ADMINISTRATIVE FACTORS INFLUENCING IMPLEMENTATION OF CASH TRANSFER FOR ORPHANS AND VULNERABLE CHILDREN IN NYANDARUA SOUTH SUB-COUNTY, KENYA

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2016
DECLARATION

This research project report is my original work and has not been presented for any award in any other university.

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This research project report is presented for examination with my approval as university supervisor.

Signature..................................................Date...................................

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DEDICATION

I dedicate this work to my mother Ms. Mary Chematui, my siblings Josphat, Lilian, Bridgid, Linnet, and Nancy and to my friend Fred Masai for their prayers and overwhelming support while I worked on my research project.
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I wish to also appreciate my peers who enriched my research through their friendship, encouragements and inputs. Thanks to the Children Services Department, Nyandarua South for allowing me to undertake this study and for availing relevant information that assisted in research. Lastly, I wish to extent my gratitude to study respondents for their contributions towards this research.
ABSTRACT

Due to threats of poverty, insecurity and HIV and AIDS, Kenya continues to experience increased numbers of orphans and vulnerable children that face poverty and despair. The government of Kenya has established a Cash Transfer Programme that delivers financial support directly to households having Orphans and Vulnerable Children. This study was meant to investigate administrative factors influencing implementation of CT-OVC in Nyandarua South. The objectives of the study were: to assess how human resource capacity in the Children Services Department influence the implementation of CT-OVC programme and to establish how coordination of work activities influence the implementation of CT-OVC programme. Other objectives were: to determine how payment mechanisms influence the implementation of CT-OVC programme; and to examine how complaint and grievance handling mechanism influence the implementation of CT-OVC programme. The study used descriptive survey design. Cluster and purposive sampling techniques were used to select a sample. The sample size consisted of 100 respondents, which comprised of 3 staff from Children Services Department, 80 beneficiaries, 3 BWC members, 10 LOC members and 4 CSAC members. Questionnaires and interview schedules were used to collect data. Descriptive and inferential statistics were employed to analyze data. Results were presented using tables and brief explanations. Majority of the respondents agreed that administrative factors significantly influenced the implementation of CT-OVC programme in Nyandarua South Sub-county. Administrative factors studied explained 73.8% on the influence on the implementation of the CT-OVC programme in Nyandarua South Sub-county. It is for the best interest of orphans and vulnerable children in Nyandarua south that CT-OVC programme is implemented effectively. Department of Children Services should build capacity of existing staff and stakeholders, recruit additional staff, collaborate more with stakeholders and increase finances required for the programme coordination. More convenient pay points should be established and payments be timely and regular. Department of Children Services should have a comprehensive data base allowed for efficient recording and tracking of complaints to resolve them in less than 30 days. Further research should be undertaken on the research topic elsewhere in Kenya, on other factors (26.2%) that influence effectiveness of the implementation of the CT-OVC programme in Nyandarua South Sub-county and on cultural factors influencing the implementation of CT-OVC programme in Nyandarua South.
# TABLE OF CONTENTS

DECLARATION ........................................................................................................................... ii  
DEDICATION .............................................................................................................................. iii  
ACKNOWLEDGEMENTS ........................................................................................................ iv  
ABSTRACT ................................................................................................................................... v  
LIST OF TABLES ....................................................................................................................... ix  
ABBREVIATIONS AND ACRONYMS ................................................................................... xii  

## CHAPTER ONE: INTRODUCTION .......................................................................................... 1  
1.1 Background to the study ........................................................................................................ 1  
1.2 Statement of problem ............................................................................................................ 5  
1.3 Purpose of the study ............................................................................................................. 6  
1.4 Objectives of the study ....................................................................................................... 6  
1.5 Research questions ............................................................................................................. 6  
1.6 Significance of the study ....................................................................................................... 7  
1.7 Limitations of the study ....................................................................................................... 7  
1.8 Delimitations of the study ................................................................................................... 8  
1.9 Basic assumptions to the Study ........................................................................................ 8  
1.10 Definitions of significant terms of the study ..................................................................... 8  
1.11 Organization of the study ................................................................................................. 9  

## CHAPTER TWO: LITERATURE REVIEW ............................................................................... 11  
2.1 Introduction ....................................................................................................................... 11  
2.2 Human resource capacity and implementation of Cash Transfer for Orphans & Vulnerable Children ......................................................................................................................... 11  
2.3 Coordination of work activities and implementation of Cash Transfer for Orphans & Vulnerable Children .................................................................................................................... 14  
2.4 Payment mechanisms and implementation of Cash Transfer for Orphans & Vulnerable Children ......................................................................................................................... 17  
2.5 Complaint and grievance handling mechanism and implementation of Cash Transfer for Orphans & Vulnerable Children .................................................................................. 20  
2.6 Theoretical framework ..................................................................................................... 22  
2.7 Conceptual framework ..................................................................................................... 23  
2.8 Knowledge gap ............................................................................................................... 25  
2.9 Summary of literature ..................................................................................................... 26
APPENDICES.................................................................................................................................................. 75

Appendix I: Letter of introduction................................................................................................................. 75
Appendix II: Questionnaire for LOC, BWC, CSAC and Children Officers....................................................... 76
Appendix III: Interview schedule for household beneficiaries........................................................................... 81
Appendix IV: Interview schedule for heads of LOC, BWC, CSAC and Children Officers.............................. 83
Appendix V: Krejcie and Morgan table for determining sample size for a finite population............................. 86
Appendix VI: Research permit ......................................................................................................................... 87
LIST OF TABLES

Table 2. 1: Knowledge gap ........................................................................................................... 25
Table 3. 1: Sample size by category of respondents................................................................. 28
Table 3. 2: Operational definition of variables .......................................................................... 33
Table 4. 1: Response rate .......................................................................................................... 34
Table 4. 2: Demographic profile of the respondents................................................................. 36
Table 4. 3: Respondents academic qualifications and period in CT-OVC programme.......... 37
Table 4. 4: Programme implementers views on adequacy of staff in terms of numbers ........ 39
Table 4. 5: Frequency of Children Department reliance on volunteers .................................. 40
Table 4. 6: Household beneficiaries rating on competence of staff ....................................... 40
Table 4. 7: Key informants opinion on competence of staff .................................................. 41
Table 4. 8: Frequency of key implementers attendance on CT-OVC trainings ....................... 41
Table 4. 9: Providers of CT-OVC trainings ............................................................................. 42
Table 4. 10: Household beneficiaries’ rating on coordination of work activities .................... 43
Table 4. 11: Key implementers’ responses on coordination of work activities ....................... 44
Table 4. 12: Satisfaction of the household beneficiaries with means of communication ........ 45
Table 4. 13: Satisfaction of programme implementers with means of communication .......... 46
Table 4. 14: Key challenges while coordinating the CT-OVC programme ............................... 47
Table 4. 15: Household beneficiaries appreciation levels on payment mechanisms ............... 48
Table 4. 16: Programme implementers’ appreciation levels on payment mechanisms .......... 49
Table 4. 17: Household beneficiaries rating on distance to the nearest paypoint .................... 50
Table 4. 18: Key implementers rating on distance to nearest paypoint .................................. 50
Table 4. 19: Household beneficiaries comments on payment mechanisms ............................ 51
Table 4. 20: Key implementers’ comments on payment mechanisms ..................................... 51
Table 4. 21: Respondents familiarity with complaint & grievance channels ......................... 52
Table 4. 22: Channels that respondents used to report their complaints & grievances ............ 53
Table 4. 23: Household beneficiaries responses on complaint & grievance handling mechanism ......................................................................................................................... 54
Table 4. 24: Key implementers’ responses on complaint & grievance handling mechanism .... 51
Table 4. 25: Nature of complaints reported by household beneficiaries ............................... 56
Table 4.26: Key implementers opinion on nature of complaints & grievances reported .......... 52
Table 4.27: Household beneficiaries opinion on resolution time for complaints & grievances... 57
Table 4.28: Key implementers opinion on resolution time for complaints & grievances .......... 54
Table 4.29: Model summary of regression analysis ................................................................. 59
Table 4.30: ANOVA of regression .......................................................................................... 60
Table 4.31: Coefficient of correlation CT-OVC implementation ........................................... 61
LIST OF FIGURES

