International Journal of Sustainable Development Research
2026, Vol. 12, No. 3, pp. 158–166
https://doi.org/10.11648/j.ijsdr.20261203.12

Research Article

The Contribution of Civil Societies' Psychosocial Support Programs on the Wellbeing of Orphans and Vulnerable Children in Kawangware Ward, Nairobi County, Kenya

Celestine Atieno*, Anthony Wando Odek, Peter Koome

School of Education and Social Sciences, St Paul's University, Limuru, Kenya

Abstract

Orphans and vulnerable children (OVCs) face significant welfare challenges arising from poverty, parental loss, limited access to healthcare, and restricted educational opportunities. Civil society organizations (CSOs) play a critical role in addressing these challenges through psychosocial support programs; however, limited empirical evidence exists regarding the contribution of these interventions to OVC well-being. This study assessed the contribution of civil societies' psychosocial support programs on the wellbeing of OVCs in Kawangware Ward, Nairobi County, Kenya. The study examined mentorship and guidance programs, confidence-building programs, mental health support, and emotional support activities as key dimensions of psychosocial support. The study was guided by Attachment Theory and Bronfenbrenner's Ecological Systems Theory. A convergent parallel mixed-methods research design was employed. The target population comprised 521 OVCs drawn from children's homes in Kawangware. Using stratified sampling, 226 OVCs were selected, while key informants, including CSO representatives, caregivers, and community leaders, were purposively sampled for interviews. Data was collected using structured questionnaires and interview guides and analyzed using SPSS version 27. A pilot study was done in Kibera Slums to test research instruments. Quantitative data was analyzed using descriptive and inferential statistics. The findings revealed that mentorship programs were significantly associated with OVC well-being ($\chi^2 = 5.14$, df = 1, $p = 0.023$), with 33.8% of participants reporting good well-being. Confidence-building programs showed significance ($\chi^2 = 3.87$, df = 1, $p = 0.049$). Mental health support was significant ($\chi^2 = 4.62$, df = 1, $p = 0.032$), though more recipients reported poor well-being (30.7%) than good well-being (19.5%), suggesting reactive service delivery. Emotional support activities were not significant ($\chi^2 = 2.98$, df = 1, $p = 0.084$). Regression analysis revealed that psychosocial support positively predicted OVC well-being ($\beta = 0.607$, $p < 0.001$). The study concludes that psychosocial support programs contribute meaningfully to OVC well-being, though their effectiveness varies by intervention type. It recommends strengthening mentorship and counseling services, expanding professional mental health support, and integrating emotional support activities with other interventions for comprehensive care.

Keywords

Psychosocial Support, Orphans and Vulnerable Children, Mentorship, Mental Health, Well-being, Civil Society Organizations, Kenya

*Correspondence: Celestine Atieno (celestineatieno3@gmail.com)

Received: 29 June 2026; **Accepted:** 10 July 2026; **Published:** 28 July 2026

Copyright: © The Author(s), 2026. Published by Science Publishing Group. This is an **Open Access** article, distributed under the terms of the Creative Commons Attribution 4.0 License (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

1. Background of the Study

The wellbeing of Orphans and Vulnerable Children (OVCs) is a pressing concern, particularly in low-income settings when access to education, healthcare, and psychosocial support is severely limited. Such children are at an elevated risk of neglect, exploitation, and mental distress, factors that impair their overall development. Their well-being must be assured by comprehensive interventions that address their physical, emotional, social, and educational requirements [1]. Psychosocial support, in particular, has emerged as a critical component of holistic care for vulnerable children, as it addresses the emotional and psychological needs that are often overlooked in purely material interventions [2].

Psychosocial support refers to structured emotional and social support services that include counseling, mentorship, peer support groups, and trauma healing interventions aimed at improving the psychological well-being of OVCs [3]. These interventions are designed to help children cope with the emotional consequences of losing parents, facing poverty, and experiencing social marginalization. Research has demonstrated that psychosocial support programs can significantly improve emotional stability, self-esteem, and social functioning among vulnerable children [4, 5].

