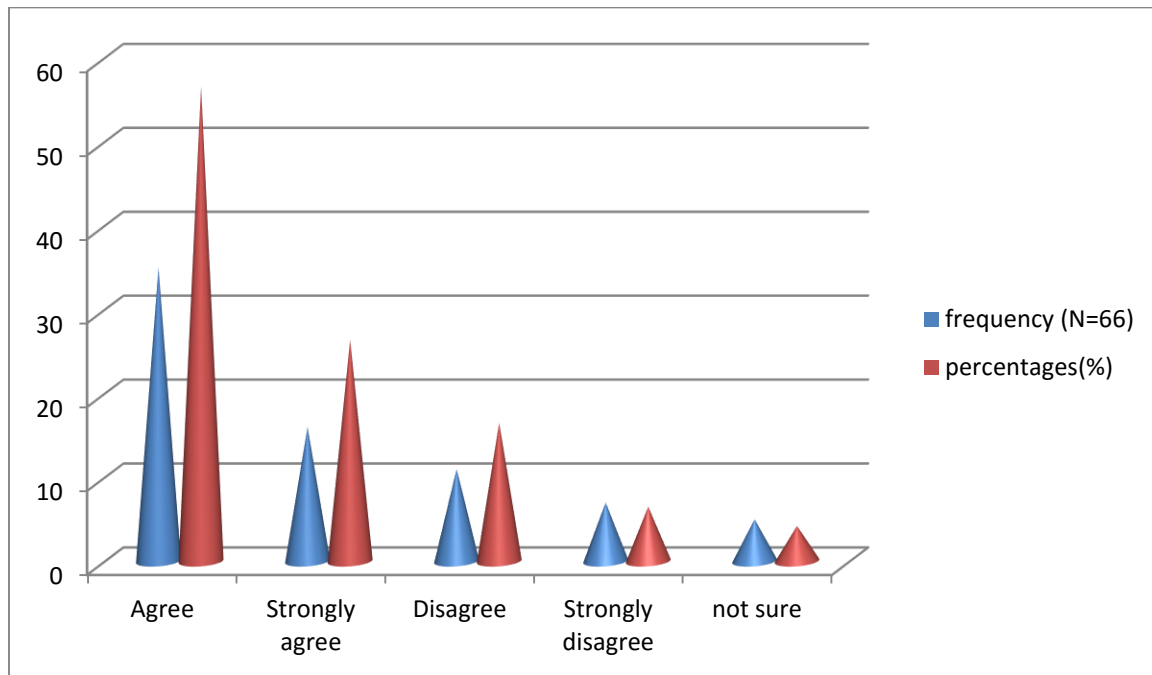
Source: Researcher's field data, 2017

From 4.32 above shows that 4 (6.0 %) of the respondents strongly disagreed that Compassion international was meeting more than 60% of scholastic needs for her beneficiaries, 9 (13.6 %) disagreed to the same question, 2 (3.0 %) were not sure, 16 (24.2%) agreed while 35 (53.0 %) strongly agreed. In all, majority respondents 51/62 (77.3%) agreed that Compassion international was meeting more than 60% of scholastic needs.

This implies that compassion International, through her projects, has been able to provide most scholastic materials to children under their program.

From the focus group discussion with graduates, the researcher was able to learn from them that during their time on the Compassion program, they got shoes, exercise books, text books, pens, school bags, uniform and others went on to say, they as well received beddings such as mattresses and bed sheets. A graduate under Agape Child Development Centre, said that he was at school one day with a torn uniform when one of the project staff came to visit and pay their school fees, and when he found him in torn uniform, he took him to the school bursar where he paid for two uniforms for him; a former graduate said that; *“I was so happy to get two brand new uniforms that day and they kept me through school till I completed my primary education”* `These graduates further said that in addition to the regular school fees, they used to get School fees top up of 170,000/= in secondary, while at University, they used to get an addition of 210,000/= up keep and subsistence of 100,000/= per Semester.

Figure 6 Graphical representation of respondent views on whether Compassion International was meeting more than 60% of scholastic needs.



Source: Field data, 2017

4.32 More than 20 graduates have graduated from this project with degrees.

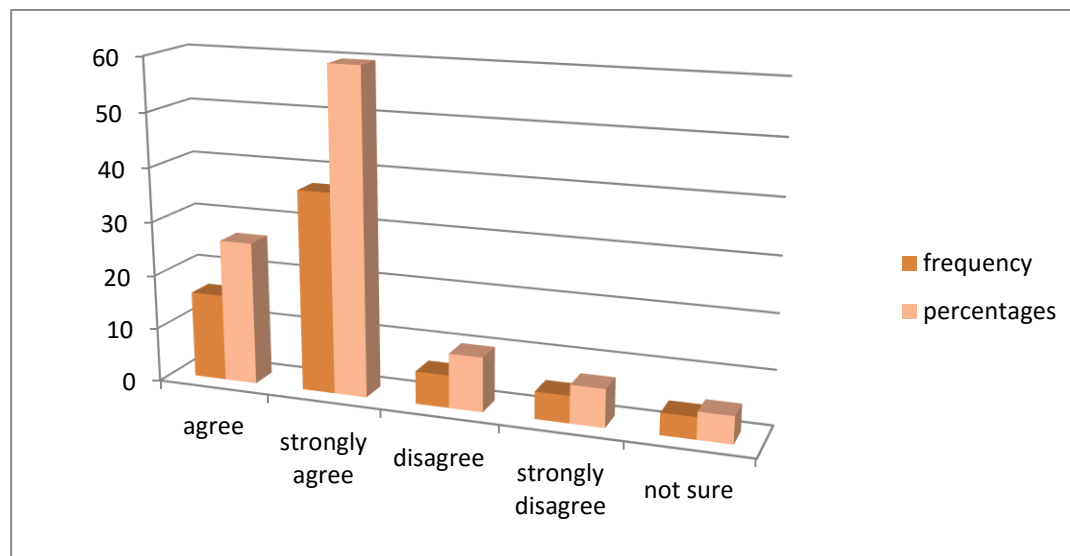
The respondent clients were also asked to indicate whether more than 20 graduates had graduated from their project with degrees. The following results were obtained;

4.33 Views of the respondents on whether more than 20 graduates had graduated from their project with degrees.

Response	Frequency(N=66)	Percentages (%)
Agree	16	24.2
Strongly agree	37	56.0
Disagree	6	9.0
Strongly disagree	4	6.0
Not sure	3	4.5
Total	66	100

Source: Researcher's field data, 2017

Figure 7 Graphical representation of Respondent views on whether more than 20 graduates had graduated from their project with degrees.



From 4.33 above, it shows that 4 (6.0 %) of the respondents strongly disagreed that more than 20 graduates had graduated from their project with degrees, 6 (9.0%) disagreed, 3 (4.5%) were not sure, 16 (24.2%) agreed while 37 (56.0%) strongly agreed.

In all, majority respondents 53 (80%) agreed that more than 20 graduates have graduated from their project with degrees. This means that it is so true that compassion international has transited more than 20 graduates from its projects with a degree. For example, from the focus group discussions of program graduates from the four selected projects out of the 14, 70% of them had degrees in different fields ranging from electrical and chemical engineering to Information and Computer Technology, Social work and Social Administration, journalism, procurement, education business administration to mention but a few. From the interviews with program graduates, these graduates asserted that the Compassion International Leadership Development Program enabled most of them to obtain degrees but even those that were unable to get a degree obtained diplomas and certificates which enabled them to get at least somewhere they can earn a living.

4.34 More than 30 graduates have graduated from their project with at least an income generating skill.

The sampled project staffs and employees of the Compassion International were asked to indicate whether there were more than 30 graduates that had graduated from their individual projects with at least an income generating skill. The figure of 30 was reached because a researcher considered it as an optimum number that would help establish facts about this study item. The following results were obtained;

4.35 Views of the respondents on whether more than 30 graduates had graduated from their individual projects with at least an income generating skill.

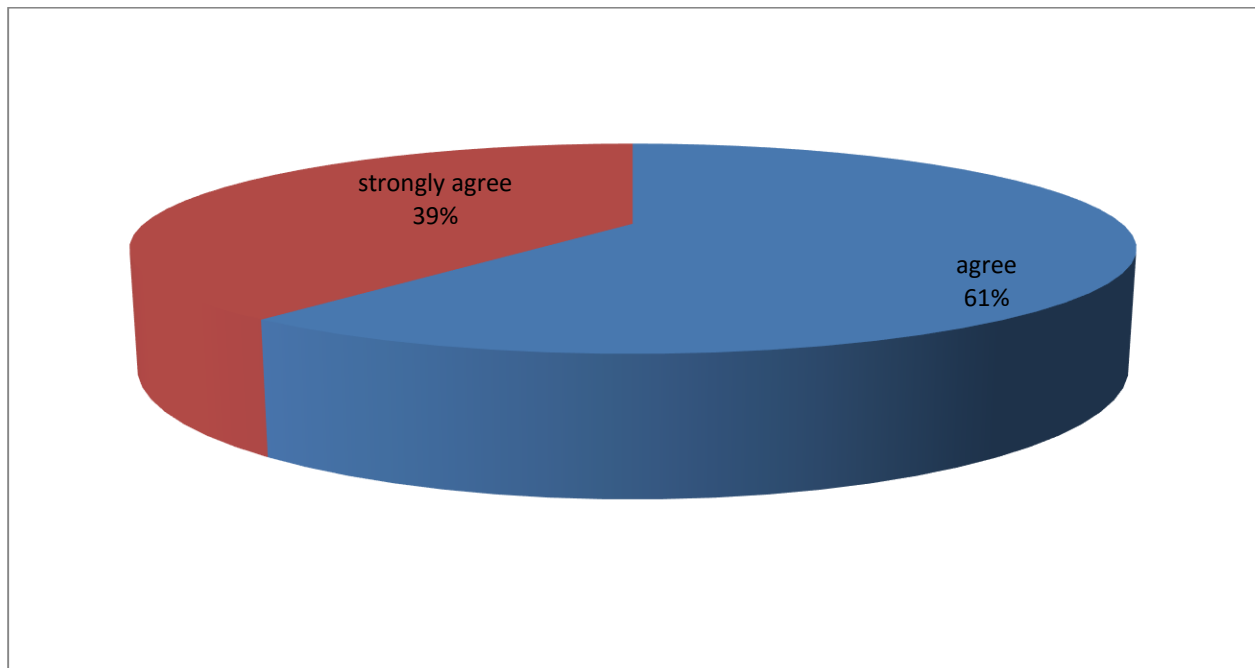
Response	Frequency	Percentages
Agree	40	61
Strongly agree	26	39
Disagree	0	0
Strongly disagree	0	0
Not sure	0	0
Total	66	100

Source: Researcher's field data, 2017.

From the above, it was established that none of the respondents strongly disagreed, disagreed or was not sure if more than 30 graduates have graduated from their projects with at least an income generating skill; 40 (61%) agreed while 26 (39%) strongly agreed. All the respondents therefore agreed that more than 30 graduates had graduated from their projects with at least an income generating skill. This indicates that compassion international has greatly helped to provide and also empower her program beneficiaries not only with formal education but also with hands on skills which can enable one earn a living and live an economically independent life even if s/he does not go far in formal education. For example, the researcher also noted that graduates were able to express how they had benefited from the skills which were taught to them, one was noted to have said that; *“through the skills given, I was able to go for different netball tournaments up to the national level; with music, I joined a band which has also helped me to achieve more in the area of music especially when I begun to compose songs which were even played on radios such as Power FM and other Christian radios, in addition, I obtained medals and certificates due to*

the sports skills, which talent that was boosted by the project". Talk of holistic development, it was also interesting for another graduate who was part of the program to say; *"I got my husband from the project, and found him with a skill of soap making which he attained from the project and with it, we have been able to make and sell soap which supplements our income at home and we also use some of it at home thereby not spending on buying soap for our household use"*. This comment from a former beneficiary confirms the strength of Compassion's program that imparts skills on the program beneficiaries and therefore make them enabled to stand on their own and earn a living thereby reducing income poverty.

Figure 8 A pie chart showing the respondent views on whether more than 30 graduates had graduated from their individual projects with at least an income generating skill.



4.36 Compassion`s sponsorship of education results into improved quality of life.

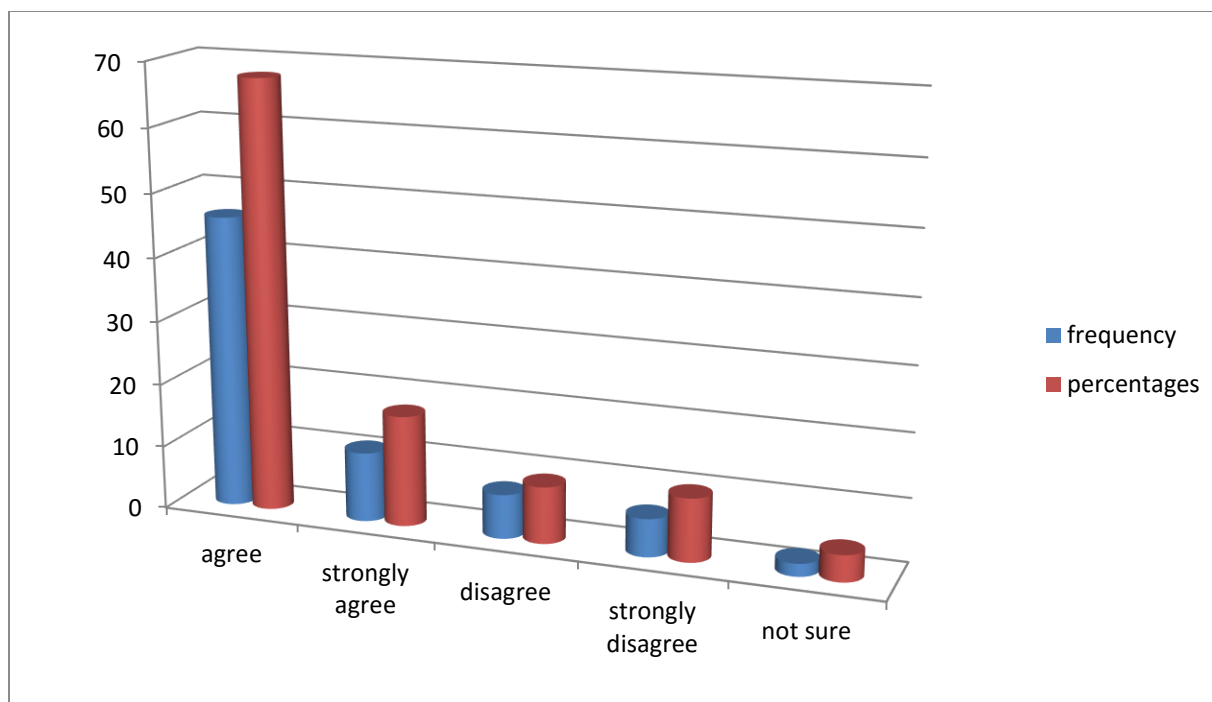
The respondents were asked to indicate whether Compassion`s sponsorship of education results into a better quality of life. The following results were obtained;

4.37 Respondents view on whether Compassion`s sponsorship of education results into improved quality of life.

Response	Frequency (N=66)	Percentages (%)
Agree	44	66.6
Strongly agree	9	13.6
Disagree	5	7.5
Strongly disagree	6	9.0
Not sure	2	3.0
Total	66	100

Source: Researcher`s field data, 2017.

Figure 9 Graphical representation of Respondent views on whether Compassion`s sponsorship of education results into improved quality of life.