Fig 1 Conceptual Framework ................................................................................................................. 24
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BWCs</td>
<td>Beneficiary Welfare Committees</td>
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<td>CSAC</td>
<td>Constituency Social Assistance Committee</td>
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<td>CTP</td>
<td>Cash Transfer programme</td>
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<td>CTs</td>
<td>Cash Transfers</td>
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<td>CT-OVC</td>
<td>Cash Transfer for Orphans and Vulnerable Children</td>
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<tr>
<td>DFID</td>
<td>UK Department for International Development</td>
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<tr>
<td>GRS</td>
<td>Grievance Redress System</td>
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<td>JKML</td>
<td>Jomo Kenyatta Memorial Library</td>
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<td>KAIS</td>
<td>Kenya Aids Indicator Survey</td>
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<td>LOC</td>
<td>Locational OVC Committee</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NPA</td>
<td>National Plan of Action</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PSNP</td>
<td>Productive Safety Net Programme</td>
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<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<td>TOTs</td>
<td>Trainer of Trainees</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Cash Transfers is among the most successful forms of social protection programmes. They were first pioneered in Brazil and Mexico in the mid-1990s and have spread across the world. Millions of poor households are now beneficiaries of this programme which has been credited with helping to bring down poverty rates in Latin America and in other parts (DFID, 2011). Over the past 15 years, a growing number of African governments have launched safety net programmes to provide assistance to the elderly, persons with disabilities and children, as well as households that are ultra-poor, labor-constrained, and/or caring for orphans and vulnerable children (Kenya National Gender and Equality Commission Report, 2014). Cash transfer programmes in African countries have tended to be unconditional that is (regular and predictable transfers of money are given directly to beneficiary households without conditions or labor requirements) rather than conditional, which require recipients to meet certain conditions such as using basic health services or sending their children to school. This is more common in Latin America. Most of these programs seek to reduce poverty and vulnerability by improving food consumption, nutritional and health status and school attendance (Asfaw, Davis, Dewbre, Federighi, Handa & Winters, 2012).

Inspite of a decade of relatively strong economic and political growth, high rates of poverty persist in Kenya. Between 2000 and 2009, economic growth was at an average of 3.9 percent, after a long reverse trend. Higher economic growths were recorded in 2010 and later estimated to continue increasing to 6 percent in 2013/2014. However, poverty incidence remained high at 46.6 percent in 2005/06, having declined from 52.2 percent in 2000. Poverty rates are markedly higher in rural areas (49.7 percent) than in urban areas (34.4 percent), although residents of informal urban settlements often experience great deprivation (Kenya National Bureau of Statistics, 2006). Poverty rates also tend to be higher among vulnerable groups such as children (53.5 percent), including orphans and vulnerable children (54.1 percent), older people (53.2
percent), and people with disabilities (57.4 percent) (National Gender and Equality Commission Report, 2014). The Kenya Population and Housing Census of 2009 revealed that there were 4.5 million orphans and vulnerable children. In Nyandarua County, there were over 62,306 orphans and vulnerable children out of a total population of 688,618 people.

Kenya is one of the African countries that have adopted the cash transfer programs and scaled it up to protect the poor and promote human rights. The programme is grounded on multiple national legal and policy frameworks and international commitments. In particular, Article 53 of the 2010 Constitution of Kenya spells out the rights of children and the need for their protection. Every child has the right to: free and compulsory education, basic nutrition, shelter and healthcare; protection from abuse, neglect, harmful cultural practices, exploitative labor, parental care and protection. The national policy on orphans and vulnerable children developed in 2005 is one of the earliest policy frameworks that grounded in the Cash Transfer programme for Orphans and Vulnerable Children (CT-OVC) in the pilot and scale up phase (Kenya National Gender and Equality Commission Report, 2014).

The Cash Transfer programme for Orphans and Vulnerable Children is implemented by the Government of Kenya through Department of Children Services in collaboration with partners such as UNICEF, World Bank and DfID. It is one of the flagship programmes in Kenya’s Vision 2030 and a core part of the government’s national Safety net programme (Oxford Management Policy, 2013). The CT-OVC programme broad objective entails strengthening households’ capacities to provide a social protection system through regular cash transfers to vulnerable households with OVC, in order to encourage fostering and retention of orphans and vulnerable children in their families within the communities and to promote their human capital development. CT- OVC is currently the largest Cash Transfer programs in the country. In advent of expansion of these programmes, issues to do with design and implementation have begun to dominate policy debate including participation levels of recipients, the economic viability, targeting and measurability of the impact of the programmes (Kenya National Gender and Equality Commission Report, 2014)
The programme started as a pre-pilot project covering 500 OVC households in three districts (Nairobi, Garissa and Kwale) in 2004. By 2009, the government funding to the programme increased to US $9 million from USD US$800,000 allocated in 2005 and coverage increased to 47 districts. Every year since then, the programme has received increased budget allocations from the government. For example in 2011/2012 the programme was allocated Kshs. 2.8 billion, and in 2012/2013 Kshs 4.4 billion. In 2013/2014, the programme received a lion share of Kshs. 8 billion (Kenya National Gender & Equality Commission Report, 2014). The intervention areas and geographical targeting is guided by a CT-OVC programme Expansion Plan which is developed at the national level on the basis of poverty and vulnerability criteria. Once locations have been identified, operational structures like Constituency Social Assistance Committee, the Location OVC Committee (LOC) members and Beneficiary Welfare Committees (BWCs) are established and trained. Household-level data is collected and analyzed to assess their likelihood of being poor against national standards. A list of potential beneficiaries is generated, and validated at the community baraza. The approved list of households targeted for support is then entered into the management information system, enrolled in the programme and issued with a programme identity card (Ikara, 2013).

According to CT- OVC operational manual (2015), supported households receive payments of Ksh 4,000, in cash, every two months via a Payments Service Provider. These are the Postal Corporation of Kenya (PCK), Equity Bank and Kenya Commercial Bank. The programme implementation organs are responsible for follow up with households in the communities where concerns are raised about the care being received by a child. Locational OVC Committee members are required to visit households to raise awareness on appropriate care and to provide advice on problems households are encountering in caring for children. Community awareness sessions are also conducted in the community to promote understanding of the program and to help households deal with health and family issues. The programme covers children below the age of 18 years. The program places developmental responsibilities to care givers of the beneficiaries that include; ensuring OVC aged 0-5 years receive immunization and growth monitoring, OVC aged 6-7 years regularly attend basic education; OVC acquire birth certificates and care givers attend awareness sessions. The exit from CT-OVC programme is triggered by the following: a) When there are no more OVCs in the household either because the OVC is over 18
years age limit or through death, b) In case households fail to comply with the set conditions for three consecutive payments.