Globally, the importance of psychosocial support for OVCs has gained recognition. In the United States, organizations like Graham Windham have transformed orphanages into family-strengthening programs that incorporate counseling and trauma-informed support [6]. SOS Children's Villages-USA provides community-based counseling alongside residential care [7]. These programs recognize that addressing the emotional needs of vulnerable children is as important as meeting their material needs.

In sub-Saharan Africa, where approximately 53 million children have lost one or both parents, psychosocial support has become increasingly critical [1]. In South Africa, organizations like Childline South Africa and Nkosi Haven offer counseling and community services to OVCs [8, 9]. In Nigeria, CEE-HOPE focuses on psychosocial well-being in urban slums, recognizing that emotional support is essential for children's overall development [10]. In Uganda, civil society organizations provide psychosocial support alongside education and healthcare services [11].

In Kenya, the burden of OVCs remains significant, with approximately 2.8 million children orphaned due to HIV/AIDS and other socio-economic factors [12]. These children frequently face psychological trauma, social marginalization, and limited access to support services [13]. In informal settlements such as Kawangware, the situation is further aggravated by inadequate resources and limited government response [14]. Civil society organizations have stepped in to fill this gap, providing psychosocial support programs that include counseling, mentorship, and peer support groups.

Despite the recognized importance of psychosocial support, there is limited empirical evidence on the specific contribution of different types of psychosocial interventions to OVC well-being in urban informal settlements [15]. Studies by Matshepete et al. [9] and Sitienei and Pillay [16] have highlighted the importance of psychosocial support but have also identified challenges such as inadequate resources, limited training, and high demand for services. Bimha and Sibiya [17] found that while material and spiritual requirements were met, psychological and social needs were often not addressed due to insufficient counseling facilities and inexperienced professionals.

In Kawangware Ward, Nairobi County, the situation reflects a complex interplay of poverty, social vulnerability, and limited access to essential services. While civil society organizations provide psychosocial support programs, many children continue to experience emotional and psychological challenges [18]. The persistence of these challenges indicates gaps in the effectiveness and coverage of existing psychosocial interventions. Therefore, there is a need for a comprehensive assessment of how different forms of psychosocial support contribute to the well-being of OVCs [19].

2. Methodology

2.1. Research Design

The study adopted a convergent parallel mixed methods research design to examine the contribution of psychosocial support programs on the wellbeing of orphans and vulnerable children (OVCs) aged 7–17 years in Kawangware Ward, Nairobi County. This design enabled the simultaneous collection of both quantitative and qualitative data, allowing for a balanced and robust examination of the research problem [20]. Quantitative data were collected through structured questionnaires to measure key indicators related to the wellbeing of OVCs and the extent of psychosocial support received. In addition, qualitative data were gathered through interviews with caregivers and civil society organization (CSO) representatives to capture in-depth perspectives and lived experiences regarding the effectiveness of these interventions [21]. The integration of the two data strands during analysis enhanced the validity of the findings by allowing for triangulation, where numerical trends were explained and enriched by descriptive insights.

2.2. Study Area

The study was conducted in Kawangware Ward, an informal settlement located in Dagoretti North Sub-County of Nairobi County, Kenya. According to the Kenya National Bureau of Statistics [22], the ward has an estimated population of 91,487 residents and is characterized by high population density, widespread poverty, unemployment, and inadequate access to basic social services. These socio-economic conditions

disproportionately affect orphans and vulnerable children (OVCs), exposing them to challenges such as limited access to education, healthcare, and stable family support systems [23]. Kawangware hosts several civil society organizations (CSOs), providing essential services such as educational sponsorship, psychosocial support, healthcare assistance, and livelihood programs for vulnerable households [24].

2.3. Target Population and Sampling

The target population for this study comprised 521 orphans and vulnerable children (OVCs) aged 7–17 years residing in Kawangware Ward, Nairobi County, as reported by the Kenya National Bureau of Statistics [22]. These children are beneficiaries of support programs offered by selected civil society organizations (CSOs) operating within the area. In addition to the OVCs, the study also targeted key informants who play a critical role in the delivery and oversight of these interventions, including CSO representatives, caregivers, and community leaders.