Source: Field data, 2017

Table above shows that 6 (9.0%) of the 66 respondents strongly disagreed that Compassion's sponsorship of education results into a better quality of life, 5 (7.5%) disagreed, 2 (3.0%) were not sure, 44 (66.6%) agreed while 9 (13.6%) strongly agreed. In all, majority respondents 53 (80%) agreed that Compassion's sponsorship of education results into improved quality of life. By implication, Compassion's program has been instrumental in improving the quality of life of her beneficiaries through meeting their educational and livelihood needs among others. Two graduates from the program at Nakulabye student's centre received start – up/graduation funds when they were exiting from the program, one received 2.7 Million Uganda Shillings and the other 1.5 Million Uganda Shillings; one was able to build two rentals with a toilet where she now earns 100,000 /=- which she uses to help her siblings, the other graduate used it to start a welding project. He welded three windows and two doors and was able to have the funds he invested returned from

these items. He then used the money to expand the business and today, he employs people from his business and has been able to build himself as an individual who also helps others.

This data was gathered from respondent/program graduate interviews.

4.38 More than 30 graduates from compassion projects earn an income they can depend on.

The respondents were asked to indicate whether more than 30 graduates from their projects earn an income they can depend on. The number of 30 was reached by the researcher's judgment that it was an optimum number to ably help establish facts on this study item given that on average 5 beneficiaries would graduate from the program. The following results were obtained;

4.39 Views of the respondents on whether more than 30 graduates from Compassion funded projects earn an income they can depend on.

Response	Frequency	Percentages
Agree	35	53
Strongly agree	19	28.7
Disagree	4	6.0
Strongly disagree	6	9.0
Not Sure	2	3.0
Total	66	100

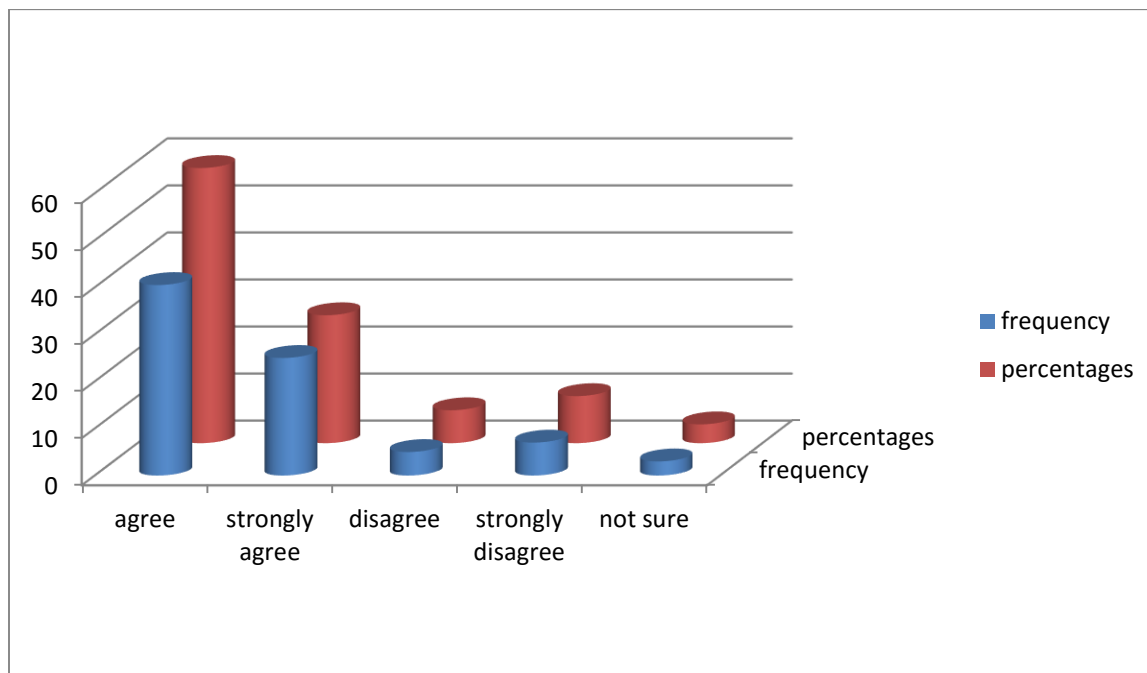
Researcher's field data, 2017

Table above shows that 6 (9.0%) of the respondents strongly disagreed that more than 30 graduates from their project earn an income they can depend on, 4 (6.0%) disagreed, 2 (3.0%) were not sure,

35 (53%) agreed while 19 (28.7%) strongly agreed. In all, majority respondents 54 (81.8%) agreed that more than 30 graduates from their projects earn an income they can depend on. This shows that the graduates that transit from compassion programs can boldly and confidently live an independent life. More to this, it was observed that about 67% of the graduates who have jobs have been employed in the compassion assisted projects as project directors, child development officers among others. Through their work, several of them have been able to set up other income generating projects like businesses and building rentals. For example all Project Staff at Agape child development center are formerly Compassion sponsored who went through the program and now they have been employed to facilitate the process of taking other children through.

This data was gathered from interviews with program graduates.

Figure 10 Graphical representation of Respondent views on whether more than 30 graduates from compassion projects earns an income they can depend on.



Source: Field data, 2017.

4.4 Compassion provision in education sponsorship is close to enough and not much improvement is needed.

This study investigated whether Compassion provision in sponsorship is close to enough and if no much improvement was needed.

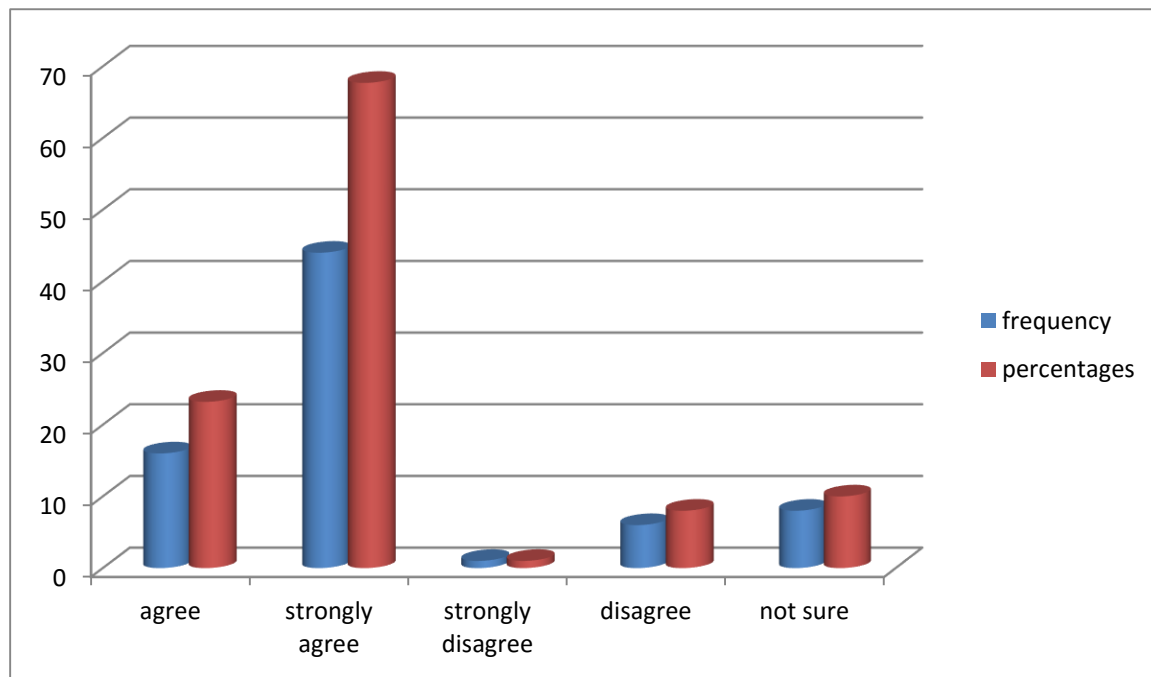
4.41 Compassion provision in education sponsorship is close to enough and not much improvement is needed.

Response	Frequency (N=66)	Percentages (%)
Agree	14	21.2
Strongly agree	42	63.6
Disagree	4	6.0
Strongly disagree	0	0
Not Sure	6	9.0
Total	66	100

Source: Researcher's field data, 2017

The above table shows that none of the respondents strongly disagreed that Compassion provision in education sponsorship is close to enough and not much improvement was needed; 4 (6.0%) disagreed, 6 (9.0%) were not sure, agreed 14 (21.2%) while 42 (63.6%) strongly agreed. In all, majority respondents 56 (84.8%) agreed that Compassion provision in education sponsorship is close to enough and not much improvement was needed.

Figure 11 Graphical representation on whether Compassion provision in education sponsorship is close to enough and not needing much improvement.



Field data, 2017

4.42 With compassion`s sponsorship of education, at least some positive impact has been made.

The respondents were asked to indicate whether, compassion`s sponsorship of education had made some positive impact. The following results were obtained;

4.43 Views of the respondents on whether Compassion`s sponsorship of education had made some positive impact.

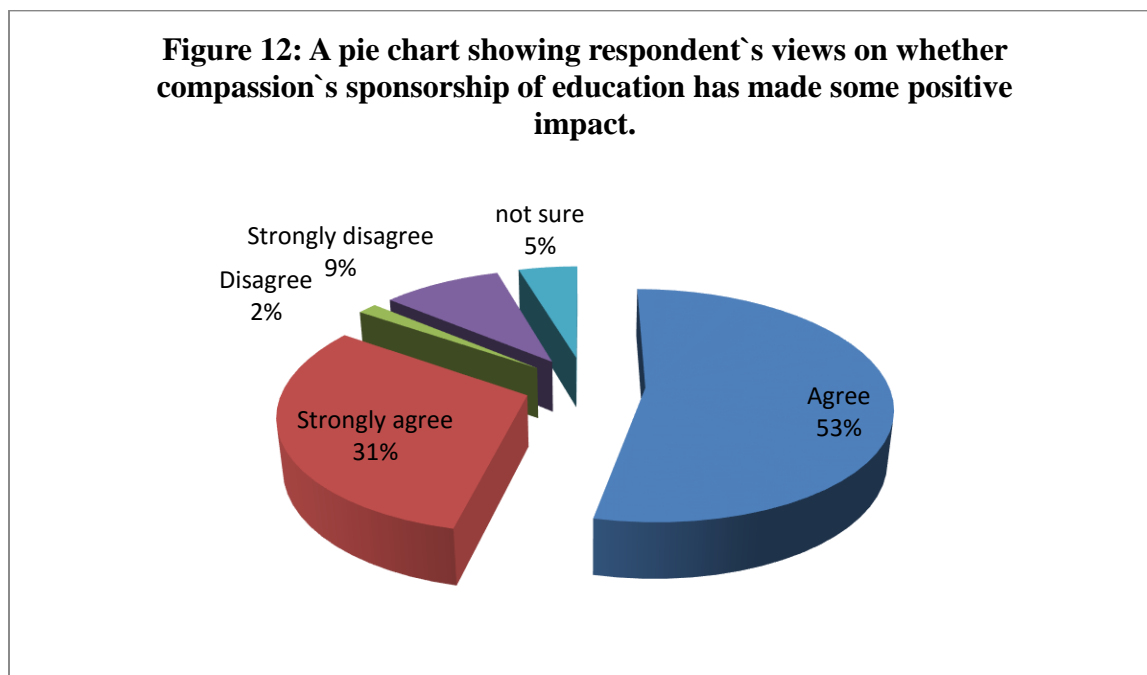
Response	Frequency (N=66)	Percentages (%)
Agree	36	54.5
Strongly agree	20	30.3
Disagree	1	1.5
Strongly disagree	6	9.0
Not Sure	3	4.5
Total	66	100

Source: Researcher`s field data, 2017

From the above, 1 (1.5%) of the respondents disagreed that Compassion`s sponsorship of education had made some positive impact, 6 (9.0%) strongly disagreed, 3 (4.5%) were not sure, 36 (54.5%) agreed while 20 (30.3%) strongly agreed. In all, majority respondents 56 (84.8%) agreed that compassion`s sponsorship of education had made some positive impact. This implies that beneficiaries on Compassion program have been transformed through the sponsorship of education for example, graduates accord this as true and assert that if it was not for the Compassion program, they would not be where they are which recognizes the worthiness of compassion education sponsorship as so fundamental in the enabling one to have a bright future. In fact, one of the respondents among them said; *“My Mother could not afford to do what compassion did for me since at one moment she was also benefiting from it through getting medical and working as a cook for the project”*.

Therefore Compassion support did not only end with sponsorship of education but also enabling households and caregivers to stand on their own which would in part create a degree of sustainability.

Figure 12 A pie chart showing respondent`s views on whether compassion`s sponsorship of education has made some positive impact.



Field data, 2017.

4.43 Nothing to suggest for compassion to improve her sponsorship of education.

The respondents were asked to indicate whether they had nothing to suggest for compassion to improve her sponsorship of education. The following results were obtained;

4.44 Views of the respondents on whether they had nothing to suggest for compassion to improve her sponsorship of education.

Response	Frequency (N=66)	Percentages
Agree	14	21.2
Strongly agree	8	12.1
Disagree	12	18.1
Strongly disagree	30	45.5
Not sure	2	3.0
Total	66	100

Source: Researcher's field data, 2017

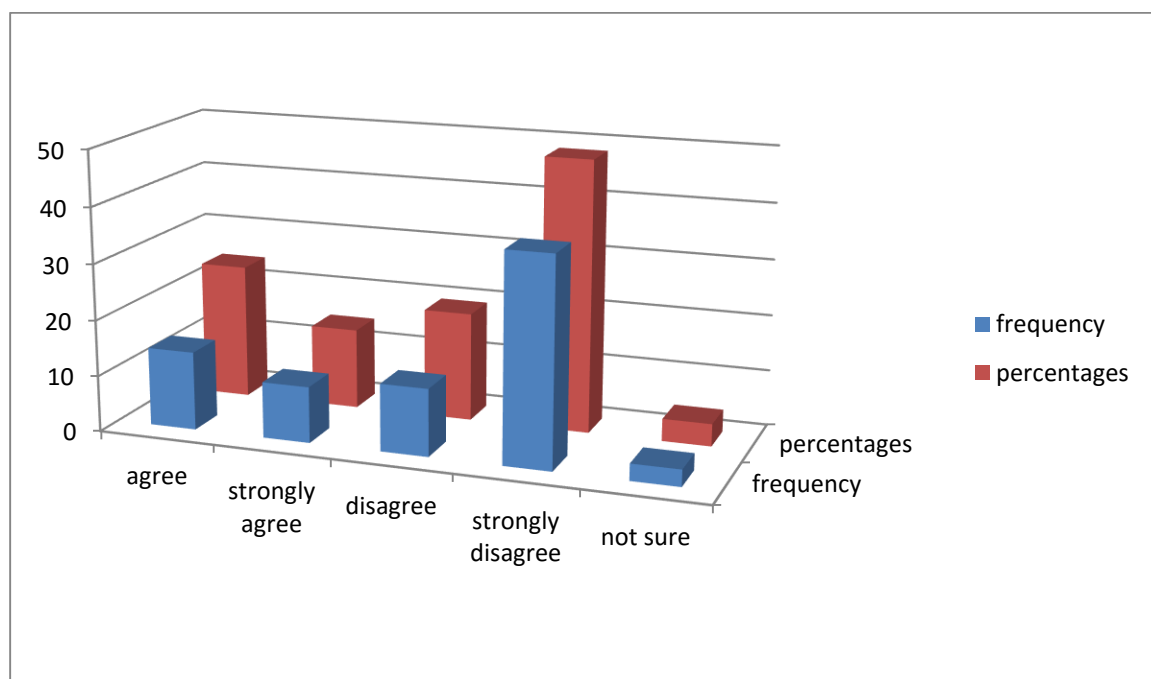
The above shows that 30 (45.5%) of the respondents strongly disagreed that they had nothing to suggest for compassion to improve on her sponsorship of education, 12 (18.1%) disagreed, 2 (3.0 %) were not sure, 14 (21.2%) agreed while 8 (12.1%) strongly agreed. In all, majority respondents 42 (64%) disagreed that they had nothing to suggest for compassion to improve her sponsorship of education, implying that even if Compassion's education sponsorship program was good, there is a feeling that there was room for improvement while 18 (27%) agreed that they had nothing to suggest for improvement.