An evaluation conducted between 2007 and 2011 to analyze impact of CT-OVC program in Kenya revealed that CT-OVC has had a broad range of positive impacts on beneficiary households, including poverty reduction, increase in food consumption and dietary diversity, improvement in schooling and health care utilization, and strengthening of the local economy. Evidence from the impact evaluation also indicates that the CT-OVC program impacted some aspects of the livelihoods of household beneficiaries (Oxford Management Policy, 2013). It is estimated that currently, 264,000 households are beneficiaries of the program in Kenya. Nyandarua South Sub-County has a total 300 households benefiting from the program (Children Services Department report, 2014-2015).

The DFID 2012 report, on a study conducted on government administered-unconditional cash transfer programs in Kenya, Mozambique, Uganda, Yemen and Occupied Palestinian Territories (Gaza & the West Bank) that gathered views and perceptions of beneficiaries, communities and program implementers in regard to the impact and functioning of the program revealed a number of challenges on the program. Regarding payment mechanisms, timeliness and predictability of payments had been an issue for CT-OVC. Cross-agency coordination and referral systems within and across government, development partners and NGOs was particularly weak, often leading to fragmentation and duplication of effort, and undermining potential synergies that could be achieved. In addition, grievance and complaints mechanism had varied implementation record with all exhibiting potential for further improvement. In the sub-Saharan African programs, the transfers are largely seen as a gift either from political leaders or God the volume of complaints and grievances was generally low. As one Kenyan caregiver noted, “I think if you have been given something for free you cannot complain.”

DFID report further said that even though there was a formal appeal process which Sub-County Children Officers were reported to help beneficiaries access, there was a general view that people were often reluctant to express their grievances, concerned that they may be victimized and lose their entitlement. Moreover, some beneficiaries observed that even when they had raised their
concerns about the programme to local council chairpersons, parish chiefs and sub-county officials, they had rarely been provided with feedback. Limited human resource capacity constrained all stages of the program cycle and has been a critical shortcoming in program roll-out, but had received scant explicit attention from national policy-makers and development partners. In some cases, staff had been unable to carry out their core professional work supporting vulnerable households because their time is taken up with carrying out means-testing or other implementation activities. Where capacity-building efforts were underway, these tended to benefit senior staff rather than ‘frontline’ staff working directly with beneficiaries. Kenya Social Protection Program Review Report of 2013 revealed that lack of integrated management information systems (MISs) has impeded effective management of complaints and grievances in CT-OVC.

The study sought to fill fundamental gaps in terms of information because although some valuable research had been conducted on OVC globally and in Kenya, significant gaps still remained (Kenya Situation Research Analysis on Orphans and Other Vulnerable Children Country Brief, August 2009). There was no study known to the researcher done on factors influencing CT-OVC implementation in Nyandarua South Sub-County. The study revealed administrative factors enabling or hindering programme effective implementation.

1.2 Statement of problem

The Kenya National Plan of Action for orphans and vulnerable children 2011-2014 (Children Services Department) indicated that there should be proper coordination between the Children Services Department and Stakeholders from National to Sub-County level and payments should be regular and predictable. Further, beneficiaries of the CT-OVC programme should be able to collect all their funds at convenient pay points. A functional grievance and complaint handling mechanism should be in place and adequate competent staff in all departmental offices across the country.

According to the Children Services Department Nyandarua South Sub-county annual report of 2014-2015, implementation of CT-OVC programme was affected by weak integration, supervision and collaboration of stakeholders into the programme. Inconvenient pay points, lost
and non-functional cash withdrawal cards, non-collection of funds by some beneficiaries, illegal cash deductions by some unscrupulous people and rudeness by some payment service provider staff continued to be experienced. Furthermore, some beneficiaries still feared to raise complaints for fear of victimization despite the fact that complaint channels had been established to assist them. There were only three personnel in the Sub-County office to handle the programme and related children matters. Although the Children Services Department had been holding quarterly meetings with stakeholders to review job performance and enhance cooperation, effective implementation of the CT- OVC programme was still a challenge in Nyandarua South Sub-county. The study therefore sought to establish the administrative factors influencing the implementation of CT OVC programme in Nyandarua South Sub County, Nyandarua County.

1.3 Purpose of the study

The purpose of this study was to investigate administrative factors influencing implementation of Cash Transfer Programme for Orphans and Vulnerable Children in Nyandarua South Sub-County, Kenya.

1.4 Objectives of the study

The study objectives were:

1. To assess how human resource capacity in the Children Services Department influences the implementation of CT-OVC program in Nyandarua South Sub-County
2. To establish how coordination of work activities influence the implementation of CT-OVC program in Nyandarua South Sub-County
3. To determine how payment mechanisms influence the implementation of CT-OVC program in Nyandarua South Sub-County.
4. To examine how complaint and grievance handling mechanism influence the implementation of CT-OVC program in Nyandarua South Sub-County.

1.5 Research questions

The research questions to guide the study were:

1. How do human resource capacity in the Children Services Department influence the implementation of CT-OVC programme in Nyandarua South Sub-County?
2. Is there an influence of coordination of work activities on the implementation of CT-OVC programme in Nyandarua South Sub-County?

3. How does payment mechanisms influence the implementation of CT-OVC programme in Nyandarua South Sub-County?

4. What is the influence of complaint and grievance handling mechanism in the implementation of CT-OVC programme in Nyandarua South Sub-County?

1.6 Significance of the study

The study may benefit policy makers of the Ministry of Labour, Social Security and Services through provision of information critical in reviewing and putting in place the right policies to enhance CT-OVC implementation. The management in the Children Services Department through the study may identify their strengths and weaknesses and take correct measures to achieve desired objectives of the program in Nyandarua South Sub-County. Future researchers can use this information as a base for their studies and comparisons made thus enhancing objectivity of research. Customers/clients will benefit as a result of improved implementation of the programme hence satisfaction.

1.7 Limitations of the study

Mugenda and Mugenda (2009) defined limitation as an aspect of research that may influence the outcomes negatively but over which the researcher has no control. Limitations encountered by the researcher entailed uncooperative respondents in the study who wanted gifts in exchange of information. However, the researcher was honest with them and fully disclosed the nature of the study. Some participants were unwilling to share information for fear of victimization and could resorted to giving socially acceptable answers but they were assured of anonymity and confidentiality of their identities. Besides, the researcher mailed questionnaires to the Children Services Department staff. Randomization of the participants also increased the generalizability of the study findings. Another limitation was transport problem to cover the vast Sub-County due to poor state of roads, difficulty terrain and bad weather. However, to mitigate the challenge, the researcher engaged two research assistants who assisted in administration of questionnaires and interview schedules and data were collected during cash transfer payments.
1.8 Delimitations of the study

The study investigated administrative factors influencing implementation of CT-OVC programme in Nyandarua South Sub-County with an aim of establishing how it affects performance of the programme. The researcher could have studied the same program in other parts of Nyandarua County or in other sub-counties in Kenya which would have resulted to obtaining external validity and unique information since different environments could experience different administrative factors influencing the implementation of the CT-OVC program. However, this was not possible due to vastness of the county and the country respectively. Besides, the study was delimited to one location known as Engineer. The study focused on three committees namely; Locational OVC Committee, Beneficiary Welfare Committee and Constituency Social Assistance Committee. It also dealt with the members of staff of the Children Services Department and household beneficiaries of CT -OVC program in Nyandarua south Sub -County.