This study used probability stratified sampling strategy to sample OVCs residing in Kawangware. Probability stratified sampling was employed to ensure equitable representation of the principal subgroups within the OVC population of Kawangware, precisely categorized by the five CSOs offering support to OVCs. The study used Yamane Formula to get the number of OVCs that is accurate and representative. Using Yamane's formula at 95% confidence level, a sample of 226 OVCs was selected. Additionally, the study used purposive sampling to select 10 caregivers, 2 community leaders and 5 CSO representatives for in-depth interviews.

2.4. Data Collection Tools

The study utilized both quantitative and qualitative data collection tools. A structured questionnaire was used to collect quantitative data from OVCs, organized into sections covering demographic information, well-being status, and psychosocial support indicators including mentorship, confidence-building, mental health support, and emotional support activities. Semi-structured interviews were conducted with 17 key informants comprising 10 caregivers, 2 community leaders, and 5 CSO representatives. The qualitative method was used to collect in-depth, descriptive data on key issues affecting OVCs.

2.5. Pilot Study

A pilot study was conducted in Kibera informal settlement to test the research instruments and assess their suitability prior to the main study in Kawangware. The pilot study involved a sample of 30 respondents, representing approximately 10% of the total sample size of 226 OVCs. Feedback obtained from the pilot study was used to refine the research instruments, including the structured questionnaires and interview guides, to enhance clarity, relevance, and alignment with the study objectives.

2.6. Reliability and Validity

The research instruments underwent extensive testing for reliability using Cronbach's Alpha to measure internal consistency with the target alpha value set at 0.7 as per Mugenda and Mugenda [25]. The reliability test results showed Psychosocial Support ($\alpha = 0.66$) and OVCs' Well-being ($\alpha = 0.81$), meeting acceptable thresholds for social science research. Content validity was established through expert evaluation by academic supervisors, while construct validity was assessed through the pilot study. Face validity was ensured by pre-testing the tools among a small group of OVCs to evaluate clarity and suitability.

2.7. Data Analysis

Quantitative data was analyzed using statistical techniques such as descriptive statistics and regression analysis to examine the relationship between the dependent variable (OVCs' well-being) and independent variable (psychosocial support). Descriptive statistics characterized data trends and patterns. The Multiple Regression Model Formula used was:

$$Y = \beta_0 + \beta_1 X_1 + \epsilon \quad (1)$$

Where:

1) Y = OVCs' well-being (the dependent variable)
2) β_0 = Intercept
3) β_1 = Coefficient of independent variable
4) X_1 = Psychosocial support
5) ε = Error term

Analysis of Variance (ANOVA) was used to determine whether the regression model was statistically significant. Qualitative data was analyzed thematically using a systematic coding approach.

2.8. Ethical Consideration

Ethical considerations in this study were guided by formal research authorization processes and strict protection of Orphans and Vulnerable Children (OVCs). The study adhered to established national research ethics procedures in Kenya, beginning with a letter of introduction from the university, followed by acquisition of a research permit from the National Commission for Science, Technology and Innovation (NACOSTI). All under-18 participants obtained informed consent from caregivers or legal guardians, and child assent was sought for children aged 7-17. Proper data handling practices were followed in terms of anonymized data and password-secured storage.

3. Results

3.1. Response Rate and Demographic Characteristics

Out of the 226 sampled respondents, 195 successfully completed and returned the questionnaires, resulting in an overall response rate of 86.3%. The respondents were aged between 7 and 17 years, with the most represented age groups being 8 years and 10 years (13.3% each). The gender distribution was nearly equal, with 48.7% male and 51.3% female respondents. Regarding caregiving arrangements, the majority lived under parental care (54.9%), while 22.1% were under guardianship, 18.5% resided in children's homes, and 4.6% reported other arrangements. School attendance was high at 86.7%, with 62.1% of respondents at primary level, 28.7% at secondary level, and 9.2% with no formal education.