Several of those that disagreed with having nothing to suggest for improvement of compassion's education Sponsorship proposed improvements like compassion should increase on the amount contributed for school fees from 170,000/= to at least 300,000/= for each child, and others

suggested that Compassion should not phase out projects from Kampala as they claimed to have heard.

However those that did not think of suggesting anything to improve education sponsorship, were grateful to the program though, they too still suggested that the undergraduate Leadership Development Program should be brought back by removing the new finishing well program which they see limiting the number of children that would make it to university.

Figure 13 Graphical representation of Respondent views on whether they had nothing to suggest for compassion to improve her education sponsorship.



Field data, 2017

4.45 Sponsoring education of children is an effective poverty reduction strategy.

The respondents were asked to indicate whether sponsoring education of children is an effective poverty reduction strategy. The following results were obtained;

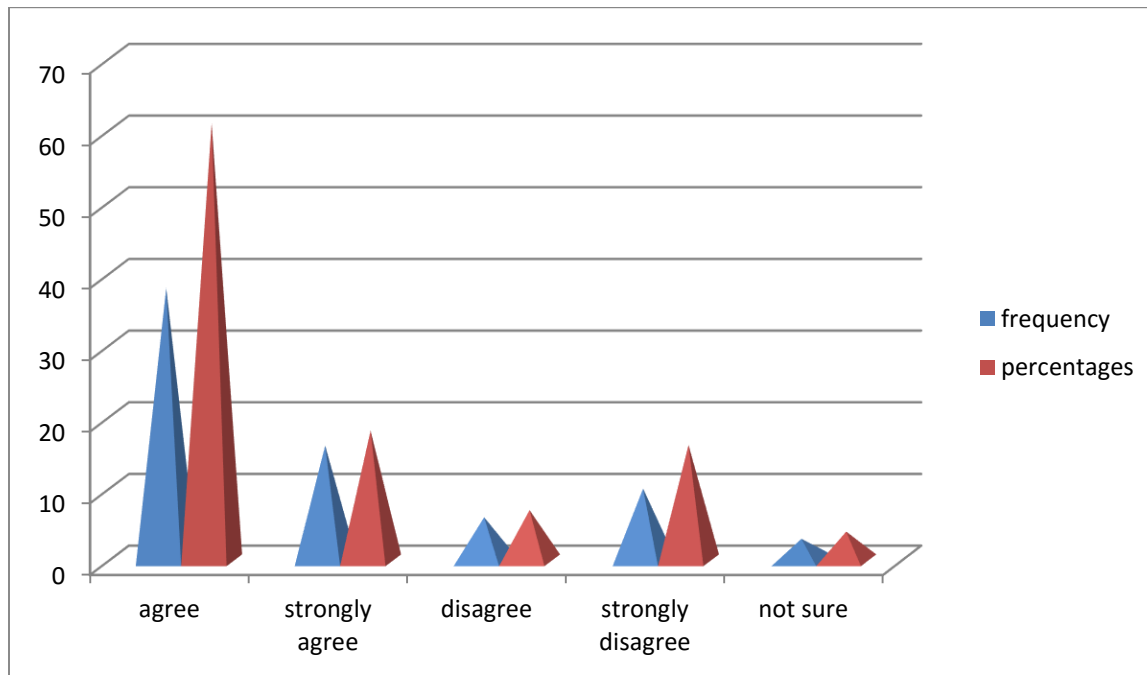
4.46 Views of the respondents on whether sponsoring education of children is an effective poverty reduction strategy.

Response	Frequency (N=66)	Percentages
Agree	37	56
Strongly agree	14	21.2
Disagree	3	4.5
Strongly disagree	10	15.1
Not sure	2	3.0
Total	66	100

Source: Researcher's field data, 2017.

Table 15 above shows that 10 (15.1%) of the respondents strongly disagreed that sponsoring education of children is an effective poverty reduction strategy, 3 (4.5%) disagreed, 2 (3.0 %) were not sure, 37 (56%) agreed while another 14 (21.2%) strongly agreed. In all, majority respondents 51 (77.2%) agreed that sponsoring of children is an effective poverty reduction strategy, this implies that the majority of respondents feel that Compassion's strategy of sponsoring her beneficiary education is effective in poverty reduction.

Figure 14 Graphical representation of Respondent views on whether sponsoring education of children is an effective poverty reduction strategy.



4.47 Recommending any needy child to register with compassion if s/he needs to study.

The respondents were asked to indicate whether they would recommend any needy child to register with compassion if s/he needs to study. The following results were obtained;

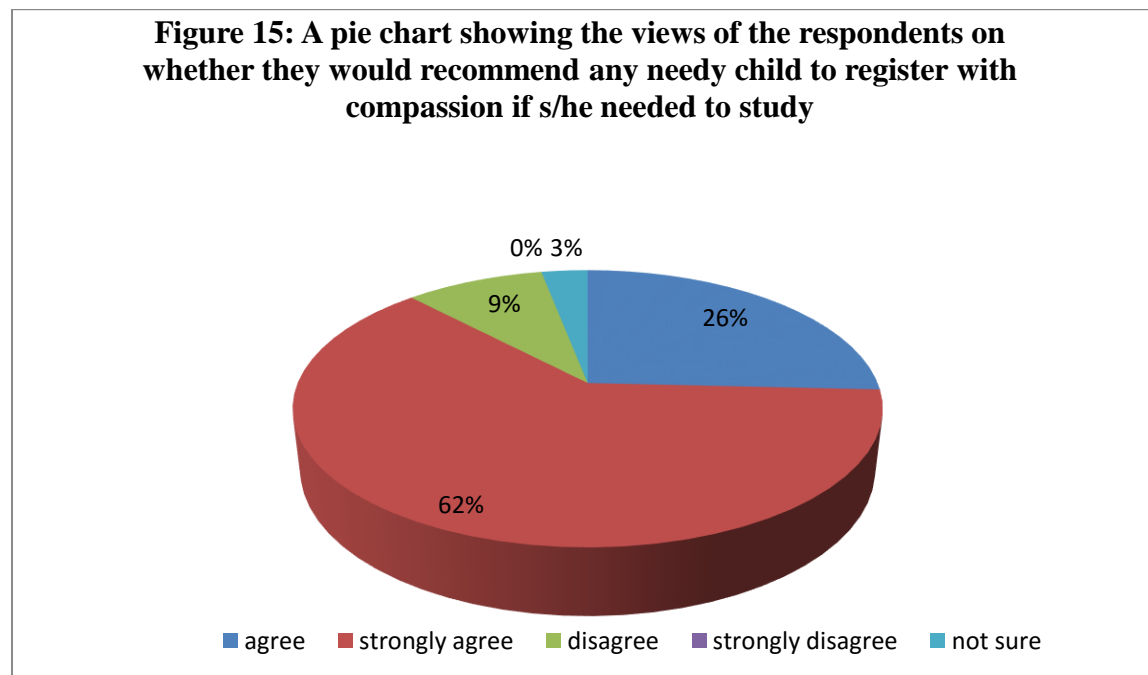
4.48 Views of the respondents on whether they would recommend any needy child to register with compassion if s/he needs to study.

Response	Frequency (N=66)	Percentages (%)
Agree	17	25.7
Strongly agree	41	62.1
Disagree	6	9.0
Strongly disagree	0	0
Not sure	2	3.0
Total	66	100

Source: Researcher's field data, 2017

The above shows that none of the respondents strongly disagreed on recommending any needy child to register with compassion if s/he needed to study, 6 (9.0 %) disagreed, 2 (3.0 %) were not sure, 17 (25.7%) agreed while 41 (62.1%) strongly agreed. In all, majority respondents 58 (88%) agreed that they would recommend any needy child to register with compassion if s/he needed to study, which implies that they have observed the effectiveness of Compassion's education sponsorship program in poverty reduction.

Figure 15 A pie chart showing the views of the respondents on whether they would recommend any needy child to register with compassion if s/he needed to study



Field data, 2017

4.49 Summary comments/conclusions on NGO education sponsorships on poverty reduction in Kampala City.

From the qualitative study, it was established that 77.3% of the respondents agreed that Compassion program was meeting more than 60% of the educational needs of her beneficiaries, 80% said more than 20 graduates had graduated from the program with degrees, had more than 30 graduate with an income generating skill from their projects, another 80% said Compassion's sponsorship of education had resulted into improved quality of life, 81.8% agreed that more than 30 graduates from their projects were earning an income they could depend on, 84.8% asserted

that Compassion's provision of education was close to enough and not much improvement was needed while another 84.8% of the respondents said Compassion's education sponsorship had resulted into positive impacts in the lives of Children. In addition to these findings, 77.2% agreed that sponsorship of education was an effective poverty reduction strategy and as a result of all this, 88% said they would recommend any needy child to Compassion if s/he needed to study.

While these findings are in sync with the hypothesis that NGO education sponsorships have an effect on poverty reduction in Kampala City Council and while they point to the first objective of the study that NGO education sponsorships have an effect on poverty reduction in Kampala City Council Authority, and while this effect in this case is a positive one, it must still be noted on the question whether Compassion's provision of education was good enough with nothing to suggest for improvement, 63.6% of the respondents disagreed with this. This meant that there was still need for improvement to make it more effective.

It must also be noted that respondents clearly pointed out to the fact that there was need to increase school fees contributions for secondary students to have the program more effective; something that came up from both the qualitative and quantitative study.

It was also noted that while results of the quantitative study rhyme with those of the qualitative with regard to how effective the education sponsorships have been, respondents for the qualitative looked more at secondary education while respondents for the quantitative study (program graduates) looked at university education. This was an issue of different perspectives because university graduates viewed effectiveness and success in terms of formal education while

beneficiary parents and viewed it from the perspective of something that can enable one earn a living.

In conclusion, it came out clearly that NGO Sponsorship of education has a positive effect on poverty reduction and is an effective poverty reduction strategy but in terms of greater effectiveness, needs some improvements. It can also not go without stating that having equipped someone with income generating skills, it is left to that one with unique business acumen to make things happen and for those who make it through formal education, and still, they have to strive through a competitive and narrow economy to get meaningful employment.

4.491 NGO health care program and poverty reduction.

The study required the researcher to assess the NGO health care program and poverty reduction at Compassion International. The following results were obtained;

4.92 Compassion international health care program meets most of the medical needs of children on the program.

The respondents were asked to indicate whether compassion health care program met most of the medical needs of children on the program. The following results were obtained;

4.93 Views of the respondents about compassion health care program meeting most of the medical needs of children on the program.

Response	Frequency (N=66)	Percentages (%)
Agree	32	48.5
Strongly agree	30	45.45
Disagree	1	1.51
Strongly disagree	0	0
Not sure	3	4.54
Total	66	100

Source: Researcher's field data, 2017

The above shows that none of the respondents strongly disagreed that compassion health care program meets most of the medical needs of children on the program, 1 (1.51%) disagreed, 3 (4.54%) were not sure, 30 (45.45%) strongly agreed while 32 (48.5%) agreed. In all, majority respondents 62 (94%) indicated that they agreed that compassion health care program meets most of the medical needs of children on the program. This signifies that compassion not only caters for the educational needs of children but also their health care. For example one of the respondents among the graduates from Nakulabye students Centre asserted that; *“I benefited from this program a lot, especially the dental surgery I got”* From all the 14 different projects sampled, graduates were very grateful regarding the medical health care which they got from the program in terms of the treatment given, health promotion and routine health screening that would be followed by appropriate health interventions.

4.94 Compassion International health care program provision is adequate for the needs of the beneficiaries on the program.

The respondents were asked to indicate whether Compassion International health care program provision was adequate for the needs of the beneficiaries on the program. The following results were obtained;

4.95 Views of the respondents on whether Compassion International health care program provision is adequate for the needs of the beneficiaries on the program.

Response	Frequency (N=66)	Percentages
Strongly disagree	1	1.51
Disagree	2	3.03
Not sure	0	0
Agree	45	68.2
Strongly agree	18	27.27
Total	66	100

Source: Researcher's field data, 2017

Table 18 above shows that 1(1.51%) of the respondents strongly disagreed that Compassion International health care program provision was adequate for the needs of the beneficiaries on the program, 2 (3.03%) disagreed, none indicated they were not sure, 45 (68.2%) agreed while 18 (27.27%) strongly agreed.

In all, majority respondents 63 (95%) agreed that Compassion International health care program provision is adequate for the needs of the beneficiaries on the program. The respondents were therefore convinced that the health care program of Compassion International was adequate for

the needs of the beneficiaries on the program and therefore exhibited a high propensity of appreciation of the medical care rendered to them. This was so evidently noticed by the researcher from his interviews and interaction with the graduates. A beneficiary from Agape Child Development Centre was quoted to have said; *“In 2001, around August, I fell so sick and was taken to the hospital but my sickness needed an operation because I had a problem on my intestines which had a hole, this took 2 million Uganda shillings which my parents could not afford, am glad all my bills were paid by compassion”*. This comment confirms how much the Compassion program significantly meets the health needs of her beneficiaries.

4.96 Lives of many have been saved because of Compassion`s medical provision.

The respondents were asked to indicate whether Lives of many had been saved because of Compassion`s medical provision. The following results were obtained;

4.97 Views of the respondents on whether lives of many had been saved because of Compassion`s medical provision.

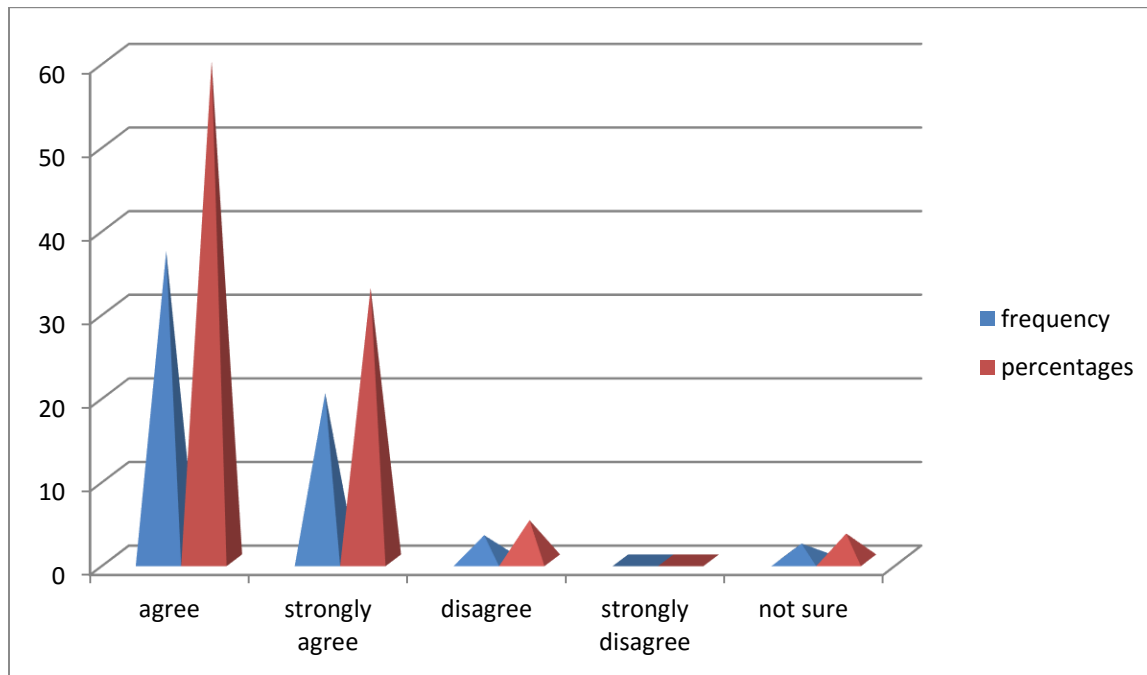
Response	Frequency (N=66)	Percentages
Agree	37	56.06
Strongly agree	24	36.4
Disagree	3	4.54
Strongly disagree	0	0
Not sure	2	3.0
Total	66	100

Source: Researcher`s field data, 2017

The above above shows that none of the respondents strongly disagreed that Lives of many had been saved because of Compassion`s medical provision, 3 (4.54%) disagreed, 2 (3.0 %) were not sure, 37 (56.06%) agreed while 24 (36.4%) strongly agreed.