1.9 Basic assumptions to the Study

The study was conducted under the following assumptions:

The respondents were to provide truthful information without bias or prejudice to reflect the reality on the ground. The participants' gender did not significantly affect their perceptions. The respondents had a good understanding on administrative factors influencing implementation of CT-OVC programmeThe variables of the study did not change in the course of the study.

1.10 Definitions of significant terms of the study

**Administrative factors** refers to managerial or organizational elements or constituents that bring about certain effects or results.

**Cash transfer programme** refers to a social assistance intervention which aims at empowering the poor with direct, regular and predictable non-contributory payments so as to reduce poverty and vulnerability.

**Cash transfer programme for orphans and vulnerable children** refers to a Kenyan government supported program intended to provide regular and predictable cash transfers to poor households taking care of OVC.
Complaint and grievance handling mechanism refers to measures put in place to settle dissatisfaction and comprises of channels, public awareness, and nature of complaints, case records and resolution timeframe of concerns raised by clients.

Coordination of work activities refers to the act of proper communication, good leadership and integration of stakeholders into the CT-OVC program to fulfil desired goals in the organization.

Human resource capacity refers to ability to execute the CT-OVC programme effectively using adequate number of employees who are academically qualified and well trained to do the job with minimal reliance on volunteer services in the implementation of the programme.

Implementation refers to executing or operationalization of the CT-OVC Programme

Influence refers to the capacity to affect something or the power to cause change without directly forcing them to happen.

Orphan and vulnerable child refers to any child who has lost one or both parents or otherwise at risk of deprivation due to an inadequate or unstable care environment.

Payment mechanisms refers to steps taken to ensure efficient and effective transfer funds from government to beneficiaries. This is done through putting in place payment service providers, easily accessible pay points as well as regular and timely payments.

1.11 Organization of the study

The study is organized into five chapters. In Chapter one, the researcher explained background of the study giving an overview of administrative factors influencing CT-OVC programme implementation from other parts of the world, Kenya and in Nyandarua South Sub-county in light of the current knowledge on the subject. The researcher discussed statement of problem, purpose of the study, objectives of the study, research questions and significance of the study, limitations and delimitation of the study, assumptions of the study and definition of significant terms in the study. In the second chapter, the researcher reviewed related literature on administrative factors influencing CT-OVC implementation. The researcher further explained the theoretical framework and conceptual framework as well as summary of the literature review. Chapter three focused on research methodology which comprised of an introduction, research design, target population, sample size and sampling techniques, research instruments, data collection procedure and data analysis techniques used, ethical considerations and operational
definition of variables in the study. Chapter four described data analysis, presentation and interpretation. The chapter reported on the main results to be obtained from analysis of data, interpretation and presentation of results. The presentation was be done using tables, percentages, frequencies and a brief explanation. Chapter five presented a summary of findings, discussions, conclusions and recommendations based on the stipulated objectives in a bid to answer the research questions.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter focuses on related studies to the topic that have been done before by other researchers. It particularly looks at influence of complaint and grievance mechanism, coordination, human resource capacity and payment mechanisms on CT-OVC implementation. The literature was reviewed from global, Africa and local perspectives. Furthermore, a theoretical framework and conceptual framework based on the study is drawn. The researcher concludes by providing a summary which reveals gaps in the literature reviewed.

2.2 Human resource capacity and implementation of Cash Transfer for Orphans & Vulnerable Children

Human resource capacity is about ensuring that an organization has enough people with the necessary skills to achieve its objectives (Cacio, 1992). This means that an organization has to focus on the areas of planning, staffing, and training of employees.

The greatest assets of any organization are its human resource and organizations spend considerable resources in building the capacities of their employees (Yamoah E.E. 2014). The main goal of employees’ training and empowerment is to help the organization achieve its mission and business goals (Pinnington & Edwards, 2000). It is a fact that the provision of quality goods and services by any organization depends on the quality of its workforce. Cole (1993) defined training as any learning activity which is directed towards the acquisition of specific knowledge and skills for the purposes of an occupation or task while Cascio (1992) referred to performance as an employee’s accomplishment of assigned tasks. The relationship between training and employee performance have been well established in literature.

According to the Ministry of Labour, Social Security and Services Strategic Plan
(2008-2012), several challenges were encountered during implementation of social protection programmes. Foremost among these challenges was inadequate human resource capacity to handle increased workloads, which were mainly occasioned by the increase in the number of districts during the 2008-2012 period which stretched the existing capacity. Effectiveness of services offered was greatly hampered by inadequate access by citizens mainly due to lack of offices and officers in most Districts then. As a result of transition into the devolved government system, increased civic awareness and the need by the county governments to have their citizens receive the services, therefore the Ministry is very likely to experience greater strain on its human, financial and infrastructure resources due to the high expectations of citizens. The Ministry currently does not have all its departments with field offices in all the counties. Several key lessons were learnt during the implementation of the Strategic Plans for the 2008-2012 one being the importance of adequate staff and progressive capacity building of officers to equip them with relevant skills.

Focusing on the Ministry of Labour, Social Security & Services Strategic Plan (2013-2017), four key result areas have been identified on which the Ministry will focus during the implementation of this Strategic Plan. These are: Best labour practices; Social protection and services; Manpower development, Employment and productivity management; and Policy coordination and capacity building. The successful implementation of this plan will require high level of coordination, dedication and personal drive of all staff. At policy and administrative levels, efforts will be directed towards streamlining operations and availing resources to facilitate timely delivery of expected outputs.

International Red Cross & Red Crescent Movement guidelines for cash transfer programming (retrieved from www.icrc.org) stipulates that given the innovative nature, cash transfer programmes often require staff with specific skills, previous experience and strategic vision. The number and type of personnel required to manage and implement such programmes effectively vary according to the type of programme being implemented. However, all cash transfer programmes require as a minimum the following staff positions: Experienced programme manager (preferably experienced in managing cash transfer programmes), Technical specialist with skills in emergency food security and/or livelihoods to assess needs and support programme
Oversees Development Institute (2013) in partnership with the Kenyan national research teams conducted a qualitative research focusing on beneficiary and community perceptions of the CT-OVC programme in Kenya, as part of a multi-country study in five countries (Kenya, Mozambique, Occupied Palestinian Territory (OPT), Uganda and Yemen). The study entailed primary and secondary data collection and analysis of targeting effectiveness as well as impact and operational effectiveness. The study was conducted in two districts of Kenya: Makueni in the East and Busia in the West. A household panel survey (with a quasi-experimental randomized control-treatment design) and qualitative fieldwork was conducted.

Oversees Development Institute study aimed at ensuring that policy and programming better reflected the views of programme beneficiaries and implementers. The CT-OVC Secretariat coordinated and supervised implementation; and the Technical Working Group (TWG), comprising the OVC Secretariat and key donors, offered technical support. The District Children’s Officer (DCO) took care of administrative aspects and coordinating logistical processes in the District. While human resources at national level were adequate, at district level staff were stretched and at community level the programme relied mainly on volunteers. Overall, beneficiaries reported satisfaction with implementation. The study recommended that at District level, increased numbers of qualified staff were needed to improve efficiency. Donor representatives also pointed to the need to address staff shortages and build the capacity of existing staff. Generally, adequate manpower is a critical issue in implementing a program like CT-OVC effectively. This is due to the fact that enough manpower is directly proportional to productivity, safety of the employees since it reduces overworking, brings innovations, enhances customer relations, keeps an organization accountable, among other benefits.