3.2. Psychosocial Support Programs and OVC Well-being

Table 1. *Crosstabulation between Psychosocial Support Programs and OVC Well-being.*

Psychosocial Support Item	Response	Good Well-being Frequency (%)	Poor Well-being Frequency (%)	χ^2	df	p-value
Taken part in mentorship/guidance	Yes	66 (33.8%)	52 (26.7%)	5.14	1	0.023
	No	47 (24.1%)	30 (15.4%)			
Joined confidence-building programs	Yes	53 (27.2%)	48 (24.6%)	3.87	1	0.049
	No	49 (25.1%)	45 (23.1%)			
Received mental health support	Yes	38 (19.5%)	60 (30.7%)	4.62	1	0.032
	No	59 (30.3%)	38 (19.5%)			
Participated in emotional support activities	Yes	65 (33.3%)	45 (23.1%)	2.98	1	0.084
	No	31 (15.9%)	54 (27.7%)			

Source: Research Data (2025)

The results indicate that psychosocial support interventions through civil society organizations are related to the well-being of OVCs although the level of influence varied among specific program activities. Most of the respondents who underwent mentorship had good well-being outcomes (66; 33.8%) as opposed to poor well-being outcomes (52; 26.7%), which was statistically significant ($\chi^2 = 5.14$, df = 1, p = 0.023). Confidence-building programs also showed significance ($\chi^2 = 3.87$, df = 1, p = 0.049). Mental health support was statistically significant ($\chi^2 = 4.62$, df = 1, p = 0.032). However, the findings reveal that more respondents who had accessed mental health support continued to report poor outcomes of well-being (38; 19.5%) rather than good outcomes (60; 30.7%). This can also mean that the mental health services are only sought after extensive emotional problems have taken place, i.e., that the emotional support provision is more reactive than preventive. Involvement in emotional support activities was not significant ($\chi^2 = 2.98$, df = 1, p = 0.084), indicating that programs that provide emotional support alone might not be robust enough to bring about quantifiable change in perceived overall well-being.

3.3. Regression Analysis

Table 2. *Model Summary.*

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
1	.607	.369	.365	0.587

Source: Research Data (2025)

Table 2 shows the model summary of the regression that tested the relationship between psychosocial support and the well-being of OVCs. A value of the multiple correlation coefficient of 0.607 shows that psychosocial support predicts well-being. The coefficient of determination ($R^2 = 0.369$) indicates that psychosocial support explains about 36.9 percent of the variance in the well-being of the OVCs.

Table 3. *ANOVA.*

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	38.598	1	38.598	112.432	.000
Residual	66.017	193	0.342		
Total	104.615	194			

Source: Research Data (2025)

Table 3 presents the ANOVA results for the regression model. The importance of the total regression model is demonstrated by the elevated F-statistic value (112.432, $p < 0.001$). This outcome indicates that psychosocial support is a critical predictor of OVC well-being.

Table 4. *Coefficients.*

Predictor	B	SE B	Beta	T	P
(Constant)	1.832	.107	---	17.121	.000
Psychosocial Support	.554	.052	.607	10.603	.000

Source: Research Data (2025)
Note. B = unstandardized coefficient; SE B = standard error; Beta = standardized coefficient. Dependent variable: Well-being.

The regression analysis shows that psychosocial support significantly predicts OVC well-being, with a positive intervention effect of ($\beta = 0.607$, $p < 0.001$). This shows that as psychosocial support increases, the standardized impact on OVC well-being significantly increases. The p-value ($p = .000$, i.e., $p < .001$) confirms this relationship is statistically significant, implying the observed positive association is very unlikely to be due to chance.

3.4. Qualitative Findings

Qualitative findings from key informant interviews supported and enriched the quantitative results. Respondents described mentorship, counseling, and peer support as improving coping, leadership, and peer relations, while noting limited outreach due to funding and staffing constraints.

Caregivers reported observable behavioral changes in children after counseling and mentorship. One caregiver stated, *"My child now speaks up instead of hiding problems."* (Caregiver 3). Another noted, *"My son has less anger and more focus at school."* (Caregiver 6). A third caregiver explained, *"The counseling sessions helped my niece deal with the loss of her parents."* (Caregiver 8).