In all, majority respondents 61 (92%) agreed that Lives of many had been saved because of Compassion`s medical provision which implied that compassion strategy of health care provision to her beneficiaries is very vital and has assisted many lives of children, child survival program mothers and staff as well. A graduate from Agape Child Development Centre who is now an electrical engineer was quoted saying, *“We used to fall sick so much, personally I was this sickly person all the time, each time I fell sick they would treat me and I would present the bills to the project and they would be cleared hence it is immensely good with the treatment offered to compassion assisted children”*. Therefore, it can be confirmed by at least this witness that several lives have been saved because of Compassion`s intervention in meeting the health needs of her beneficiaries.

Figure 16 Graphical representation of Respondent views on lives of many being saved because of Compassion`s medical provision.



4.98 I have examples of Children and babies that have grown healthy because of the medical care provided by Compassion.

The respondents were asked about the examples of children and babies that had grown healthy because of the medical care provision by compassion. The following results were obtained.

4.99 Views of the respondents on examples of children and babies that have grown healthy because of the medical care provision by compassion.

Response	Frequency (N=66)	Percentages
Agree	28	42.42
Strongly agree	35	53.03
Disagree	1	1.51
Strongly disagree	0	0
Not sure	2	3.03
Total	66	100

Source: Primary data.

Table 20 above shows that none of the respondents strongly disagreed with having examples of children and babies that have grown healthy because of the medical care provision by compassion, 1 (1.51 %) disagreed, 2 (3.03 %) were not sure, 28 (42.42%) agreed while 35 (53.03 %) strongly agreed. In all, majority respondents 63 (95.4%) agreed with the fact that they had examples of children and babies that had grown healthy because of the medical care provision by Compassion International. This was evident with most children and the Child Development Officers in charge of health confirmed that, when a project is starting, they do health screening for all the children to find out more about their health and from the findings, most children come malnourished, and many sicknesses are revealed which gives them a starting point by intervening to have all these sicknesses treated.

4.991 Health of the children on the Compassion program is much better than that of Children who are not on the program.

The respondents were asked to indicate whether they felt the health of the children on the Compassion program was much better than that of those who are not on the program. The following results were obtained.

4.992 Views of the respondents on whether the health of the children on the Compassion program was much better than that of those not on the program.

Response	Frequency (N=66)	Percentages
Agree	19	28.8
Strongly agree	43	65.15
Disagree	0	0
Strongly disagree	2	3.03
Not sure	2	3.03
Total	66	100

Source: Primary data

The above shows that 2 (3.03%) of the respondents strongly disagreed that the health of Children on the Compassion program was much better than that of those not on the program, none disagreed, 2 (3.03%) were not sure, 19 (28.8%) agreed, 43 (65.15 %) strongly agreed.

This means, the majority of the respondents; 62 (94%) agree that the health of the children on the Compassion program was much better than that of those not on the program which implies that

Compassion International highly caters for the health needs of her beneficiaries on the program putting their health in a much better position than that of those not on the program.

4.993 Recommending Compassion's medical provision to her beneficiaries as an effective poverty reduction strategy.

The respondents were asked to indicate whether they would recommend Compassion's medical provision to her beneficiaries as an effective poverty reduction strategy. The following results were obtained;

4.994 Respondent's views on recommending Compassion's medical provision to her beneficiaries as an effective poverty reduction strategy.

Response	Frequency (N=66)	Percentages
Agree	41	62.1
Strongly agree	17	25.8
Disagree	6	9.09
Strongly disagree	0	0
Not sure	2	3.0
Total	66	100

Source: Primary data

The above shows that none of the respondents strongly disagreed that they would recommend compassion's medical provision to its beneficiaries as an effective poverty reduction strategy, 6 (9.09%) disagreed, 2 (3.0%) were not sure, 41 (62.1 %) agreed while 17 (25.8%) strongly agreed.

In all, majority respondents 58 (87%) agreed that they would recommend compassion`s medical provision to its beneficiaries as an effective poverty reduction strategy which implied in respondents` views that the medical care offered to children is of a high quality and enables program beneficiaries to live healthy lives which enables them to work towards realizing their full potential in life.

4.995 The quality of life of Compassion beneficiaries has improved because of her medical provision.

The respondents were asked to indicate whether quality of life of Compassion beneficiaries had improved because of her medical provision.

. The following results were obtained;

4.996 Views of the respondents on whether the quality of life of compassion beneficiaries has improved due to Compassion`s medical provision.

Response	Frequency (N=66)	Percentages
Agree	36	55
Strongly agree	18	27
Disagree	8	12
Strongly disagree	2	3.0
Not sure	2	3.0
Total	66	100

Source: Primary data

The above shows that 2 (3.0%) of the respondents strongly disagreed that the quality of life of compassion beneficiaries had improved due to Compassion's medical provision, 8 (12%) disagreed, 2 (3.0 %) were not sure, 36 (55%) agreed while 18 (27%) strongly agreed.

In all, majority respondents 54 (82%) agreed that the quality of life of compassion beneficiaries has improved because of her medical provision.

4.997 Having nothing to recommend to compassion to improve her medical provision to her beneficiaries.

The respondents were asked to indicate whether they had nothing to recommend to compassion to improve her medical provision to her beneficiaries. The following results were obtained;

4.998 Views of the respondents on whether they had nothing to recommend to compassion to improve her medical provision to her beneficiaries.

Response	Frequency (N=66)	Percentages
Agree	37	56.06
Strongly agree	24	36.4
Disagree	3	4.54
Strongly disagree	0	0
Not sure	2	3
Total	66	100

Source: Researcher's field data, 2017

Table 24 above shows that none of the respondents strongly disagreed that they had nothing to recommend to compassion to improve her medical provision to her beneficiaries, 3 (4.54%)

disagreed, 2 (3.0 %) were not sure, 37 (56.06%) agreed while 24 (36.4%) strongly agreed that they had nothing to recommend to compassion to improve her medical provision to her beneficiaries. This means that the majority 61 (92.4%) agreed that they had nothing to recommend to compassion to improve her medical provision to her beneficiaries which again implies that respondents were confident that Compassion's medical care program was adequate.

4.999 Happy about how compassion meets the medical needs of her beneficiaries.

The respondents were asked to indicate whether they were happy at how compassion meets the medical needs of her beneficiaries. The following results were obtained;

4.9991 Views of the respondents on whether they were happy about how compassion meets the medical needs of her beneficiaries.

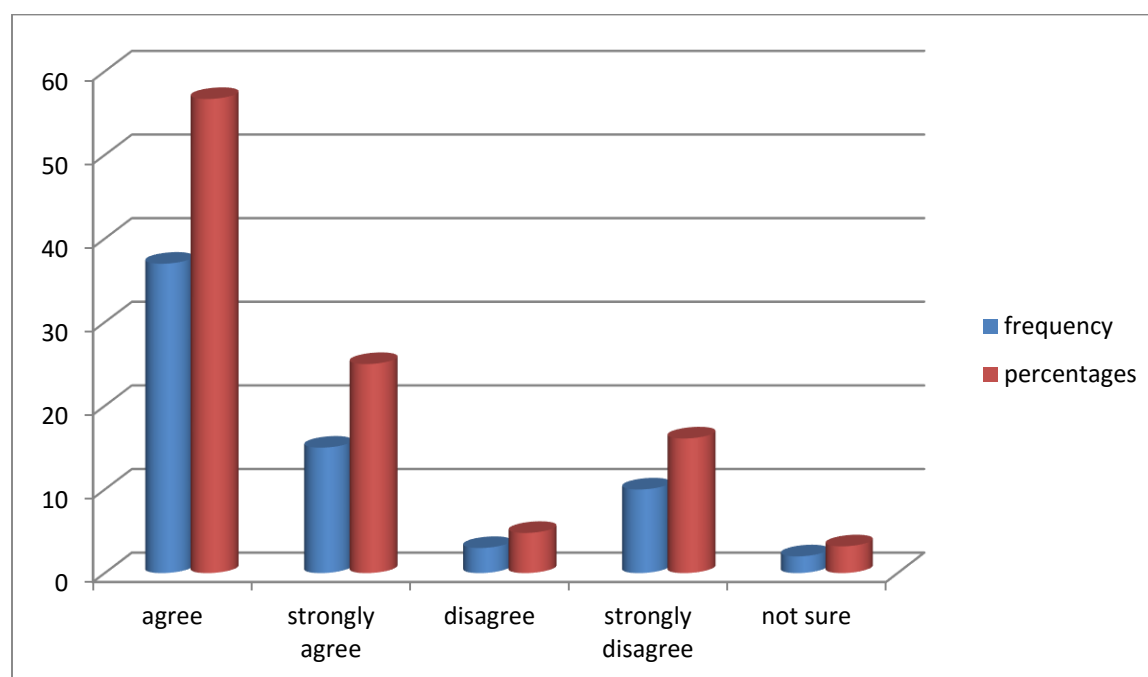
Response	Frequency (N=66)	Percentages
Agree	37	56.06
Strongly agree	15	22.72
Disagree	3	4.54
Strongly disagree	9	13.63
Not sure	2	3.0
Total	66	100

Source: Researcher's field data, 2017

The above shows that 9 (13.63%) of the respondents strongly disagreed that they were happy at how compassion meets the medical needs of her beneficiaries, 3 (4.54%) disagreed, 2 (3.0%) were not sure, 37 (56.06%) agreed while 15 (22.72%) strongly agreed.

In all, majority respondents 52 (79%) agreed that they were happy at how compassion meets the medical needs of her beneficiaries. It was enormously remarkable as respondents expressed their thoughts and happiness with Compassion's medical and health care.

Figure 17 Graphical representation of Respondent views on whether they were happy about how compassion meets the medical needs of her beneficiaries.



4.9992 Compassion's medical provision to children has resulted into reduced child deaths over the years.

The respondents were asked to indicate whether Compassion's medical provision to children had resulted into reduced child deaths over the years. The following results were obtained;

4.9993 Compassion`s medical provision to children has resulted into reduced child deaths over the years.

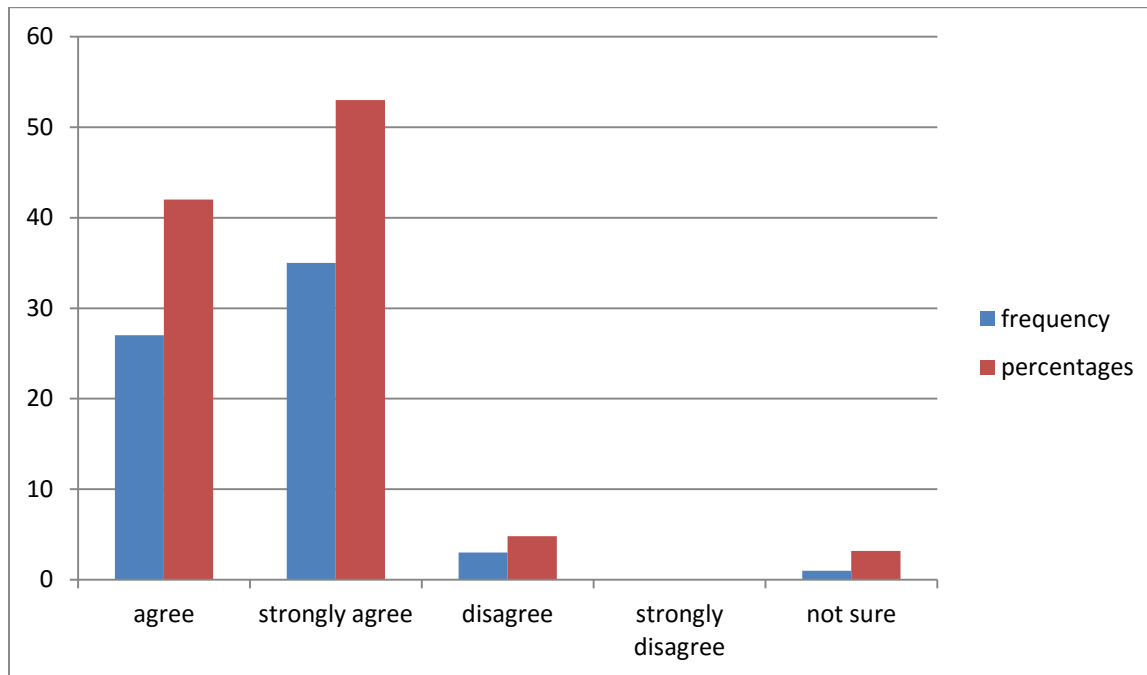
Response	Frequency (N=66)	Percentages
Agree	27	41
Strongly agree	35	53
Disagree	3	4.5
Strongly disagree	0	0
Not sure	1	1.5
Total	66	100

Source: Primary data

The above shows that none of the respondents strongly disagreed that Compassion`s medical provision to children has resulted into reduced child deaths over the years, 3 (4.5 %) disagreed, 1 (1 %) was not sure, 27 (41 %) agreed while 35 (53%) strongly agreed.

In all, majority respondents 62 (94%) agreed that Compassion`s medical provision to children had resulted into reduced child deaths over the years.

Figure 18 Graphical representation of Respondent views on whether Compassion's medical provision to children has resulted into reduced child deaths over the years.



4.9994 Summary comments/conclusions on NGO health care programs on poverty reduction in Kampala City.

From the findings on this objective, 94% of the respondents agreed that Compassion's health care program was meeting most of the health needs of beneficiaries, 95% agreed that the health care program was adequate to meet the health needs of Children, 92% said that many children had been saved because Compassion met their health needs, 95.4% had examples of Children that had grown up healthy because of Compassion's health program while 94% of the respondents said the health of children on the Compassion program was much better compared to that of Children not on the program. 87% of the respondents said they would recommend Compassion's health care program as an effective poverty reduction strategy.

In addition to this, 82% asserted that the quality of life of beneficiaries on the Compassion program had improved and 94% confirmed that Compassion's meeting of beneficiary medical needs had resulted into reduced child deaths. 79% said they were happy about how Compassion met the medical needs of Children on the program.

To confirm all the above, 92.4% of the respondents said they had nothing to recommend to improve what Compassion was doing in this area. This presented a high degree of confidence.

When the above is weighed against the study objective that NGO health care programs have an effect on poverty reduction in Kampala City, and against the hypothesis that NGO's health care programs have an effect on poverty reduction in Kampala City Council Authority, these two become accurately validated by the findings. This is because the respondents confirmed that Compassion's provision of beneficiary medical needs had resulted into many lives being saved, many growing up healthy, improved quality of life, reduced child deaths and can be recommended to others as an effective poverty reduction strategy, so much that a hefty 92.4% of the respondents saw nothing to suggest for improvement. This was an objective where the findings from the qualitative study were in total sync with the findings from the quantitative study.

In conclusion therefore, it can authoritatively be inferred that NGO's health care programs have a positive effect on poverty reduction in Kampala City and health care provision is an effective poverty reduction strategy.

4.9995 NGO child survival capacity building initiatives and poverty reduction.

Objective three (3) of the study required the researcher to assess how the respondents felt with regard to the effect of Compassion child survival capacity building initiatives on poverty reduction.

The following results were obtained;

4.9996 Compassion child survival program equips mothers with all needed skills to raise their children.

The respondents were asked to give their opinions on whether the Compassion child survival program equips mothers with all needed skills to raise their children. The following results were obtained;

4.9997 Views of the respondents on whether the Compassion child survival program equips mothers with all needed skills to raise their children.