Kenya National Plan of Action for Orphans and Vulnerable Children (2007-2010) recognizes that orphans and vulnerable children require quality services that will significantly guarantee their transition to responsible adulthood. This NPA provides the framework for a well guided national response to OVC situation in the country. One of its main objective is to increase the
capacity of government and other institutional structures to coordinate OVC interventions by having in place adequate and competent staff in place implementing the CT-OVC programme from national to sub-county level. Generally, trainings are ways of helping people know and understand how to carry out some tasks/activities. It helps people know what they should do and what they should not do by giving them the required information.

2.3 Coordination of work activities and implementation of Cash Transfer for Orphans & Vulnerable Children

Coordination, which takes place at different levels and with different bodies, aims to avoid duplication and gaps. In internal institutional coordination, operational and support departments will need to engage in certain aspects of the cash transfer programme as follows: Senior management (dialogue with government ministries/relevant authorities/donors), food security/economic security/relief/disaster management departments (programmed sign and management), logistics (tenders for voucher programmes, transport and delivery), finance and administration (human resource issues, contracts with traders, taxation and insurance laws, financial transfer mechanisms), information and dissemination (programme communication strategy) and external relations (donor liaison). It is important to devise a clear communication and dissemination strategy for cash transfer programmes to answer questions from stakeholders and interested groups. The strategy should explain what to say about the programme, when to say it and the most effective way of saying it (www.icrc.org).

Kauffman and Collins (2012) made a comparative study of emergency cash coordination mechanisms in Haiti, Horn of Africa (case of Kenya and Somalia) and Pakistan. They defined cash coordination to include both technical functions that focus on process such as (sharing lessons learnt, harmonizing approaches to delivering cash, developing guidelines) and strategic and operational functions that focus more on results and impacts. It assists in avoiding gaps, duplications and conducting advocacy to promote appropriate Cash Transfer Programs and influencing policy. The objective of the comparative study was to draw on lessons learnt for better coordination of cash transfer programs (CTP) in future emergencies and to help build the Cash Learning Partnerships (CaLP’s) advocacy strategy on cash coordination at global level.
Kauffman & Collins further explains that 77 people were met and interviewed. Document review was principally conducted at country level to improve understanding of activities implemented by the Cash Transfer Program coordination mechanisms, and of the studies and tools developed. For the sake of the comparative study, existing global studies, pieces of research and the Cash Learning Partnership strategy (2011-2015) which all tackled the issue of cash coordination, were also reviewed, series of semi structured interview with a variety of actors mainly International Non- Governmental Organizations (NGOs) private sector and host governments to evaluate the achievements and difficulties encountered. The study revealed that enabling factors for cash coordination were leadership and appropriate communication. Limiting factors for cash coordination were lack of predictability in leadership and unclear communication as well as lack of dedicated human resources. The study recommended a need to put in place sufficient resources necessary in order to properly support cash coordination as well as monitoring and evaluation of the cash transfer programmes.

Barrientos, Byrne, Villa and Peña (2013) studied how the design and implementation of social transfers could contribute to improved child protection outcomes. Experts contributed to the paper by providing comments and inputs, sharing the literature and participating in meetings and discussions in the horn of Africa that is Kenya, Somalia and Ivory Coast. Coordination entailed collaboration and information sharing between agencies. The study found out that introduction of social transfers had resulted in greater horizontal and vertical coordination among public agencies. However, coordination was reactive rather than strategic and did not foster harmonized programmes. There was no clear lines of communication. In terms of Integration with other social protection programmes, national- level informants felt the programs current stand-alone nature was a challenge, since it might lead to duplication of effort and lack of coordination. The study recommended that the government should the CTPs by developing a single registry for all social transfer programs. The study concluded that coordination played a key role in the design and implementation of social transfers despite changes that were still being experienced.
CaLP (2015) conducted a case study on cash transfer programmes in arid and semi-arid lands of Kenya. The aim of the case study was to document the actions being taken to build the knowledge, attitude, practices and capacity of the county governments/state actors in relation to cash transfers. The study established that cash transfer programme coordination had not really taken off and seemed to be limited by issues around leadership and resourcing. Several CT projects/programmes being implemented by both state and non-state actors, it is unclear who is to take leadership especially between the state departments since both national and county governments are either implementing or have an interest in the implementation. Leadership is linked to resources as whoever takes up the leadership should also be able to allocate the required resources to provide the necessary secretariat. The delicate relationship between national and county government institutions and the constant debate on roles and mandates pertaining to matters in the county may however be an impediment for the forum to successfully take off under such an arrangement. Irrespective of capacity or resources, the county government needs to be seen as leading this process for ownership and sustainability. There were requests however from Marsabit and Turkana counties for Cash Learning Partnership (CaLP) to facilitate dialogue between state actors and find a solution to moving coordination forward.

The Kenya National Gender and Equality Commission (2013) conducted an audit of the cash transfer programs for the Orphans and Vulnerable Children (OVC), Persons with Severe Disabilities (PWSD), and the Elderly in 21 sub-counties of Kenya. The audit was limited to 12 counties; Machakos, Kirinyaga, Marsabit, Nakuru, Vihiga, Siaya, Kajiado, Mombasa, Kilifi, Nyamira, Homabay, and Baringo. The objective was to provide the national and county governments with a snap shot account of the implementation of the cash transfer programme and the level of participation of the vulnerable populations in programs designed for them. The audit was conducted in two phases and assessed the effects of the program to vulnerable populations and their immediate families, and challenges faced by various players and agencies during the implementation.

Furthermore, the Kenya National Gender & Equality Commission audit established that in overall, the three cash transfer programs in Kenya had been successful and had had remarkable
achievements. The study established that the level of participation of the communities and beneficiaries in the administration of the cash transfer programme was generally low. The audit identified key challenges hindering their participation as; lack of correct and adequate information on the processes of enrollment into the program. This report recommended that the national and the county governments should review targeting, coordination and implementation guidelines of the cash transfer program in light of the principles of devolution and recent legislation frameworks such as the Social Assistance Act of 2013 for a sustainable social security program at national and county level.

2.4 Payment mechanisms and implementation of Cash Transfer for Orphans & Vulnerable Children

World Bank (2011) studied Control and Accountability in Conditional cash transfer (CCT) programs in Latin America and the Caribbean (LAC) which had become flagship national social programmes with increasingly broad coverage and demonstrated results. By providing cash payments to poor families that meet certain behavioral requirements (called co-responsibilities), generally related to children’s health care and education, Conditional Cash Transfers (CCT’s) seek to alleviate poverty in the short-term while fostering human capital development in the long-term. Evidence from a number of countries showed that these programmes were well targeted, reduced poverty in the poorest households, and improved the use of education and health services.

World Bank further found out that payment processes did not face major risks in terms of procurement and financial management and did not appear to be corruption-prone. In Bolivia, the programme stopped using the Army to deliver payments in remote areas and contracted financial agencies to provide payments for the entire country. The reconciliation process was conducted daily through a technological platform. In Colombia, the programme increased the bancarization of beneficiaries through personal bank accounts. In Argentina, payments for the Family Allowance programme made directly to beneficiary bank accounts increased from 70 percent in 2008 to 93 percent in 2010.
DFID (2011) conducted a literature review to synthesize the global evidence on the impact of cash transfers in developing countries, and of what works in different contexts, or for different development objectives. Methodology used was peer review. While the primary purpose of cash transfers was to reduce poverty and vulnerability, the evidence showed that they had proven potential to contribute directly or indirectly to a wide range of development outcomes. The study established that an increasing number of governments were switching to innovative mechanisms for electronic delivery of cash transfer payments to reduce costs and leakage, as well as promote financial inclusion of the poor (e.g. mobile phone technology in Kenya, debit cards in Mexico). They recommended that rigorous evaluation mechanisms were needed to strengthen the evidence base for the effectiveness of financially inclusive payment arrangement for cash transfer programmes and more research was needed to track how transfer recipients used financial services when offered to them, and to document the cash transfer value from a financial inclusion perspective.