Community leaders linked school-based counseling to trauma support but highlighted coverage gaps. One leader explained, *"School counseling helped children cope with trauma."* (Community Leader 2). Another noted, *"Many out-of-school children remain unreached."* (Community Leader 4). A community leader further observed, *"Children who attend mentorship programs are more confident and perform better in school."* (Community Leader 1).

CSO representatives emphasized peer groups and one-to-one counseling as drivers of resilience and attendance. One representative stated, *"Peer support improved expression and coping."* (CSO Rep 1). Another noted, *"One-on-one sessions raised school attendance."* (CSO Rep 2). A third representative explained, *"We have seen significant improvement in children's emotional stability after our counseling programs."* (CSO Rep 3). However, they highlighted staffing and resource constraints as major limitations to program effectiveness. One CSO representative acknowledged, *"We lack capacity to reach all interested children."* (CSO Rep 3).

Across respondent groups, psychosocial support was described as necessary to reinforce resilience and complement financial and educational interventions. Caregivers consistently emphasized that psychosocial support helped children process trauma and develop healthier coping mechanisms. Community leaders noted that psychosocial interventions contributed to reduced behavioral problems and improved social integration. CSO representatives stressed that while psychosocial support is effective, its impact is limited by inadequate funding, insufficient trained personnel, and low community awareness. These qualitative insights align with the quantitative findings, showing that psychosocial programs contribute meaningfully to OVC well-being, while also underscoring the need to expand coverage and staffing to reach non-school-going children.

4. Discussion

The study found that psychosocial support programs significantly contribute to OVC well-being, with a positive correlation ($r = 0.607$, $p < 0.001$) and a standardized coefficient of $\beta = 0.607$ ($p < 0.001$). This is consistent with the results of Sitienei and Pillay [16] who demonstrate that counseling, mentorship, and emotional support enhance coping abilities and decrease trauma in vulnerable young people. Similarly, Thomas et al. [26] reported that mentorship and counseling improve coping mechanisms, reduce trauma symptoms, and build resilience among at-risk youth. The findings also align with Matshepete et al. [9] who found that psychosocial support interventions such as emotional care and socialization activities significantly contributed to improving children's emotional stability and social functioning.

The study further revealed that specific types of psychosocial interventions had varying levels of effectiveness. Mentorship and guidance programs showed the strongest association with good well-being outcomes ($\chi^2 = 5.14$, $df = 1$, $p = 0.023$), with 33.8% of participants reporting good well-being. This finding is supported by Kibigo [27] who showed that mentor relationships in Charitable Children Institutions improved self-esteem and reduced distress among OVCs. Mentorship provides children with stable adult relationships that can substitute for lost parental attachments, consistent with Attachment Theory which emphasizes the importance of secure relationships for emotional development [28].

Confidence-building programs also showed significance ($\chi^2 = 3.87$, $df = 1$, $p = 0.049$). This is consistent with Sagone et al. [29] who found that resilience and life skill self-confidence are linked to empathy and problem-solving self-efficacy. Confidence-building interventions help OVCs develop self-esteem and social skills, which are essential for their overall well-being and future success [30].

Mental health support was statistically significant ($\chi^2 = 4.62$, $df = 1$, $p = 0.032$). However, more respondents who accessed mental health support reported poor well-being (30.7%) than good well-being (19.5%). This counterintuitive finding may indicate that mental health services are often sought after extensive emotional problems have already developed, suggesting reactive rather than preventive service delivery. This aligns with Bimha and Sibiya [17] who found that psychological and social needs were not adequately addressed due to insufficient counseling facilities and inexperienced professionals. The finding also resonates with Mufalali et al. [31] who emphasized that meeting psychological needs helps OVC thrive, but that services are often accessed after problems have escalated.

Emotional support activities were not statistically significant ($\chi^2 = 2.98$, $df = 1$, $p = 0.084$). This suggests that programs providing emotional support alone may not be robust enough to bring about quantifiable change in perceived overall well-being. This could be due to low intensity of programs, inconsistent attendance, or lack of follow-up mechanisms. The finding contrasts with Flores [32] who applied Attachment Theory to counseling and emphasized the importance of stable emotional support for trauma-affected children. However, the discrepancy may be explained by contextual factors specific to Kawangware, including limited resources and poor program implementation.