Response	Frequency (N=66)	Percentages
Agree	38	57.6
Strongly agree	19	28.8
Disagree	4	6.06
Strongly disagree	3	4.54
Not sure	2	3.0
Total	66	100

Source: Primary data

The above shows that 3 (4.54%) of the respondents strongly disagreed that the Compassion child survival program equips mothers with all needed skills to raise their children, 4 (6.06%) disagreed, 2 (3.0 %) were not sure, 38 (57.6%) agreed while 19 (28.8%) strongly agreed.

In all, majority respondents 57 (86.3%) agreed that Compassion child survival program equips mothers with all needed skills to raise their children. Respondents said compassion gives mothers livelihood skills that enable them to learn something which enables them to stand on their own and support their families thereby increasing project sustainability and helping to reduce poverty. 84% of the mothers when asked on this matter concerning skills empowerment given, they were active and participative, they told the researcher that compassion has enabled them with a variety of skills such as, making counter books, liquid soup, craft shoes for both men and women, knitting skills, crocheting skills, tailoring, hair dressing and the like.

Child survival program mothers from Nsambya and Kasanga Child Development Centres informed the researcher during the focus group discussion that the skills rendered to them were so vital for their development and that of their families. A participant from Nsambya said that; *“the skills offered to us, have made us responsible in our homes and society, for instance; we no longer wait for our husbands to provide everything at home, we do buy things for home use and some of us also take our children to school and money is got from the home salon business, fruits and tomato stalls, among others. We also have saving groups where we get credit to sustain our businesses and also use part of it to cater for our homes”*. This shows how much Compassion’s

Child survival capacity building initiatives empower and equip Caregivers to stand on their own financially.

Another participant at Nsambya Child Development Center said that, *“the skills obtained have offered us jobs like making necklaces, jewelry which we sell and after getting the money, we use it for personal development, it is not only us the women but also the project offered to teach our husbands skills like making soaps, shoes (craft sandals) vehicle mechanics (they pay for them in the garage to learn how to repair vehicles and motorcycles) which has enabled our husbands to earn from it and also to appreciate the time we spend at the project as worthwhile since they also appreciate our contribution to home development”*. This too confirms how much Compassion’s Child survival capacity building initiatives empower caregivers with skills for small business management to ably raise their Children and reduce income poverty.

A participant from Kasanga CDC said; *“Before I joined the project, I used to sleep hungry with my children and as single mother, life was so hard and would fall sick so often, but when I joined the Compassion program, all that changed - they offered me skills which have enabled me get some money that I can use for my home and pay rent for my family, we have food....and it is no longer the way it used to be like”*. Therefore, child survival capacity building initiatives are making a difference in lives of caregivers and children with regard to imparting skills for their personal livelihoods.

4.9998 Many mothers of Children have successfully given birth because of compassion's child survival program.

The respondents were asked to indicate whether, through Compassion's child survival program, many mothers had successfully given birth. The following results were obtained;

4.9999 Respondents' views on whether many mothers have successfully given birth through the compassion's child survival program.

Response	Frequency (N=66)	Percentages
Agree	34	51.5
Strongly agree	7	11
Disagree	6	9
Strongly disagree	17	25.7
Not sure	2	3.0
Total	66	100

Source: Primary data

The above shows that 17 (25.7%) of the respondents strongly disagreed that many mothers of children have successfully given birth through the compassion's child survival program, 6 (9.0%) disagreed, 2 (3.0%) were not sure, 34 (51.5%) agreed while 7 (11%) strongly agreed.

In all, majority respondents 41 (62%) agreed that many mothers of children have successfully given birth through Compassion's child survival program which has enabled them to have safe delivery of babies without complications. However one of the Child Survival program

Implementers from Inner man child development center stated that, “*well, we assisted those who came on the program pregnant but there are others who came already with their children and we extended our assistance to the mother and children to make both of them thrive and have Children survive their early years in life*”. Therefore, the program does not only support expecting mothers but also those with young – already born babies.

4.99991 Children on compassion’s child survival program are healthier than other children not on the program.

The respondents were asked to indicate whether the children on compassion`s child survival program are healthier than other children not on the program. The following results were obtained;

4.99992 Views of the respondents on whether children on compassion`s child survival program are healthier than other children not on the program.

Response	Frequency (N=66)	Percentages
Agree	44	67
Strongly agree	13	19.6
Disagree	4	6.0
Strongly disagree	3	4.5
Not sure	2	3.0
Total	66	100

Source: Primary data

The above shows that 3 (4.5%) of the respondents strongly disagreed with the statement that the children on compassion`s child survival program are healthier than other children not on the

program, 4 (6.0%) disagreed, 2 (3.0%) were not sure, 44 (67%) agreed while 13 (19.6%) strongly agreed.

In all, majority respondents 57 (86.3%) agreed that the children on compassion`s child survival program are healthier than other children not on the program. The Child Survival Implementer from Nsambya Child Development Center said that; *“after every three months, mothers on the Compassion international child survival program receive food such as rice, porridge floor, beans, posho, eggs and others, and whenever they meet at the project they do have special balanced meals and breakfast different from what they have in their homes which has boosted the health of the children and mothers as well”*. Little wonder, the researcher observed that the children, who came with their mothers, were looking healthier which concurred with the information given by the Child Survival Implementer.

4.99993 Children on Compassion Child Survival program have their nutritional needs met compared to others not on the program.

The respondents were asked to indicate whether the children on compassion`s child survival program have their nutritional needs met compared to others not on the program.

The following results were obtained;

4.99994 Children on Compassion child survival program have their nutritional needs met compared to others not on the program.

Response	Frequency (N=66)	Percentages (%)
Agree	14	21
Strongly agree	42	64
Disagree	4	6.0
Strongly disagree	0	0
Not Sure	6	9.0
Total	66	100

Source: Researcher's field data, 2017

The above shows that none of the respondents strongly disagreed that Children on Compassion child survival program have their nutritional needs met compared to others not on the program, 4 (6.0%) disagreed, 6 (9.0%) were not sure, 14 (21%) agreed while 42 (64%) strongly agreed.

In all, majority respondents 56 (84.8%) agreed that Children on Compassion child survival program have their nutritional needs met compared to others not on the program.

A beneficiary Mother from Nsambya Child Survival program had this to say; *“when we first joined, some of our children were malnourished but the treatment we get whenever needed, and the food we get every after 3 months from the project have boosted their health because our Children get a balanced diet”*. This means the Compassion program does not only meet the medical needs of children, but also provides high value nutritional foods to boost their immunity and enable them to grow healthy and thrive.

This confirms that the nutritional food given to Mothers and their Children has helped to enhance the health status of children which has made them different from those outside the project.

4.99995 Mothers on the child survival program adhere more to practices of growth monitoring, oral rehydration, exclusive breast feeding, immunization, family planning, and functional adult literacy and food security compared to those not on the program.

The respondents were asked to indicate whether the mothers on the child survival program adhere more to practice of growth monitoring, oral rehydration exclusive breast feeding, immunization, family planning, functional adult literacy and food security compared to those on the program. The following results were obtained;

4.99996 Views of the respondents on whether mothers on the child survival program adhere more to practice of growth monitoring, oral rehydration exclusive breast feeding, immunization, family planning, functional adult literacy and food security compared to those on the program.

Response	Frequency (N=66)	Percentages
Agree	43	65
Strongly agree	13	20
Disagree	1	1.5
Strongly disagree	4	6.0
Not Sure	5	7.5
Total	66	100

Source: Primary data

The above shows that 4 (6.0%) of the respondents strongly disagreed that mothers on the child survival program adhere more to practice of growth monitoring, oral rehydration exclusive breast feeding, immunization, family planning, functional adult literacy and food security compared to those not on the program, 1 (1.0%) disagreed, 5 (7.5%) were not sure, 43 (65%) agreed while 13 (20 %) strongly agreed.

In all, majority respondents 56 (84.8%) agreed that mothers on the child survival program adhere more to practices of growth monitoring, oral rehydration exclusive breast feeding, immunization, family planning, functional adult literacy and food security compared to those not on the program. This implies that the compassion international plays great role in upholding the wellbeing, livelihood and empowerment of children and their mothers as it is noted from the different participants from the Child Survival Program mothers.

Most of us joined when we did not know how to read and write but Adult literacy classes that we are taken through have helped us so much especially on learning how to read and write;i can now write my name, read a sentence and write my signature,it is so hard for someone to fake me to sign for what I do not know without posing questions to them to understand". This was repeatedly said by respondents from the sampled projects with Child survival program, mostly Kamwokya, Kasanga, Nsambya and Inner man child development centers and thus indicating how vital this has been to them and how equipping in nature is the program.

A respondent from Kasanga Child Development Center mothers further stressed that; *"through learning about family planning, we have gained knowledge of how to give birth to children we can plan for because we do child spacing which enables better growth of children since we can manage*

their numbers well”. Therefore, caregiver capacity has been built to understand the merits of having good – sized families that they can ably take care – of.

4.99997 Mothers on the Child Survival Program appreciate and adhere more to safe motherhood principles like antenatal visits compared to those not on the program.

The respondents were asked to indicate whether the mothers on child survival program appreciate and adhere more to safe motherhood principles like antenatal visits compared to those not on the program.

The following results were obtained;

4.99998 Views of the respondents on whether mothers on child survival program appreciate and adhere more to safe motherhood principles like antenatal visits compared to those not on the program.

Response	Frequency (N=66)	Percentages
Agree	35	53.03
Strongly agree	17	25.75
Disagree	7	10.6
Strongly disagree	4	6.06
Not Sure	3	4.54
Total	66	100

Source: Primary data

The above shows that 4 (6.06%) of the respondents strongly disagreed that mothers on child survival program appreciate and adhere more to safe motherhood principles like antenatal visits

compared to those not on the program, 7 (10.6%) disagreed, 3 (4.54%) were not sure, 35(53.03 %) agreed while 17 (25.75 %) strongly agreed.

In all, majority respondents 52 (78.7%) agreed that mothers on child survival program appreciate and adhere more to safe motherhood principles like antenatal visits compared to those not on the program.

This implies that mothers on the Child Survival Program have a high awareness of effects of not adhering to safe mother hood principles like antenatal care, giving birth from a medical facility, among others. Compassion normally facilitates her Partners to source for medical professionals to teach mothers and encourage them on what to do in case of any related issues concerning maternal health hence empowering them with skills on safe motherhood.

According to the Child Survival Implementers of Kasanga and inner man Child Development Centers, it is now not common for mothers on the program to deliver from their homes.

4.99999 Recommending any mother to learn from the practices of Compassion's Child survival program.

The respondents were asked to indicate whether they would recommend any mother to learn from the practices of Compassion's Child survival program.

The following results were obtained;

4.999991 Views of the respondents on whether they would recommend any mother to learn from the practices of Compassion's Child survival program.

Response	Frequency (N=66)	Percentages
Agree	35	53
Strongly agree	25	38
Disagree	4	6.0
Strongly disagree	0	0
Not Sure	2	3.0
Total	66	100

Source: Primary data.

The above shows that none of the respondents strongly disagree that they would recommend any mother to learn from the practices of Compassion's Child survival program, 4 (6.0%) disagreed, 2 (3.0%) were not sure, 35 (53%) agreed, 25 (38%) strongly agreed. This shows that the majority of the respondents 60 (91%) would recommend any mother to learn from the practices of Compassion's Child survival program which indicates respondent's confidence that this Child Survival strategy is an effective one in reducing poverty.

4. 999992 Summary comments/conclusions on NGO child survival capacity building initiatives and their effect on poverty reduction in Kampala City.

From the above findings, 86.3% of the respondents agreed that Compassion's Child survival capacity building initiatives equip the mothers of children with all needed skills to raise their children, 62% consented that many mothers on Compassion's Child survival program had given

birth successfully, while 84.8% confirmed that Children on Compassion's Child survival program have had their nutritional needs met as compared to their counterparts not on the program.

Further findings revealed that 84.8% of the respondents believed that mothers on the Compassion's child survival program adhered more to practices of growth monitoring, oral rehydration, family planning and other recommended motherhood principles. It was also confirmed by 78.7% of the respondents that mothers on the child survival program adhere more, and appreciate safe motherhood principles than their counterparts not on the program.

Because of all the above, 91% of the respondents said they would recommend any other mother to learn from the practices of Compassion's child survival program and many shared how it has equipped them to even earn a living beyond what the program provides.

Compassion's Child survival program therefore, equips mothers with skills to raise their children, enables them to raise healthy children, to give birth successfully at a health unit, empowers them to adhere to safe motherhood principles and 91% of respondents recommended it to other mothers as an effective poverty reduction strategy.

While this came out from both the qualitative and quantitative study, it was observed that the program graduates who constituted the respondents for the quantitative study did not speak so much into this program because it is more of a mothers program and had seen it from a distance without participating in it.

In conclusion, NGO Child survival capacity building initiatives have a poverty reduction effect on poverty in Kampala City and rhymes with both the study hypothesis and the third objective.

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4.999992 Poverty reduction indicators.

Poverty reduction indicators as dependent variable of the study required the researcher to investigate the poverty reduction indicators. The following results were obtained;

4.999993 Reduction in income poverty among sponsored children on the compassion program.

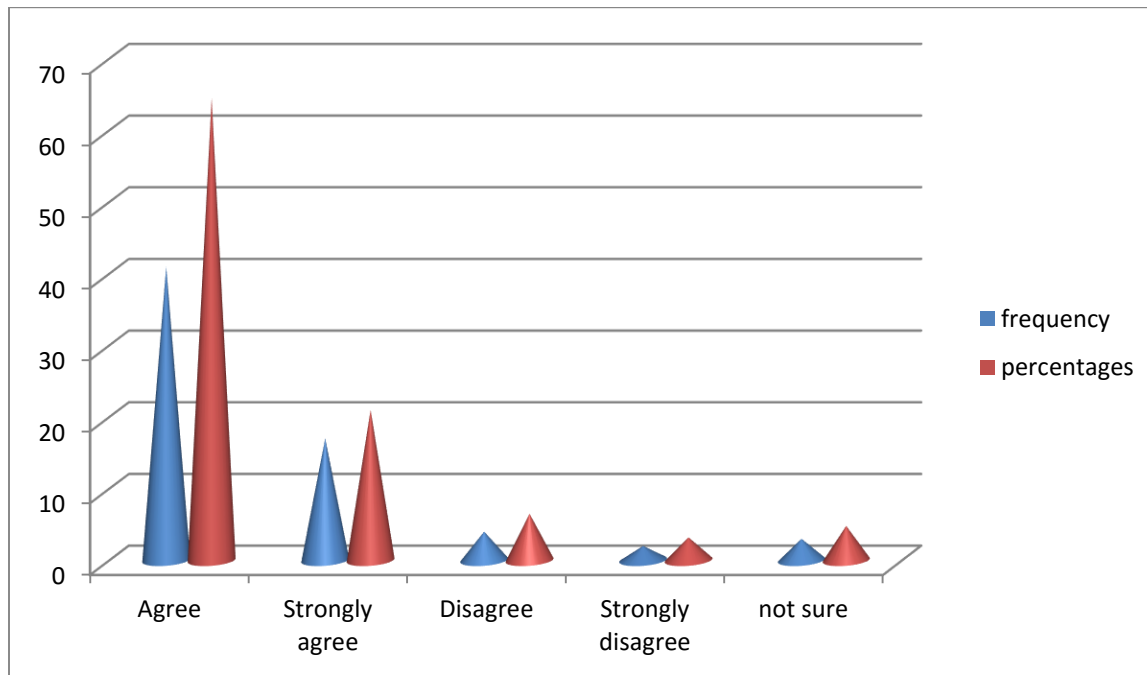
The respondents were asked to indicate whether there is reduced income poverty among formerly sponsored Children on Compassion program. The following results were obtained;

4.999994 Views of the respondents on whether there is reduced income poverty among formerly sponsored children on the compassion program.

Response	Frequency (N=66)	Percentages
Agree	41	62.12
Strongly agree	16	24.24
Disagree	4	6.06
Strongly disagree	2	3.03
Not sure	3	4.54
Total	66	100

Source: Researcher's field work, 2017

Figure 19 Graphical representation of Respondent views on whether there is reduced income poverty among formerly sponsored children on the compassion program.



