

## ABSTRACT

Global estimate shows that Orphans and Vulnerable Children (OVC) comprise at least 15 percent of all children less than 15 years. In Kenya, approximately 2.6 million (12 percent), of children below 18 years of age are OVC, with majority being in western Kenya. A rapid assessment, analysis and action planning process (RAAAP) revealed that out of an estimated 10.6 million OVC in seventeen (17) countries in sub-Saharan Africa, only 8.6% were receiving one essential service as health care, psychosocial support or protection. Health, like education, is among the basic capabilities that give value to human life, by contributing to both social and economic prosperity. This can enable OVC to enjoy their potential as human beings; as better health translates into greater and more equitably distributed wealth by building human and social capital and increasing productivity. In Kakamega district, only 27% of OVC utilize basic health care services. This indicates that many of the OVC don't access and utilize basic health care services a situation that may make them unhealthy in the community set up. Unhealthy OVC may not attend school and therefore these children are in turn unproductive in the society. Consequently, there is need to investigate factors that contribute to low utilization of basic health care services in Lurambi by OVC. Another gap that OVC encounter is the challenges they face in rural parts of Kenya in accessing and utilizing the basic health care services which are little known. A cross-sectional study was therefore carried out in Lurambi division, Kakamega Central District, to determine the socio-economic and demographic characteristics of OVC, their knowledge and attitudes towards basic health care services, assessed the availability of basic health care services and their accessibility to OVC and eventually their utilization. Information from this study will be useful to OVC policy makers to design comprehensive strategies targeting OVC needs in the study area and other similar affected areas elsewhere. The formula  $n = Z^2 (pq)/d^2$  was used to calculate a sample size of 385 OVC aged 10-18 years. Simple random, multistage and cluster sampling techniques were used as the sampling procedures. Quantitative data were collected using a questionnaire, whereas qualitative data was collected from key informants using a semi-structured interview schedule. Quantitative data were analyzed using Statistical Package for Social Sciences (SPSS) Version 16 to generate frequencies, cross tabulations and odds ratios (OR) to determine the association between individual independent and dependent variables. Qualitative data were transcribed and analyzed by thematic areas. The findings show more than half (53.5%) were paternal orphans and unemployed ones were likely not to access basic care. Majority of OVC (86.2%) knew what constitutes basic health care services, and had positive attitudes towards health care services and their providers, OR 39, (95%, Confidence Interval [CI]: 5.4-54.4),  $p=0.000$  and OR 218 (95% CI: 95; 2-501.2);  $P=0.000$  respectively. The available services were identified as immunization, maternal and child health, therapeutic nutrition, treatment of diseases, VCT, health education and safe water supply. Eighty one point three percent (81.3%) accessed the services, of which (72.8%) utilized them. Those who neither accessed nor utilized cited lack of information, long distance, stigma, discrimination, lack of privacy/confidentiality as reasons. It is recommended that strategies that will address physical inaccessibility such as outreach programmes and those addressing stigma, discrimination and payment waiving have potential to enhance accessibility and utilization of basic health care services in the study area.