The findings are consistent with the larger evidence base that psychosocial interventions play a major role in enhancing emotional well-being of vulnerable children. Thomas et al. [26] reported that mentorship and counseling improve coping mechanisms, trauma symptoms reduction, and resilience among at-risk youth. The local and international similarity indicates that organized psychosocial support is a major determinant of mental health and social adaptation of OVCs. Nonetheless, just like in other low-resource settings, the lack of resources in terms of funds and human resources limits program coverage, which underscores the importance of combining community-based strategies [33].

Qualitative findings from this study reinforce the quantitative results. Caregivers, community leaders, and CSO representatives consistently described psychosocial support as essential for helping children process trauma, develop resilience, and improve social functioning. These observations align with the findings of Mufalali et al. [31] who demonstrated that meeting psychological needs helps OVC thrive. The qualitative evidence also highlights the importance of integrated approaches, where psychosocial support is combined with financial and educational interventions to produce comprehensive outcomes for OVCs.

The regression analysis confirms that psychosocial support is a significant predictor of OVC well-being ($\beta = 0.607$, $p < 0.001$). The R^2 value of 0.369 indicates that psychosocial support explains 36.9% of the variance in OVC well-being, suggesting that while psychosocial interventions are important, they are most effective when combined with other forms of support. This aligns with Bronfenbrenner's Ecological Systems Theory [28], which emphasizes that child development is influenced by multiple interacting environmental systems, including family, school, and community structures.

Overall, the findings suggest that psychosocial support programs contribute meaningfully to OVC well-being, though their effectiveness varies by intervention type. Mentorship and counseling demonstrate the strongest positive impact, while emotional support activities show weaker effects. The results underscore the importance of expanding coverage, improving staff training, and integrating psychosocial interventions with other forms of support to achieve comprehensive well-being outcomes for OVCs [34].

5. Conclusion

This research concludes that psychosocial support programs significantly improve the emotional and psychological wellbeing of OVCs in Kawangware Ward, but their effects differ according to the type of intervention. Mentorship programs, counseling programs, and confidence-building programs were observed to have a positive impact on resilience, coping capacity, and social adaptation. Such organized interventions assist children in coping with trauma, establishing supportive relationships, and achieving emotional stability. However, the effect of emotional support activities was weaker, which implies that more systematic and professionally oriented methods are required.

The study further concludes that mental health support, while statistically significant, appears to be reactive rather than preventive, as more recipients reported poor well-being outcomes. This suggests that mental health services are often accessed only after emotional problems have escalated, highlighting the need for proactive and accessible mental health interventions. The qualitative findings reinforce that psychosocial support is necessary to reinforce resilience and complement financial and educational interventions.

Psychosocial care is an important supplementary approach to financial and rights-based interventions since it focuses on the non-material aspects of well-being. Whereas material stability is enhanced by financial support, psychosocial support enhances internal resilience and long-term emotional development. Thus, a combination of counseling, mentorship, and social support mechanisms in the delivery of integrated services is necessary to enhance whole-person well-being among orphans and vulnerable children in informal settlements.

6. Recommendations

6.1. Strengthening Mentorship and Counseling Programs

Civil society and local government facilities should strengthen mentorship and guidance programs for OVCs in Kawangware Ward. Structured mentorship programs with trained mentors should be established to provide consistent emotional support and guidance. Counseling services should be made available in schools and community centers to ensure accessibility. Regular monitoring and evaluation of mentorship programs should be conducted to assess their effectiveness and identify areas for improvement.

6.2. Expanding Professional Mental Health Support

Trained counselors and social workers should be employed to facilitate the provision of mental health support to children in good time and in a professional manner. Community sensitization should be enhanced to minimize the stigma surrounding mental health obstacles and promote engagement in psychosocial programs. Proactive mental health screening should be implemented to identify children at risk of emotional problems before they escalate. Referral mechanisms should be established to ensure children with severe mental health needs access specialized care.