Source: Field data

The above shows that 2 (3.03 %) of the respondents strongly disagreed that there is reduced income poverty among formerly sponsored children on the compassion program, 4 (6.06 %) disagreed, 3 (4.54 %) were not sure, 41 (62.12 %) agreed while 16 (24.24 %) strongly agreed.

In all, majority respondents 57 (86%) agreed that there is reduced income poverty among formerly sponsored children on the compassion program. Respondents contended that Compassion has greatly reduced the income poverty among sponsored children by offering adequate education, livelihood skills, and training them to be responsible citizens that can also give back to their families and have independent lives. This is evidently noticed from the graduates who have gone

through the program and have jobs, some employ others through their business projects and others have even started expanding their income generation in agriculture and having rental after acquiring land.

4.999995 Child death at child birth has been reduced among beneficiaries on the compassion program.

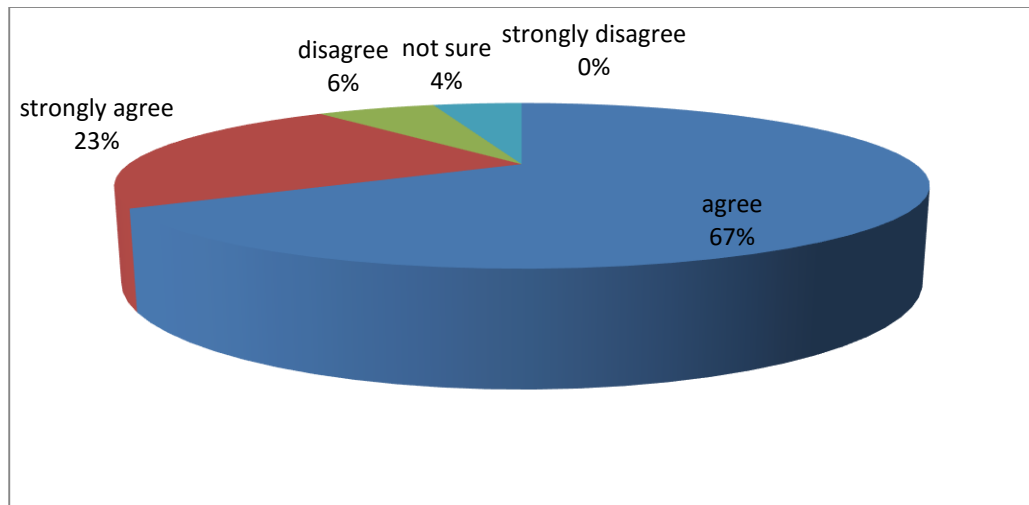
The respondents were also asked to indicate whether child deaths at child birth have been reduced among beneficiaries on the compassion program. The following results were obtained;

4.999996 Views of the respondents on whether child deaths at child birth have been reduced among beneficiaries on the Compassion program.

Response	Frequency (N=66)	Percentages
Agree	44	66.6
Strongly agree	15	23
Disagree	4	6.0
Strongly disagree	0	0
Not sure	3	4.5
Total	66	100

Source: Researcher's field work, 2017

Figure 20 A pie chart showing respondents' views on child deaths at birth among beneficiaries on the Compassion program



The above shows that no respondent strongly disagreed that child deaths at birth have been reduced among beneficiaries on the compassion program, 4 (6.0 %) disagreed, 3 (4.5 %) were not sure, 15 (23%) agreed while 44 (66.6 %) strongly agreed.

In all, majority respondents 59 (89%) agreed that child deaths at birth have been reduced among beneficiaries on the Compassion program.

4.999997 Maternal deaths at Child birth have been reduced among beneficiaries on the Compassion program.

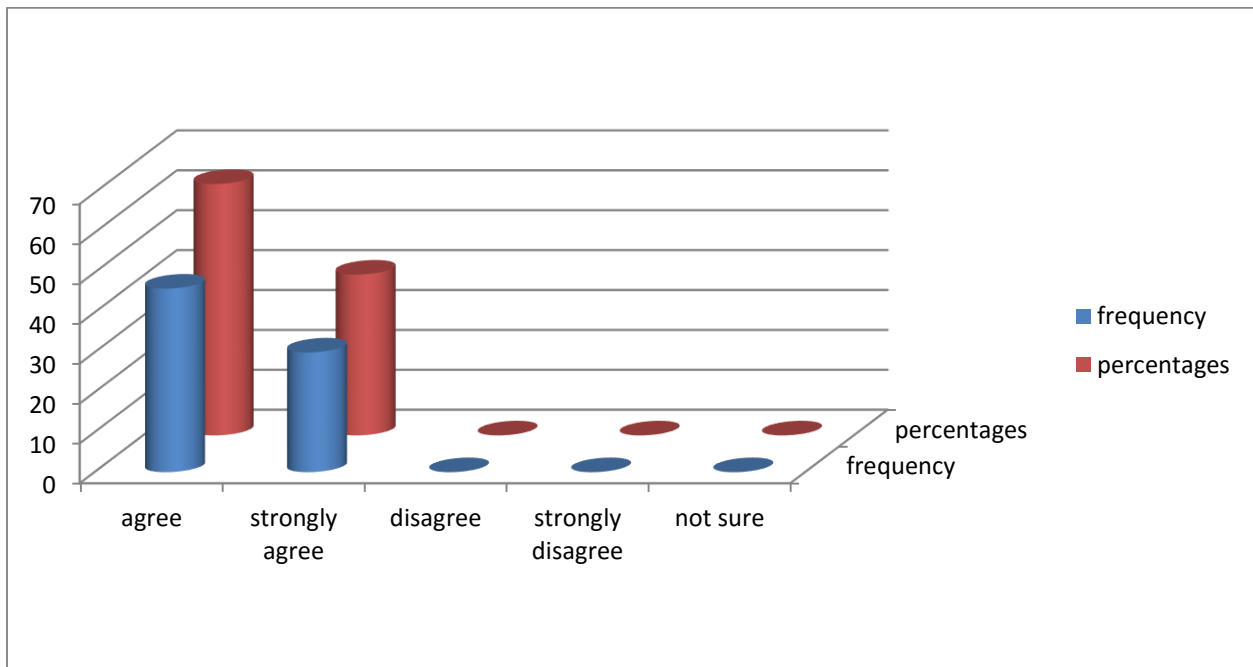
The respondents were asked to indicate whether maternal deaths at Child birth have been reduced among beneficiaries on the Compassion program. The following results were obtained;

4.999998 Views of the respondents on whether maternal deaths at Child birth have been reduced among beneficiaries on the Compassion program.

Response	Frequency (N=66)	Percentages
Agree	39	59
Strongly agree	27	41
Disagree	0	0
Strongly disagree	0	0
Not sure	0	0
Total	66	100

Source: Researcher's field work, 2017

Figure 21 Graphical representation of Respondent views on whether maternal deaths at Child birth have been reduced among beneficiaries on the Compassion program.



The above shows that none of the respondents strongly disagreed, disagreed or was not sure that maternal deaths at child birth have been reduced among beneficiaries on the Compassion program, 39 (59%) agreed while 27 (41%) strongly agreed. All the respondents therefore agreed that maternal deaths at child birth have been reduced among beneficiaries on the Compassion program. Even through informal conversations, the respondents revealed that maternal deaths at child birth have been reduced among beneficiaries which they attributed to a series of awareness sessions, health training and medical assistance offered by the project to Child Survival mothers.

4.999999 Quality of life has improved in households of Children on the Compassion program.

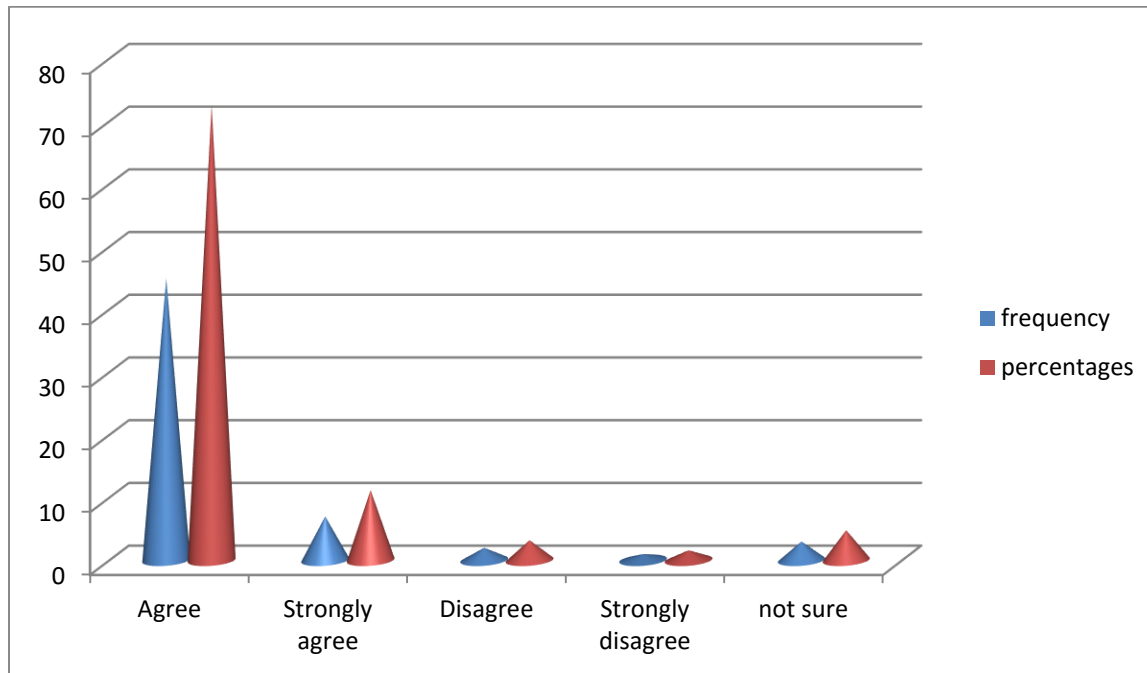
The respondents were asked to indicate whether the quality of life has improved in households of children on the Compassion program. The following results were obtained;

4.9999991 Views of the respondents on whether the quality of life has improved in households of children on the Compassion program.

Response	Frequency (N=66)	Percentages
Agree	45	68.2
Strongly agree	15	22.72
Disagree	2	3.03
Strongly disagree	1	1.51
Not sure	3	4.54
Total	66	100

Source: Researcher's field work, 2017

Figure 22 Graphical representation of Respondent views on whether the quality of life has improved in households of children on the Compassion program.



Source: Field data

The above shows that 1 (1.51%) of the respondents strongly disagreed that the quality of life has improved in households of children on the Compassion program, 2 (3.03%) disagreed, 3 (4.54 %) were not sure, 45 (68.2 %) agreed while 15 (22.72 %) strongly agreed.

In all, majority respondents 60 (91%) agreed that the quality of life has improved in households of children on the Compassion program which they attributed to program interventions in their physical, social, spiritual and livelihood areas of their lives among others, which they further said, enable them to have lives that are self-reliant and empowered enough to make sound decisions in their families socially, spiritually, cognitively, emotionally and physically in an holistic way.

4. 9999992 Summary comments/conclusions on Dependent variables.

From the findings above, 86% of the respondents confirmed that as a result of the 3 Compassion poverty reduction strategies of sponsorship of education, health care provision and child survival capacity building initiatives, there was reduction in income poverty, 89% asserted that child deaths at birth among compassion beneficiaries had reduced, while all the respondents (100%) consented that maternal deaths at child birth had reduced among beneficiaries on the compassion program.

As a result of all this, 91% of the respondents confirmed that the quality of life among Compassion beneficiaries had also improved.

With a reduction in income poverty, child deaths and maternal deaths at birth, coupled with improved quality of life among Compassion beneficiaries, it can be inferred that NGO poverty reduction strategies of sponsorship of education, health care provision and child survival capacity building initiatives are effective and they contribute to reduction of poverty levels.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS.

5.1 Introduction

This chapter summarizes and discusses the study findings but also presents conclusions and recommendations of the study. The conclusions are drawn from the findings of the study which sought to find out the effect of NGO initiatives on poverty reduction in the 14 compassion international projects of Kampala district. Data was collected through questionnaires which were delivered to the respondents and picked later but also conducted several interviews and focus group discussions. The data was sorted, coded and analyzed.

Summary of the Findings.

5.2 NGO Education Sponsorship and Poverty reduction.

On the above objective, it was established that 77.3% of the respondents agreed that Compassion program was meeting more than 60% of the educational needs of her beneficiaries, 80% said more than 20 graduates had graduated from the program with degrees, had more than 30 graduate with an income generating skill from their projects, another 80% said Compassion's sponsorship of education had resulted into improved quality of life, 81.8% agreed that more than 30 graduates from their projects were earning an income they could depend on, 84.8% asserted that

Compassion's provision of education was close to enough and not much improvement was needed while another 84.8% of the respondents said Compassion's education sponsorship had resulted into positive impacts in the lives of Children. In addition to these findings, 77.2% agreed that sponsorship of education was an effective poverty reduction strategy and as a result of all this, 88% said they would recommend any needy child to Compassion if s/he needed to study.

While these findings are in sync with the hypothesis that NGO education sponsorships have an effect on poverty reduction in Kampala City Council, it must still be noted that from the literature reviewed, Ranis G., (2000), would have taken this further to establish whether the positive findings that compassion's sponsorship of education was a credible poverty reduction strategy would also confirm that it was resulting in effective economic growth and development which to him was a two-way relationship. He argued that since economic growth is likely to lead families and individuals to use their heightened incomes to increase expenditures, which in turn furthers human development, it did not clearly come out of the study that while Compassion had many program graduates, they were a kind that had got to a stage where they had what one would call heightened incomes that would translate into an expenditure that would drive human development.

This however, tied in with the World Bank's objective that came out of the literature that Education promotes the productive use of labor Billed as a synthesis of World Bank work on education. The World Bank's strategy for reducing poverty focuses on promoting the productive use of labor—the main asset of the poor—and providing basic social services to the poor. Investment in education contributes to the accumulation of human capital, which is essential for higher incomes and sustained economic growth. Education—especially basic (primary and lower secondary) education—helps reduce poverty by increasing the productivity of the poor, by reducing fertility

and improving health, and by equipping people with the skills they need to participate fully in the economy and in society. This fully rhymes with the study findings as many graduates have been released from the Compassion program with skills that qualify them as productive labor having completed not only the basic education of primary and secondary, but also university.

5.3 NGO health care programs and poverty reduction.

Compassion international has played role in the provision of health care programs to its beneficiaries to remain healthy and be able to actively engage in activities that can contribute to their development.

From the results under the above objective, 94% of the respondents agreed that Compassion's health care program was meeting most of the health needs of beneficiaries, 95% agreed that the health care program was adequate to meet the health needs of Children, 92% said that many children had been saved because Compassion met their health needs, 95.4% had examples of Children that had grown up healthy because of Compassion's health program while 94% of the respondents said the health of children on the Compassion program was much better compared to that of Children not on the program. 87% of the respondents said they would recommend Compassion's health care program as an effective poverty reduction strategy.

In addition to this, 82% asserted that the quality of life of beneficiaries on the Compassion program had improved and 94% confirmed that Compassion's meeting of beneficiary medical needs had resulted into reduced child deaths. 79% said they were happy about how Compassion met the medical needs of Children on the program.

92.4% of the respondents said they had nothing to recommend to improve what Compassion was doing in this area. This presented a high degree of confidence.

While Feiffer, P. (2003), had claimed from the literature review that NGOs were damaging the public sector in multiple developing countries; the study revealed that Compassion International is instead a partner in development and contributes to government efforts of making health care affordable and reducing child deaths. Feiffer, P. (2003), had argued that NGOs had mismanaged the health sector and that NGO mismanagement had resulted in the breakdown of public health care systems. He says, that instead of promoting equity and alleviating poverty, NGOs have been under scrutiny for contributing to socioeconomic inequality and disempowering services in the public sector of third world countries. The study findings reveal something clearly different from this. NGO involvement in health care provision has instead complemented public sector efforts to health provision.