International Policy Centre for Inclusive Growth (2016) reports that the Government of Kenya has made concerted efforts to ensure that payments are made electronically to beneficiaries. Two-factor authentication based on a Personal Identification Number (PIN) and a national identification card and/or a biometric fingerprint are used to identify beneficiaries. Moreover, greater steps have been taken to deliver cash benefits through outsourced payment delivery services and to link these transactions with the overall programme Management Information System (MIS) to avoid manual processes that can be subject to human error or deliberate manipulation. Since 2013, social cash transfers in Kenya have been delivered electronically through limited-purpose accounts in commercial banks or through an accredited agency for beneficiaries who live in remote areas. The accredited agents come under the responsibility of the serving bank which bears the liability for the payment process. Moreover, it has been agreed between the government of Kenya with the service providers that all participating banks or agents should be within a 6 km radius of all beneficiaries, which substantially reduces the distance between beneficiaries and payment points.
CaLP (2015) conducted a case study on cash transfer programmes in arid and semi-arid lands of Kenya. The study established that some of the agents for the financial service provider had been criticized—said to be forcing beneficiaries to take goods instead of cash due to cash flow problems. In some counties there have been reports of agents charging beneficiaries an extra fee aside from the commission they are already receiving from financial service provider.

Mohamed Abdi Hussein (2012) studied challenges facing the implementation of cash transfer program for OVC in Kenya: a case of Iftin Location in Garissa County. This study is among U.O.N unpublished thesis. Independent variables of his study entailed identification of households, payment mechanisms, multi-sectorial programming, recipients’ attitude and how collaboration and community participation affected implementation (dependent variable) of cash transfer. He sampled 58 households, 1 DCO and 15 LOC committee members. He used cluster and simple random sampling techniques to obtain samples from the population. Descriptive survey design was used. Data was analyzed using SPSS. This processed the frequencies and percentages which were used to discuss the findings.

In addition, Mohamed Abdi Hussein established that payment mechanisms faced challenges which included not accessing cash in good time, distance to facility, delay in payment of cash and confusion due to change of payment dates, loss of program identification numbers and national identification numbers and unknown dates of payment. There was also high transport cost from home to service provider and overcrowding during reception of cash. Based on the findings, he recommended that other avenues for payment such as banks and mobile money transfers to facilitate payment and to avoid long queues to money collection points. There was need to putting enough personnel in paying facility. The study concluded that payment mechanisms influenced implementation of CT-OVC Program. CT-OVC program is now using agency banking technology and smartcard to make money transfers to beneficiaries within Nyandarua South Sub-County. This is faster and more secure way than it was previously (Children Services Department Nyandarua South, 2015).
2.5 Complaint and grievance handling mechanism and implementation of Cash Transfer for Orphans & Vulnerable Children

Social Development Department and East Asia Social Protection Unit (2014) did a case study on grievance redress system of the conditional cash transfer system in the Philippines. The Pantawid Pamilyang Pilipino Programme (Pantawid Pamilya) is the Government of Philippines’ flagship social assistance programme. It is a conditional cash transfer (CCT) program that targets poor households with children and/or pregnant women. The Pantawid Pamilya program has dual objectives: to provide cash grants to poor households for short-term poverty alleviation and to break intergenerational poverty through investments in human capital.

Social Development Department and East Asia Protection Unit further explains that Pantawid Pamilya Grievance Redress System (GRS) was designed and launched in the year 2007 to facilitate due process in resolving the complaints and grievances of beneficiary households and citizens at large. The study revealed that a series of strategic communication activities had improved public knowledge of the program and of the GRS, a comprehensive data base allowed for efficient recording and tracking of complaints and grievances and nature of complaints relating to payments and exclusion errors were mostly reported. Grievance resolution timelines had improved from 90 days to 32 days (Department of Social Welfare and Development, 2012). The study recommended that other aspects of grievance redress such as impartiality, accuracy, complainant satisfaction, staff behavior and informal payments needed to be captured in future and enhance direct communication with the complainant.

According to Kenya’s Cash Transfer for orphans & vulnerable children strategic plan 2014-2017, Department of Children Services is responsible for implementing the rights, grievances and complaints component of the programme. The Department at Sub-county level works in collaboration with stakeholders which entail CSAC & BWCs who should be trained on a variety of rights-related issues related to the CT-OVC. The stakeholders are responsible for informing Beneficiary and Non-Beneficiary Households of their rights and channels to address complaints and grievances. Some of these complaints can be resolved with on-the-spot information provision, other complaints (such as intra-household disputes) may need further support or referral. Complaints that cannot be resolved by different committees are documented in a
logbook and forwarded to the Sub-county Children Officer. Again some complaints can be resolved at the county level, either by referring beneficiaries direct to the Equity Branch (for complaints related to lost cards, or the need for a PIN number), but others need to be referred to Nairobi (CT-OVC secretariat). Although complaints which can be resolved at sub-location and county level can often be addressed quite rapidly, when the issue has to be referred upwards or to other authorities (in the case of ID cards) there can be significant delays.

Kenya’s Social Protection Annual Review (2013) was carried out by an independent consultant, with the active input of the DFID Kenya Poverty, Vulnerability and Hunger Team, GoK, other development partners including AusAid, World Bank and UNICEF and Hunger Safety Net Programme (HSNP) implementing partners. Field visits were carried out during April/May to HSNP project sites in Lodwar and Nakitoekirin, in Turkana County and to CT-OVC project sites in Kawangware, Nairobi and Muthetheni, Machakos. During field visits, meetings and interviews were held with beneficiaries, County and District GoK officials and implementing partners. The consultant returned in June to participate in the CT-OVC Joint Review Mission, in order to promote a harmonized approach to program review. Two presentations of draft findings were made to stakeholders and feedback was incorporated.

Kenya’s Social Protection Annual Review found out that complaints and grievances in the National Safety Net Programmes centered on: lack of clear guidance/format on complaints & grievance recording; roles of community structures in terms of recording, resolving and reporting on complaints & grievance; and the capacity of officers to manage the volume of complaints and grievances. The study recommended that CT-OVC administrators conducts awareness on complaints & grievances with officers, beneficiaries, other structures, and communities by December 2014. Social Protection Secretariat to develop a brief in the format of ‘frequently asked questions’ to support the resolution and escalation of complaints at Beneficiary Welfare Committee level by December 2014. CT-OVC to deploy/engage additional/temporary staff to support the sub-county officers for recording and handling of complaints by May 2015.

CT-OVC strategic plan 2014-2015 highlights that an elaborate complaints and grievances mechanism has been established at different levels of implementation to address all emerging
issues from stakeholders. This includes a toll-free line managed by the social protection secretariat.

2.6 Theoretical framework

The study was guided by General Management Theory by Henri Fayol (1841-1925) to explain administrative factors influencing implementation of CT-OVC programme within Nyandarua South Sub-county. Fayol (1841–1925) believed that focusing on managerial practices could minimize misunderstandings and increase efficiency in organizations. The theory enlightened managers on how to accomplish their managerial duties, and the practices in which they should engage (McLean & Jacqueline, 2011). Fayol developed principles of management in order to help managers manage their affairs more effectively and outlined various elements of management that depict the kinds of behaviors managers should engage, in so that the goals and objectives of an organization are effectively met.