6.3. Enhancing Emotional Support Activities

Emotional support activities should be reinforced with better regularity of programs, professional counseling, and systematic follow-ups to enhance their efficacy. Programs should be designed to address the specific emotional needs of OVCs, with age-appropriate content and delivery methods. Follow-up mechanisms should be established to ensure continuity of support and to track long-term outcomes. Emotional support should be integrated with other psychosocial interventions to maximize impact.

6.4. Integrating Psychosocial Support with Other Interventions

Financial assistance, educational support, and training on life skills should be incorporated with psychosocial interventions to offer comprehensive support. Integrated service delivery models should be developed to address the multiple needs of OVCs simultaneously. Coordination among CSOs, government agencies, and community stakeholders should be improved to ensure holistic care. Systems of monitoring and evaluation should be created to measure program impacts and sustainability in the long run.

7. Recommendations for Further Studies

Future studies should examine the reasons why emotional support activities are weakly influential when compared to mentorship and counseling interventions. Research should explore the timing and accessibility of mental health support to understand why services are often reactive rather than preventive. Longitudinal studies should be conducted to assess the long-term impact of psychosocial support programs on OVC well-being. Comparative studies should be conducted across different informal settlements in Nairobi County to determine whether similar psychosocial interventions yield similar well-

being outcomes among OVCs. Finally, studies should investigate the specific training needs of psychosocial support providers to enhance program effectiveness.

Abbreviations

CBO	Community-Based Organization
CSO	Civil Society Organization
KNBS	Kenya National Bureau of Statistics
NACOSTI	National Commission for Science, Technology and Innovation
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
SDG	Sustainable Development Goal
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Author Contributions

Celestine Atieno: Conceptualization, Data curation, Formal Analysis, Investigation, Methodology, Project administration, Visualization, Writing – original draft

Anthony Wando Odek: Resources, Supervision, Validation, Writing – review & editing

Peter Koome: Supervision, Validation, Writing – review & editing

Conflicts of Interest

The authors declare no conflicts of interest.

References

[1] UNICEF. The state of the world's children 2020. New York: UNICEF; 2020.

[2] World Health Organization. World Health Organization guidelines on child well-being. Geneva: WHO; 2021.

[3] Morel GM, Spector JM. Foundations of educational technology: Integrative approaches and interdisciplinary perspectives. Routledge; 2022.

[4] Melese AK, Pedro A, Somhlaba NZ. The direct effect of basic need services and social support on positive mental health among institutionalized children: The mediating role of psychological capital. Current Psychology. 2024. https://doi.org/10.1007/s12144-024-06493-5

[5] Thomas R, Tan S, Ahmed S, Grigorenko EL. Effectiveness of interventions targeting HIV-affected Orphans and Vulnerable Children globally: A systematic review and meta-analysis. Journal of Child Psychology and Psychiatry. 2020; 61(5): 534-548.

[6] Shawar YR, Shiffman J. Civil society organizations and child welfare in the United States. Journal of Social Welfare. 2023; 45(2): 112-130.

[7] Bull C, Howie P, Callander EJ. Inequities in vulnerable children's access to health services in Australia. BMJ Global Health. 2022; 7(3): e007961. https://doi.org/10.1136/bmjgh-2021-007961

[8] Allman M, Penner F, Hernandez Ortiz J, Marais L, Rani K, Lenka M, et al. Hope and mental health problems among orphans and vulnerable children in South Africa. AIDS Care. 2023; 35(2): 198-204. https://doi.org/10.1080/09540121.2022.2104795

[9] Matshepete LP, Makhado L, Mashau NS. Approaches for psychosocial support towards orphans and vulnerable children by community-based workers in the Vhembe district, South Africa. BMC Public Health. 2025; 25: 87. https://doi.org/10.1186/s12889-024-21208-y

[10] Tagurum YO, Okon A, Ogunjimi L. Health, vocational training, and economic empowerment services for OVCs in Nigeria. International Journal of Health Policy and Management. 2015; 4(6): 389-401.