5.4 NGO child survival capacity building initiatives and poverty reduction.

Compassion uses her strategy of child survival capacity building initiatives to equip and empower Parents of Children with skills to raise their children in a way that minimizes poverty and skill – related threats to their proper development.

Under this objective, 86.3% of the respondents agreed that Compassion’s Child survival capacity building initiatives equip the mothers of children with all needed skills to raise their children, 62% consented that many mothers on Compassion’s Child survival program had given birth successfully, while 84.8% confirmed that Children on Compassion’s Child survival program have had their nutritional needs met as compared to their counterparts not on the program.

Further findings revealed that 84.8% of the respondents believed that mothers on the Compassion's child survival program adhered more to practices of growth monitoring, oral rehydration, family planning and other recommended motherhood principles. It was also confirmed by 78.7% of the respondents that mothers on the child survival program adhere more, and appreciate safe motherhood principles than their counterparts not on the program.

There was high confidence in Compassion's health care provision so much that 91% of the respondents said they would recommend any other mother to learn from the practices of Compassion's child survival program and many shared how it has equipped them to even earn a living beyond what the program provides.

While Transparency International, (2006), had claimed that NGOs were a mid-level corrupt sector, and recommended forming an independent NGO commission to oversee their activities, noting lack of transparency and accountability in the sector, as well as serious irregularities in their dealings, in the literature that the researcher reviewed, he instead proposed that critiquing NGO performance should be on a case by case basis both across NGOs and nations in which they work and making globally generalized statements on NGO effectiveness can be far from being accurate.

Besides; Makara (2000), argued that NGOs had intervened in situations that could have been worse without them. Indeed, the study findings reveal that these claims are far from being true, at least in Uganda – NGO work had made a significant contribution in equipping mothers of children to adhere to safe motherhood principles and contributed to significant reduction in maternal and child deaths.

Little wonder that in the UNDP report UNDP (2007), Infant and child mortality rates were basic indicators of a country's socioeconomic situation and quality of life; UNDP (2007). NGOs

contributing to their reduction therefore, are viable alternatives to state agencies in efforts to alleviate poverty and promote development.

5.5 CONCLUSION:

5.6 NGO Education Sponsorships and poverty eradication:

Study findings on this objective are in sync with the hypothesis that NGO education sponsorships have an effect on poverty reduction in Kampala City Council and it was confirmed that sponsorship of education is an effective poverty reduction strategy which rhymes with the first objective that NGO education sponsorships have an effect on poverty reduction in Kampala City.

The study clearly revealed that NGO Sponsorship of education has a positive effect on poverty reduction and is an effective poverty reduction strategy but for greater effectiveness, needs some improvements; this is because, on the question whether Compassion's provision of education was good enough with nothing to suggest for improvement, 63.6% of the respondents disagreed with the statement which is a significant percentage of the respondents.

It can also not go without stating that having equipped someone with income generating skills, it is left to that one with unique business acumen to make things happen and for those who make it through formal education, and still, they have to strive through a competitive and narrow economy to get meaningful employment.

5.7 NGO health care programs and poverty reduction.

The study brought to light a number of revelations with regard to the effect of NGO health care programs on poverty reduction on the basis of which, some conclusions have been drawn.

When the findings under this objective are weighed against the study objective that NGO health care programs have an effect on poverty reduction in Kampala City, and against the hypothesis that NGO's health care programs have an effect on poverty reduction in Kampala City Council Authority, these two become accurately validated by the findings. This is because the respondents confirmed that Compassion's provision of beneficiary medical needs had resulted into many lives being saved, many growing up healthy, improved quality of life, reduced child deaths and can be recommended to others as an effective poverty reduction strategy, so much that 92.4% of the respondents saw nothing to suggest for improvement.

From this, it was concluded that NGO's health care programs have a positive effect on poverty reduction in Kampala City and health care provision is an effective poverty reduction strategy.

The researcher further concluded that NGO health care programs address the poverty related childhood illnesses which has reduced infant mortality and enabled Children to participate in Child Development activities of the program and attend school without being hampered by illnesses and so, graduate as healthy and productive workforce that can contribute to national development.

Caregivers and Parents of children especially those living with HIV and are enabled to live longer and to work on their gardens and provide for their families. In addition to this, they are equipped with business and livelihood skills which enable them run small business projects and are able to

earn a living further reducing income poverty. Therefore, NGO health care program is an effective poverty reduction strategy.

5.8 NGO child survival capacity building initiatives and poverty reduction.

The study findings revealed that Compassion's Child survival program, equips mothers with skills to raise their children, enables them to raise healthy children, to give birth successfully at a health unit, empowers them to adhere to safe motherhood principles and 91% of respondents recommended it to other mothers as an effective poverty reduction strategy.

On the basis of this, it was concluded that NGO Child survival capacity building initiatives have a poverty reduction effect on poverty in Kampala City and rhymes with both the study hypothesis and the third objective.

NGO child survival capacity building initiatives are transformative and empowering in nature for they empower mothers of Children to raise their children, equip them with soft business skills like tailoring, hairdressing, making books, crafty shoes, candles, liquid soap to earn an income. They adhere to safe motherhood principles which minimizes poverty related childhood illnesses and has lowered infant and maternal mortality rates translating into a healthy and better quality of life.

5.9 RECOMMENDATIONS.

5.91 NGO Education Sponsorships and poverty eradication:

- 1) To be more effective, NGOs should build monitoring and evaluation within the design of their education sponsorship strategy by evaluating every stage that a beneficiary goes through and putting mechanisms to respond to evaluation reports in place so as to have a continuously evolving process towards program improvement. This is because it came out clearly from the study that improvement was needed in this area especially with regard to school fees contributions. This is an intervention that should be put in place to evolve at the beginning of every year to inform strategies for the following year.
- 2) Program graduates confirmed that they were impacted by the program when they participated in program activities and from this, the program would be more meaningful if organizations worked towards strengthening full and meaningful beneficiary participation to have beneficiaries actively participate and be involved in the program; only then, would they be fully impacted. Even if the NGO education sponsorship program is a very good one, having beneficiaries participate is what would make it effective.

5.92 NGO health care programs and poverty reduction.

- 3) It was noted that Compassion's contribution towards meeting the medical needs of beneficiaries is part of the best part of her program but as it commonly is with many NGOs, sustaining their contributions once they have phased out is a challenge, more so, when it comes to interventions about people's health. The study therefore recommends that NGOs build

project sustainability within their program design to improve and build the life of the program after them to enable long term impact.

5.93 NGO child survival capacity building initiatives and poverty reduction.

- 4) While the study revealed that NGOs efforts especially in areas of capacity building were contributing to poverty reduction, it would be better if they scaled their operations to expand their scope of work to impact more in terms of both numbers and impact especially in developing nations like Uganda where poverty seems to be on the increase. For example, Compassion considers at least one beneficiary from each household and no more than 3 on either the child survival program or sponsorship which to some degree stigmatizes this sponsored child against others in the family that may even be above 5 and limits the effectiveness of the Child survival capacity building initiatives.

5.94 LIMITATIONS OF THE STUDY.

The study used Compassion international as a case study among many other NGOs in Uganda and while the findings of the study may be representative of NGO work, they may not be adequate enough to draw conclusions that cut across all NGOs in all locations in its totality especially given that different NGOs might use different poverty reduction strategies and approaches depending on their geography.

5.96 CONTRIBUTIONS OF THE STUDY.

This study is important to both Compassion International and other NGOs and contributes to a discussion that critiques the efficacy of NGO poverty reduction strategies and therefore, provide a platform for a possibility of re – considering some of the approaches for better service delivery to the program beneficiaries.

Further still, in the NGO legitimacy discourse, the findings of this study contribute to the body of knowledge that will inform future discussions on the legality and validity of NGOs in Uganda.

In the academic arena, the findings of this study has unearthed hitherto untouched areas of research which will be points of reference for future researches by other scholars for example NGO financial management and NGO performance.

5.97 AREAS RECOMMENDED FOR FURTHER RESEARCH.

This study focused NGOs initiatives on poverty reduction and brought to light significant NGO contributions to poverty reduction but never got to a point of establishing at what cost these contributions were being made to make any justifications on the “return of investment”

In view of this, it is recommended that future studies focus on NGOs and financial accountability to ascertain the relationship between financial investment and impact at hand, only then, would the achievements by NGOs be deemed genuine and worth the investment which informs the whole discussion on NGO legitimacy.

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APPENDICES:**Appendix I.****A questionnaire for Project Staff, Overseers and Child Survival implementers.**

Dear respondent,

My name is **Ahimbisibwe Emmanuel**, a student of Uganda Management Institute. Am conducting an academic research intended to **establish the effect of NGO initiatives on poverty reduction in Kampala District**. The purpose of this study and its findings is purely academic. I kindly request for your assistance by sparing some of your precious time to answer the following questions. The study will take about 30 minutes only. I would appreciate your honest opinions. Be assured that your responses will be completely anonymous and therefore any information you provide in here will be treated with strict confidentiality.

Thank you.

QUESTIONNAIRE NUMBER	<table border="1"><tr><td></td><td></td><td></td></tr></table>			

Section A: Institutional Information		
01	Name of the Project _____	
02	Location of the Project _____	
03	Number of employees	Males _____ Females _____ Total _____
04	Number of registered Children/beneficiaries	Males _____ Females _____ Total _____

Section B: Personal profile of the respondent				
05	Gender of respondent	Male.....1 Female.....2	Enter the Correct code <table border="1"><tr><td></td></tr></table>	
06	Current job title _____			
07	Years spent working at this Project	10-19 Years.....1 2-3 Years2 4-5 Years3 6-9 Years4 10-19 Years.....5	Enter the Correct code <table border="1"><tr><td></td></tr></table>	
08	Age of respondent	20 – 25 Years.....1 26–30Years.....2 31 – 35 Years.....3 36 – 40 Years.....4 41+ Years.....5	Enter the Correct code <table border="1"><tr><td></td></tr></table>	

09	Level of Education	Diploma.....1 Bachelor.....2 Master level.....3 Other.....4 (Specify) _____	Enter the Correct code <div style="border: 1px solid black; width: 60px; height: 30px; margin: 10px auto;"></div>
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For the following questions, please tick the number of your choice as indicated in the Key

1.Strongly Disagree	2. Disagree	3.Not Sure	4.Agree	5.Strongly Agree		
INDEPENDENT VARIABLES						
Section C: NGO Education Sponsorships and Poverty reduction.						
1.	Compassion International's meets more than 60% of scholastic needs.	1	2	3	4	5
2.	More than 20 graduates have graduated from this project with degrees.	1	2	3	4	5
3.	More than 30 graduates have graduated from this project with at least an income generating skill.	1	2	3	4	5
4.	Compassion's Sponsorship of education results into improved quality of life.	1	2	3	4	5
5.	More than 30 graduates from this project earn an income they can depend on.	1	2	3	4	5
6.	What Compassion provides in sponsoring education is close to enough and no much improvements are needed.	1	2	3	4	5
7.	With Compassion's sponsorship of education, at least some positive impact has been made.	1	2	3	4	5
8.	I have nothing to suggest for Compassion to improve her sponsorship of education.	1	2	3	4	5
9.	Sponsoring education of Children is an effective poverty reduction strategy.	1	2	3	4	5
10.	I would recommend any needy Child to register with Compassion if s/he needs to study.	1	2	3	4	5
Section D: NGO health care program and poverty reduction.						
11.	Compassion international health care program/medical provision meets most of the medical needs of children on the program.	1	2	3	4	5
12.	Compassion international health care program/medical provision is adequate for the needs of the beneficiaries on the program.	1	2	3	4	5
13.	Lives of many Children have been saved because of Compassion's medical provision.	1	2	3	4	5
14.	I have examples of Children and babies that have grown healthy because of the medical care provided by Compassion.	1	2	3	4	5
15.	The health of Children on the Compassion program is much better compared to that of Children not on the program.	1	2	3	4	5

16.	I would recommend Compassion's medical provision to its beneficiaries as an effective poverty reduction strategy.	1	2	3	4	5
17.	The quality of life of Compassion beneficiaries has improved because of her medical provision.	1	2	3	4	5
18.	I do not have anything much to recommend to Compassion to improve their medical provision to her beneficiaries.	1	2	3	4	5
19.	Am happy at how Compassion meets the medical needs of her beneficiaries.	1	2	3	4	5
20.	Compassion's medical provision to Children has resulted into reduced child deaths over the years.	1	2	3	4	5
Section E: NGO Child Survival Capacity building initiatives and poverty reduction.						
21.	Compassion Child survival program equips mothers with all needed skills to raise their Children.	1	2	3	4	5
22.	Many Mothers and Children have successfully given birth because of Compassion's Child survival program.	1	2	3	4	5
23.	Children on Compassion's Child survival program are healthier than other children not on the program.	1	2	3	4	5
24.	Children on Compassion's Child survival program have their nutritional needs met compared to others not on the program.	1	2	3	4	5
25.	Mothers of Children on Child survival adhere more to practices of growth monitoring, oral rehydration, exclusive breast feeding, immunization, family planning, functional adult literacy and food security compared to those not on the program.	1	2	3	4	5
26.	Mothers on Child survival program appreciate and adhere more to safe motherhood principles like antenatal visits compared to those not on the program.	1	2	3	4	5
27.	I would recommend any mother to learn from the practices of Compassion's Child survival program.	1	2	3	4	5
28.	I know of several babies that have grown up very well as a result of being on the Child survival program.	1	2	3	4	5
29.	I have nothing much I can recommend to Compassion to improve on their Child Survival program.	1	2	3	4	5
30.	Compassion's Child Survival Program is an effective strategy for poverty reduction.	1	2	3	4	5

DEPENDENT VARIABLE

Section F: Poverty reduction.

31.	Income poverty has reduced among formerly sponsored Children on Compassion program.	1	2	3	4	5
32.	Child deaths have reduced among Children on the Compassion program.	1	2	3	4	5
33.	Maternal deaths at Child birth have reduced among beneficiaries on the Compassion program.	1	2	3	4	5
34.	Quality of life has improved in households of Children on the Compassion program.	1	2	3	4	5

Thank you

Appendix 2 – Questionnaire for Program graduates.

A questionnaire to establish the effect of NGO initiatives on poverty reduction in Kampala district.

Dear respondent,

My name is **Ahimbisibwe Emmanuel**, a student of Uganda Management Institute. Am conducting an academic research intended to **establish the effect of NGO initiatives on poverty reduction in Kampala District**. The purpose of this study and its findings is purely academic. I kindly request for your assistance by sparing some of your precious time to answer the following questions. The study will take about 30 minutes only. I would appreciate your honest opinions. Be assured that your responses will be completely anonymous and therefore any information you provide in here will be treated with strict confidentiality.

Thank you.

Instructions: Please follow all instructions as indicated beside each question.