Management of CT-OVC programme and implementation can borrow from the Fayol’s theory for careful planning, coordination, staffing, commanding and controlling. These element will ensure effective administration of the program thereby benefiting the targeted persons. Other scholars that have made use of the theory in their studies include Mirera (2012) who studied head teachers’ and institutional factors influencing students’ performance in Kenya Certificate of Secondary Education in public secondary schools in Nyamira district, Kenya. He pointed out that application of principles of management would improve human relations, production, efficiency and administration of the public schools in Nyamira District. Kerubo (2013) studied factors influencing functions of boards of management in public secondary schools in Semeta District, Kisii County, Kenya. In relation to management theory, she argued that work measurement provided useful information on which to base improvements in working methods. Improving work methods brought enormous increases in productivity and enabled employees to be paid by results and to take advantage of incentive payments.
2.7 Conceptual framework

In the study, administrative factors are the independent variables and CT-OVC implementation was the dependent variable. External factors that moderated the interaction are as displayed in Figure
INDEPENDENT VARIABLES

Human resource capacity
• Number of personnel
• Volunteers
• Academic qualifications
• Skills

Coordination of work activities
• Communication
• Leadership
• Integration of stakeholders

Payment mechanisms
• Payment service providers
• Pay points
• Regularity and timelines

Complaint and grievance handling mechanism
• Channels
• No of beneficiaries informed
• Nature of complaints/grievance
• Resolution timeframe

DEPENDENT VARIABLE
CT-OVC implementation
• No of OVC accessing school
• No of OVC who have acquired birth certificates

MODERATING VARIABLE
• Political will
• Donor influence

Figure 1: Conceptual framework
Independent variables in this study were human resource capacity, coordination of work activities, payment mechanisms as well as complaint and grievance mechanisms and influenced the dependent variable which is CT-OVC implementation. These variables were moderated by political will and donor influence which significantly affected the relationship between the independent and dependent variables.

2.8 Knowledge gap

The research observed the gaps identified within the review of relevant literature as shown in the Table 2.1.

**Table 2.1**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Author</th>
<th>Focus of the study</th>
<th>Findings</th>
<th>Knowledge gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resource capacity</td>
<td>Oversees Development Institute (2013)</td>
<td>Beneficiary and community perceptions of the CT-OVC programme in Kenya</td>
<td>Adequate Human resources at stretched and at community/grassroot level</td>
<td>Study was limited to number of staff and didn’t focus on competency of staff, their academic qualifications and volunteers/</td>
</tr>
<tr>
<td>Coordination of work activities</td>
<td>Kenya National Gender and Equality Commission (2013)</td>
<td>Audit of the cash transfer programs in Kenya</td>
<td>lack of correct and adequate information on the processes of enrollment into the programme</td>
<td>The study focused more on publicity creation about the programme and not leadership, communication and integration of stakeholders</td>
</tr>
<tr>
<td>Payment mechanisms</td>
<td>Mohamed (2012)</td>
<td>Challenges facing the implementation of cash transfer</td>
<td>Payment mechanisms faced challenges</td>
<td>The study emphasized on identification of households</td>
</tr>
<tr>
<td>Complaint and grievance handling mechanisms</td>
<td>Social Development Department and East Asia Social Protection Unit (2014)</td>
<td>A case study on grievance redress system of the conditional cash transfer system in the Philippines</td>
<td>Grievance resolution timelines had improved from 90 days to 32 days</td>
<td>Study carried out in the Philippines focused on grievance redress system and not channels as well as nature of complaints and grievances</td>
</tr>
</tbody>
</table>

### 2.9 Summary of literature

This chapter reviewed the relevant literature on the administrative factors influencing implementation of the CT-OVC programme in Nyandarua South Sub-county. The wide range of literature reviewed on CT-OVC programme pointed out that human resource capacity, coordination of work activities, payment mechanisms and complaint and grievance handling mechanism are critical factors in ensuring the success of the programme. The chapter also presented a conceptual framework and theoretical framework on which the study was based on.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methodology used in the study. It encompasses the research design, target population, sample size and sampling procedures, data collection instruments which entail pilot testing of the instruments, validity and reliability of the instruments. The researcher further explains data collection procedures and data analysis techniques. In addition, ethical considerations and operational definition of variables are presented.

3.2 Research design

The study used descriptive survey design. Descriptive survey design was adopted since it helped to establish the pertinent facts that the researcher intended to establish without necessarily manipulating the variables of the study (Koul, 1990). The researcher also chose the design since it assisted in collecting data from a large group at the same time providing a numeric description of a sample representation of a whole population. The design focused on collecting information from respondents on their opinions on administrative factors influencing CT-OVC implementation at that specific point in time in the organization studied without trying to make causal statements. It allowed for rapid collection of data from various respondents within the vast sub county, bearing in mind the time constrains.

3.3 Target population

Target population is a group of individuals, objects or items from which samples are taken for measurement (Mugenda & Mugenda, 1999). The target population were 3 Children Services Department staff, 100 CT-OVC beneficiaries (caregivers), 3 Beneficiary Welfare Committee members, 10 Locational OVC Committee members and 4 Constituency Social Assistance Committee members within Nyandarua South sub-county (Children Services Department, Nyandarua South, 2015). The sub-county was chosen because it was among the first sub counties in Nyandarua County to benefit from CT-OVC programme. The Sub-County has three locations namely; Engineer, North Kinangop and Kitiri.
3.4 Sample size and sampling procedures

According to Kothari (2004), sampling refers to the process of selecting appropriate number of subjects from a defined population. Sampling entailed a combination of cluster sampling and purposive sampling techniques. Cluster sampling was carried out in the vast Sub-county to select one location and household beneficiaries. The researcher chose a sample size of 100 respondents. A sample size of 80 beneficiaries and 10 LOC members were obtained as determined by Krejcie & Morgan table (Appendix V). Four members of the CSAC were purposively selected and they included the chairman, secretary, treasurer and vice secretary of CSAC committee. They were purposively selected since they had relevant information on administrative factors influencing the implementation of cash transfer programme for orphans and vulnerable children within Nyandarua South. All the three Children Services Department officers and three members of the BWC formed the sample population in their respective categories. Table 3.1 shows sample size by category of respondents.

Table 3.1
Sample size by category of respondents.

<table>
<thead>
<tr>
<th>Category</th>
<th>Target Population</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Services Department</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Beneficiaries</td>
<td>100</td>
<td>80</td>
</tr>
<tr>
<td>BWC</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>LOCS</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>CSAC</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>120</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Children Services Department Nyandarua South Sub-County (2015)

3.5 Data collection instruments.

Questionnaires were used to collect data from Children Services Department staff, Beneficiary Welfare Committee, Constituency Social Assistance Committee and Locational OVC Committee
while interview schedules collected data from beneficiaries. The instruments were developed by the researcher. The questionnaire is an ideal instrument to gather descriptive information from a large sample in a fairly short time (Kothari, 2004). It can also be answered at the convenience of the respondent and picked at a later time. Using questionnaires is relatively a cost effective method of data collection and can be stored to act as reference in future. In the process of constructing questionnaires, indicators for variables under study were captured. Besides, it contained both closed and open ended questions. Interview schedules complemented questionnaires whereby it helped the researcher clarify ambiguous answers in the questionnaires. Both questionnaires interview schedules had five sections. The instruments were used to gather information on influence of human resource capacity, coordination of work activities, payment mechanisms and complaint and grievance handling mechanisms on CT-OVC implementation.