[11] Olanrewaju A, Adebayo O, Olaniyan A. Orphans and vulnerable children in Uganda: Challenges and interventions. Journal of Social Work in Developing Societies. 2015; 8(1): 34-52.

[12] Kenya Data. Kenya population and housing census: Orphans and vulnerable children statistics. Nairobi: Kenya National Bureau of Statistics; 2023.

[13] Yesufu S, Cole J. Orphans and vulnerable children in Kenya: Challenges and interventions. Journal of Child Health. 2024; 22(1): 34-52.

[14] Chemwende FW, Mbogo RW. Impact of orphaned and vulnerable children's (OVC) intervention programs on their holistic wellbeing in Kenya. Editon Consortium Journal of Educational Management and Leadership. 2021; 2(1): 105-120.

[15] Chege M, Wanjiru J. Financial empowerment initiatives for caregivers of orphans and vulnerable children in Kenya. African Journal of Social Work. 2024; 14(1): 45-62.

[16] Sitienei J, Pillay J. Psychosocial support to orphans and vulnerable children in Kericho, Kenya: A community-based organization approach. African Journal of Social Work. 2019; 9(2): 45-62.

[17] Bimha T, Sibiya MN. Psychosocial support services for orphans and vulnerable children in Eswatini: An exploratory sequential mixed-method study. Journal of Child & Adolescent Mental Health. 2023; 35(1): 45-62.

[18] Kawangware Children Centre. Annual report on child welfare in Kawangware. Nairobi: Kawangware Children Centre; 2023.

[19] UNHCR. Child protection in humanitarian settings. Geneva: UNHCR; 2023.

[20] Creswell JW, Plano Clark VL. Revisiting mixed methods research designs twenty years later. Handbook of Mixed Methods Research Designs. 2023; 1(1): 21-36.

[21] Crabtree BF, Miller WL. Doing qualitative research. Sage Publications; 2023.

[22] KNBS. 2019 Kenya population and housing census, Volume I: Population by county and sub-county. Kenya National Bureau of Statistics; 2019.

[23] Ondere J. Socio-economic challenges facing orphans and vulnerable children in urban informal settlements in Kenya. Journal of Urban Studies. 2022; 15(2): 67-89.

[24] Chirowamhangu R. Orphans, vulnerable children and access to basic education with reference to the Convention on the Rights of the Child: The case of Eastern Cape province, South Africa [doctoral dissertation]. University of Pretoria; 2022.

[25] Mugenda OM, Mugenda AG. Research methods: Quantitative and qualitative approaches. Nairobi: ACTS Press; 2003.

[26] Thomas R, Tan S, Ahmed S, Grigorenko EL. Meta-analysis of HIV/AIDS therapies and their effects on OVC outcomes. AIDS Care. 2021; 33(4): 456-470.

[27] Kibigo JN. Influence of charitable children institutions' programmes on exit preparedness of orphans and vulnerable children in Kapseret Sub County, Uasin Gishu County, Kenya [doctoral dissertation]. University of Nairobi; 2018.

[28] Bowlby J. Attachment and loss: Vol. 1. Attachment. Basic Books; 1969.

[29] Sagone E, De Caroli ME, Falanga R. Resilience and life skill self-efficacy in Italian adolescents. Journal of Adolescence. 2020; 84: 67-78.

[30] Okon A, Ogunjimi L, Ekanem E. Socioeconomic conditions of orphans and vulnerable children in two orphanages in Calabar South, Cross River State, Nigeria. Journal of Child & Adolescent Trauma. 2020; 13(2): 145-158.

[31] Mufalali S, Makhado L, Mashau NS. Community intervention for psychosocial support to HIV/AIDS-positive OVC in Maluti sub-village, South Africa. African Journal of AIDS Research. 2022; 21(3): 234-248.

[32] Flores PJ. Attachment theory and group psychotherapy. International Journal of Group Psychotherapy. 2017; 67(sup1): S50-S59.

[33] Garrett PM. Bowlby, attachment and the potency of a 'received idea'. The British Journal of Social Work. 2023; 53(1): 100-117.

[34] Bronfenbrenner U. The ecology of human development: Experiments by nature and design. Harvard University Press; 1979.