Interviewer Name (optional): _____ **Cluster #:** _____ **Date:** _____

District: _____ **Sub-County:** _____ **Parish:** _____ **Village:** _____

Project Name & #: _____

First Name of Respondent: _____ **Gender:** ☒ M ☐ F **Age:** _____

Number of Years Registered in Compassion: _____

#	Question	Answers	Instructions
Part 1. Demographics			
1.	Total number of people in HH? (defined as eating from the same pot)	[M:_____] [F:_____] [T:_____]	* Insert "0" if none from either male or female * Ensure the total is the sum of males and female
2.	Position in family?	<input type="radio"/> 1= First born <input type="radio"/> 2= Second born <input type="radio"/> 3= Third born <input type="radio"/> 4= Fourth born <input type="radio"/> 5= Fifth born or above	* Circle <u>ONLY ONE</u> answer
3.	Family Composition?	<input type="radio"/> 1= Mother only <input type="radio"/> 2= Father only <input type="radio"/> 3= Both mother and father <input type="radio"/> 4= Live with relatives, who are not parents <input type="radio"/> 5= Other caregiver <input type="radio"/> 6= Boyfriend/ girlfriend, husband/wife <input type="radio"/> 7= Orphan	* Circle <u>ONLY ONE</u> answer
4.	Are you the head of this HH?	<input type="radio"/> 1= Yes <input type="radio"/> 2= No, primary caregiver <input type="radio"/> 3= No, family member	* Circle <u>ONLY ONE</u> answer
5.	Who is the head of HH?	<input type="radio"/> 1= Male child (< 18 Yrs) <input type="radio"/> 2= Male youth (18-35 Yrs) <input type="radio"/> 3= Male adult (> 35 Yrs) <input type="radio"/> 4= Female child (< 18 Yrs) <input type="radio"/> 5= Female youth (18-35 Yrs) <input type="radio"/> 6= Female adult (> 35 Yrs)	* Circle <u>ONLY ONE</u> answer
6.		<input type="radio"/> 1= Married	

	What is the HH heads marital status?	<input type="radio"/> 2= Divorced <input type="radio"/> 3= Separated <input type="radio"/> 4= Never married <input type="radio"/> 5= Widowed	* Circle <u>ONLY ONE</u> answer
7.	What is your religious affiliation?	<input type="radio"/> 1= Church of Uganda <input type="radio"/> 2= Catholic <input type="radio"/> 3= Moslem <input type="radio"/> 4= Pentecostals <input type="radio"/> 5= Orthodox <input type="radio"/> 6= SDA <input type="radio"/> 7= Traditional <input type="radio"/> 8= Bahai <input type="radio"/> 9= None	* Circle <u>ONLY ONE</u> answer
8.	Have you received Jesus Christ as your personal savior / are you saved?	<input type="radio"/> 1= Yes <input type="radio"/> 2= No	* Circle <u>ONLY ONE</u> answer
Part 2. Education & Preparation for the Future			
9.	What is your highest level of education?	<input type="radio"/> 1 = Diploma/Degree <input type="radio"/> 2 = Ord. level <input type="radio"/> 3 = Adv. Level <input type="radio"/> 4 = Tertiary/Certificate <input type="radio"/> 5 = Other (specify) _____	* *Tick ONLY ONE answer
10.	How many years of education have you completed (last grade completed)?	Insert in #: [_____]	* Insert "0" if none
11.	What do you currently do with your time?	<input type="radio"/> 1 = Full-time student at a University <input type="radio"/> 2 = Full-time student at a Technical/ Vocational School <input type="radio"/> 3 = Full-time apprenticeship (Learning to work from someone) <input type="radio"/> 4 = Full-time working <input type="radio"/> 5 = Both University student and working <input type="radio"/> 6 = Both Tech/Voc student and working <input type="radio"/> 7 = Both apprenticeship and working <input type="radio"/> 8 = None of the above	* Circle <u>all answers mentioned</u>
12.	IF APPRENTICESHIP/WORKING, what do you do?	Insert 1: [_____] Insert 2: [_____]	* Insert task/Job
13.	Did you serve in any leadership positions at school (such as a political post)/work? If so, what are they?	<input type="radio"/> 1 = Yes <input type="radio"/> 2 = No	* Circle <u>ONLY ONE</u> answer * Please prone to find out the actual positions
14.		<input type="radio"/> 1= Yes	* Circle <u>ONLY ONE</u> answer

	Do you have any interest that you might like to later make in your career/job?	<input type="radio"/> 1= Yes <input type="radio"/> 2= No	* If no one skip to Q 22
15.	IF YES, What is the interest?	Insert 1: [____]] Insert 2: [____]]	* Insert interest
16.	How do you plan to achieve your goal in this career/job? Please describe this plan if you have one.	Insert 1: [____]] Insert 2: [____]] Insert 3: [____]]	* Insert plan/steps
17.	What are you currently doing to achieve this plan?	Insert 1: [____]] Insert 2: [____]]	* Insert plan/steps
18.	IF Nothing, Why are you currently doing nothing to achieve the above plan?	<input type="radio"/> 1= No opportunity <input type="radio"/> 2= I feel I am not capable <input type="radio"/> 3= I'm doing what I want to do in my current job <input type="radio"/> 4= Other: Specify: _____	* Circle <u>ONLY ONE</u> answer
19.	If not yet financially independent, what age do you want to be financially independent by? If already independent, at what age did you start being independent?	Insert age: [____]	* Insert "0" if none
20.	Do you have at least one income-generating skill or one way you could earn money if necessary?	<input type="radio"/> 1= Yes <input type="radio"/> 2= No	* Circle <u>ONLY ONE</u> answer
21.	If necessary, will you be able to use that income-generating skill to support yourself financially right now?	<input type="radio"/> 1= Yes <input type="radio"/> 2= No	* Circle <u>ONLY ONE</u> answer
22.	If you were to get a little bit of money from a distant relative that you weren't expecting, what would you do with it?	<input type="radio"/> 1= Spend all of it immediately <input type="radio"/> 2= Save some of it and spend some of it <input type="radio"/> 3= Save all of it <input type="radio"/> 4 = Other: Specify: _____	* Circle <u>all answers mentioned</u> * Ensure the response is <u>specified</u> when required

23.	Have you ever saved money to buy something for yourself?	<input type="radio"/> 1= Yes <input type="radio"/> 2= No	* Circle <u>ONLY ONE</u> answer
24.	If yes, what did you buy?	<input type="radio"/> 1= Non-necessities: Sunglasses, Fashionable clothes, Cell phone, etc. <input type="radio"/> 2= Necessities: School books, School/work/ church clothes, etc. <input type="radio"/> 3= Both	* Circle <u>ONLY ONE</u> answer
Part3. Health			
25.	How many meals did you eat yesterday?	Insert age: [____]	* Insert "0" if none
26.	How many meals per day do you normally eat?	Insert age: [____]	* Insert "0" if none
27.	Do you have the ability to influence or decide what you eat on a daily basis?	<input type="radio"/> 1= Yes <input type="radio"/> 2= No	* Circle <u>ONLY ONE</u> answer
28.	Do you have any young siblings, cousins, or even aunts or uncles that you help to care for?	<input type="radio"/> 1= Yes <input type="radio"/> 2= No	* Circle <u>ONLY ONE</u> answer
29.	If yes, can you list the ways that you care or help care for them?	Insert 1: [____]] Insert 2: [____]]	* Insert ways
30.	If you help maintain your home or surrounding property, can you list the ways that you help?	Insert 1: [____]] Insert 2: [____]]	* Insert ways
Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement."			
31.	On the whole, I am satisfied with myself.	<input type="radio"/> 1= Strongly Agree <input type="radio"/> 2= Agree <input type="radio"/> 3= Disagree <input type="radio"/> 4 = Strongly Disagree	* Circle <u>ONLY ONE</u> answer
32.	At times I think I am no good at all.	<input type="radio"/> 1= Strongly Agree <input type="radio"/> 2= Agree <input type="radio"/> 3= Disagree <input type="radio"/> 4 = Strongly Disagree	* Circle <u>ONLY ONE</u> answer
33.	I feel that I have a number of good qualities.	<input type="radio"/> 1= Strongly Agree <input type="radio"/> 2= Agree <input type="radio"/> 3= Disagree <input type="radio"/> 4 = Strongly Disagree	* Circle <u>ONLY ONE</u> answer
34.	I am able to do things as well as most other people.	<input type="radio"/> 1= Strongly Agree <input type="radio"/> 2= Agree <input type="radio"/> 3= Disagree <input type="radio"/> 4 = Strongly Disagree	* Circle <u>ONLY ONE</u> answer
35.	I feel I do not have much to be proud of.	<input type="radio"/> 1= Strongly Agree <input type="radio"/> 2= Agree <input type="radio"/> 3= Disagree	* Circle <u>ONLY ONE</u> answer

		<input type="radio"/> 4 = Strongly Disagree	
36.	I certainly feel useless at times.	<input type="radio"/> 1= Strongly Agree <input type="radio"/> 2= Agree <input type="radio"/> 3= Disagree <input type="radio"/> 4 = Strongly Disagree	* Circle <u>ONLY ONE</u> answer
37.	I feel that I am a person of worth, at least on an equal plane with others.	<input type="radio"/> 1= Strongly Agree <input type="radio"/> 2= Agree <input type="radio"/> 3= Disagree <input type="radio"/> 4 = Strongly Disagree	* Circle <u>ONLY ONE</u> answer
38.	I wish I could have more respect for myself.	<input type="radio"/> 1= Strongly Agree <input type="radio"/> 2= Agree <input type="radio"/> 3= Disagree <input type="radio"/> 4 = Strongly Disagree	* Circle <u>ONLY ONE</u> answer
39.	All in all, I am inclined to feel that I am a failure.	<input type="radio"/> 1= Strongly Agree <input type="radio"/> 2= Agree <input type="radio"/> 3= Disagree <input type="radio"/> 4 = Strongly Disagree	* Circle <u>ONLY ONE</u> answer
40.	I take a positive attitude toward myself.	<input type="radio"/> 1= Strongly Agree <input type="radio"/> 2= Agree <input type="radio"/> 3= Disagree <input type="radio"/> 4 = Strongly Disagree	* Circle <u>ONLY ONE</u> answer

Appendix III.

Questionnaire for Partnership Facilitator (Compassion International representative that facilitates Projects) to establish the effect of NGO initiatives on poverty reduction in Kampala district.

Dear respondent,

My name is **Ahimbisibwe Emmanuel**, a student of Uganda Management Institute. Am conducting an academic research intended to **establish the effect of NGO initiatives on poverty reduction in Kampala District**. The purpose of this study and its findings is purely academic. I kindly request for your assistance by sparing some of your precious time to answer the following questions. The study will take about 30 minutes only. I would appreciate your honest opinions. Be assured that your responses will be completely anonymous and therefore any information you provide in here will be treated with strict confidentiality.

Thank you.

QUESTIONNAIRE NUMBER	<table border="1"><tr><td></td><td></td><td></td></tr></table>			

Section A: Institutional Information			
01	Name of the Projects you facilitate _____		
02	Location of the Projects _____		
03	Number of registered Children/beneficiaries	Males _____ Females _____ Total _____	

Section B: Personal profile of the respondent				
04	Gender of respondent	Male.....1 Female.....2	Enter the Correct code <table border="1"><tr><td></td></tr></table>	
05	Current job title		_____	
06	Years spent working with Compassion	10-20 Years.....1 2-3 Years2 4-5 Years3 6-9 Years4 10-19 Years.....5	Enter the Correct code <table border="1"><tr><td></td></tr></table>	
07	Age of respondent	20 – 25 Years.....1 26–30Years.....2 – 35 Years.....3 36 – 40 Years.....4 41+ Years.....5	Enter the Correct code <table border="1"><tr><td></td></tr></table>	
08	Level of Education	Diploma.....1 Bachelor.....2	Enter the Correct code <table border="1"><tr><td></td></tr></table>	

		Master level.....3 Other.....4 (Specify) _____	
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For the following questions, please tick the number of your choice as indicated in the Key

1.Strongly Disagree	2. Disagree	3.Not Sure	4.Agree	5.Strongly Agree
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INDEPENDENT VARIABLES						
Section C: NGO Education Sponsorships and Poverty reduction.						
9.	Compassion International's meets more than 60% of scholastic needs.	1	2	3	4	5
10.	More than 100 graduates have graduated from the projects you facilitate with degrees.	1	2	3	4	5
11.	More than 200 graduates have graduated from the projects you facilitate at least with an income generating skill.	1	2	3	4	5
12.	Compassion's Sponsorship of education results into improved quality of life.	1	2	3	4	5
13.	More than 100 graduates from the projects you facilitate earn an income they can depend on.	1	2	3	4	5
14.	What Compassion provides in sponsoring education is close to enough and no much improvements are needed.	1	2	3	4	5
15.	With Compassion's sponsorship of education, at least some positive impact has been made.	1	2	3	4	5
16.	I have nothing to suggest for Compassion to improve her sponsorship of education.	1	2	3	4	5
17.	Sponsoring education of Children is an effective poverty reduction strategy.	1	2	3	4	5
18.	I would recommend any needy Child to register with Compassion if s/he needs to study.	1	2	3	4	5
Section D: NGO health care program and poverty reduction.						
19.	Compassion international health care program/medical provision meets most of the medical needs of children on the program.	1	2	3	4	5
20.	Compassion international health care program/medical provision is adequate for the needs of the beneficiaries on the program.	1	2	3	4	5
21.	Lives of many Children have been saved because of Compassion's medical provision.	1	2	3	4	5
22.	I have examples of Children and babies that have grown healthy because of the medical care provided by Compassion.	1	2	3	4	5
23.	The health of Children on the Compassion program is much better compared to that of Children not on the program.	1	2	3	4	5
24.	I would recommend Compassion's medical provision to its beneficiaries as an effective poverty reduction strategy.	1	2	3	4	5

25.	The quality of life of Compassion beneficiaries has improved because of her medical provision.	1	2	3	4	5
26.	I do not have anything much to recommend to Compassion to improve their medical provision to her beneficiaries.	1	2	3	4	5
27.	Am happy at how Compassion meets the medical needs of her beneficiaries.	1	2	3	4	5
28.	Compassion's medical provision to Children has resulted into reduced child deaths over the years.	1	2	3	4	5
Section E: NGO Child Survival Capacity building initiatives and poverty reduction.						
30.	Compassion Child survival program equips mothers with all needed skills to raise their Children.	1	2	3	4	5
31.	Many Mothers of Children have successfully given birth because of Compassion's Child survival program.	1	2	3	4	5
32.	Children on Compassion's Child survival program are healthier than other children not on the program.	1	2	3	4	5
33.	Children on Compassion's Child survival program have their nutritional needs met compared to others not on the program.	1	2	3	4	5
34.	Mothers of Children on Child survival adhere more to practices of growth monitoring, oral rehydration, exclusive breast feeding, immunization, family planning, functional adult literacy and food security compared to those not on the program.	1	2	3	4	5
35.	Mothers on Child survival program appreciate and adhere more to safe motherhood principles like antenatal visits compared to those not on the program.	1	2	3	4	5
36.	I would recommend any mother to learn from the practices of Compassion's Child survival program.	1	2	3	4	5
DEPENDENT VARIABLE						
Section F: Poverty reduction.						
1.	Income poverty has reduced among formerly sponsored Children on Compassion program.	1	2	3	4	5
2.	Child deaths have reduced among Children on the Compassion program.	1	2	3	4	5
3.	Maternal deaths at Child birth have reduced among beneficiaries on the Compassion program.	1	2	3	4	5
4.	Quality of life has improved in households of Children on the Compassion program.	1	2	3	4	5
Thank you						

Appendix IV.

Interview guide for Child survival beneficiary mothers and caregivers on Child survival capacity building initiatives and Poverty reduction.

(After Researcher's introductory remarks).

1. How long have you been on the Child survival program?
2. What are your weekly activities on this program?
3. What do you receive from this program?
4. Do you think this program is making any difference in your life and the life of your child?
5. What difference is it making?
6. When you compare the life of your community today, with what it was before the Child Survival program, what differences in life do you see?
7. Mention at least 5 benefits that you have got as a result of being on the Child survival program.
8. If you were to recommend this program to another person, what justifications would you give for such a recommendation?
9. If you were to propose one item that Compassion International must change to make the Child Survival Program more effective, what would you propose?
10. How many mothers have died since the ICP started and how is the current situation (**Child Survival Program implementer**).

Appendix V.

E) Observation checklist for beneficiary Caregivers/Parents.

The observation check – list shall be used to see and perceive the physical indicators of good health in babies and their mothers on the Child Survival program eg weight, absence of skin rash, Confidence, malnutrition, etc as well as comparing what they say as key benefits of the program and what is actually seen.

The following shall be observed;

1. Physical weight of babies on the program against age.
2. Health appearance of babies on the program.
3. Behavioral confidence of babies on the program.
4. Health of mothers on the program.