3.5.1 Pilot testing of the instruments

Pilot testing was conducted in the neighboring Kipipiri Sub-County before the actual study commenced. The sub-county was selected for piloting since a similar programme is administered in the sub-county and population in the two sub-counties are homogenous. Mugenda and Mugenda (2003) argue that the pretest sample should not be large and a number between 1% to 10% is good depending on the population size. Therefore, a sample of 6% of total number of respondents were selected. The sample comprised of 1 staff from Children Services Department, 2 household beneficiaries, 1 BWC, 1 LOC and 1 CSAC member. These respondents were selected through purposive sampling. The pilot test was used to pre-test research instruments, including questionnaires and interview guides to ascertain the validity and reliability of the instruments (Polit & Baker in Nursing Standard, 2002; Van & Hundley, 2001). It also checked if the instruments delivered the kind of data anticipated. The pilot testing helped the researcher to remove any ambiguities in the research instruments (Mugenda & Mugenda, 1999). Suggestions and comments from the tests were used to improve the instruments.
3.5.2 Validity of the instrument

Validity refers to the degree to which results obtained from the analysis of data actually represent the phenomenon under study. It therefore has to do with how accurately the data obtained in the study represents the variables of the study (Mugenda, 2003). Internal and content validity were ascertained. Internal validity was ensured by checking the questions and ascertaining that they provided the type of responses expected. Regular consultations with peers and supervisor helped to ensure the questionnaires content was comprehensive and adequate for it to measure what it was supposed to be measure. The pilot test was used to determine the extent to which the content of the instrument was appropriate and measured what the researcher wanted to find out.

3.5.3 Reliability of the instrument

The extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability; and if results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable (Joppe, 2000). Kirk and Miller (1986) identify three types of reliability referred to in quantitative research, which are inter-rater/observer reliability, test-retest reliability and parallel-forms reliability. In the study, test-retest reliability type was measured.

The same test was administered twice to the same group of participants after an interval of one week. The tests results were correlated using Karl Pearson’s correlation coefficient formula.

\[ r = \frac{\sum (x_i - \bar{x})(y_i - \bar{y})}{\sqrt{\sum (x_i - \bar{x})^2 \sum (y_i - \bar{y})^2}} \]

Where \( r \) = reliability coefficient
\( n \) = Number of respondents
\( x \) = Total score of the test administered
\( y \) = Total score of the retest administered
A correlation of over 0.7 for each instrument was considered reliable. The researcher obtained similar results from a test-retest scenario from which the reliability coefficient $r = 1.00$ was obtained. Reliability of the interview schedules were ensured through one-to-one interviews with standardized questions. Interviewers were trained in the interview process and about how to avoid biases.

3.6 Data collection procedures

Two research assistants were identified and trained on research procedure and ethical issues namely: confidentiality, seeking for respondents consent, non-disclosure of research information outside research confines, reliability entailing non-distortion of research findings, and sharing with the research respondent information on how the research findings would affect them. They were expected to collect data, compile and clean data on daily basis during the data collection exercise to ensure data integrity and forward the tools to the researcher for data analysis (Sapsford, 2007). Data collection was done within one week. The questionnaires were hand delivered to informants accompanied with a self-introduction letter at pay points and their respective places while the household beneficiaries were interviewed and their responses recorded. The key informants were requested to fill in the questionnaires within a week. Follow ups were made by telephone calls and short messages to maximize response rates. Data from filled-in questionnaire items was collected and at the end of each day and assessed for accuracy, callbacks and completeness.

3.7 Data analysis techniques

Data analysis involves organizing data into patterns, categories and basic descriptive units. This study’s data was analyzed using a computer software called the Statistical Package for Social Sciences (SPSS) version 20. First, the collected data was put into two categories that is quantitative and qualitative data. Quantitative data included data that was obtained from closed-ended questions while qualitative data was obtained from open-ended questions in the interview schedules.

Quantitative data was first coded and then entered into the SPSS software using the codes that were assigned to each response. After data entry, it was analyzed and presented in form of statistical frequency tables that were followed by a brief explanation.
Thematic data analysis procedure was used to analyze qualitative data. First, the researcher listed all responses in each open-ended question and then put them into manageable categories. Each category obtained related answers in the question. In each category, the researcher assigned a theme that covers all the responses in that category in form of a phrase. The themes were coded, entered into SPSS and analyzed like quantitative data and then presented in form of statistical frequency tables and a brief explanation followed.

In addition, the researcher carried out inferential statistics to establish the influence of independent variables on dependent variable. Specifically, the researcher applied the regression analysis model summary, analysis of variance and Coefficient of determination of the correlation to establish the influence of independent variables (human resource capacity, coordination of work activities, payment mechanisms, complaint and grievance handling mechanisms) on the dependent variable (effective implementation of the CT-OVC Programme).

3.8 Ethical considerations

In this study, the ethical issues were upheld to ensure that dignity of participants was maintained. Informed consent, privacy, confidentiality, anonymity and researchers responsibility was ensured. The researcher ensured that the respondents received a full disclosure of the nature of the study, the risks, benefits, expected duration and procedure to be followed and extent of privacy and confidentiality, with an extended opportunity to ask questions. Participants in the research therefore made their decision to participate based on adequate knowledge of the study. The researcher was also sensitive to human dignity at all times during the research.

3.9 Operational definition of the variables

Operationalization is the process of strictly defining variables into measurable factors. The process defines fuzzy concepts and allows them to be measured empirically and quantitatively (Shuttle worth, 2008). Table 3.2 displays operational definition of variables.
Table 3.2
Operational definition of variables

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Variable</th>
<th>Measured Variable (Indicator)</th>
<th>Measurement</th>
<th>Scale</th>
<th>Data collection methods</th>
<th>Methods of data analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>To assess how human resource capacity in the Children Services Department influence the implementation of CT-OVC programme in Nyandarua South Sub-county</td>
<td>Independent Variable: human resource capacity</td>
<td>- Number of Personnel</td>
<td>Records</td>
<td>Ratio</td>
<td>Interview Schedules, Questionnaires</td>
<td>Descriptive statistics, Inferential statistics; Regression, Model Summary, ANOVA &amp; Correlation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Number of volunteers</td>
<td>Education level Courses attended</td>
<td>Ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Competence - Skills</td>
<td></td>
<td>Ordinal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nominal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To establish how coordination of work activities influence the implementation of CT-OVC programme in Nyandarua South Sub-county</td>
<td>Independent Variable: coordination of work activities</td>
<td>Communication Leadership Integration of stakeholders</td>
<td>Attendance of meeting Minutes of meeting No. of participants</td>
<td>Ordinal</td>
<td>Interview Schedules, Questionnaires</td>
<td>Descriptive statistics, Inferential statistics; Regression, Model Summary, ANOVA &amp; Correlation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nominal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To determine how payment mechanisms influence the implementation of CT-OVC programme in Nyandarua South Sub-county</td>
<td>Independent Variable: payment mechanisms</td>
<td>Payment service providers Pay points Regularity &amp; timeliness</td>
<td>Payroll Payment records</td>
<td>Nominal</td>
<td>Interview Schedules, Questionnaires</td>
<td>Descriptive statistics, Inferential statistics; Regression, Model Summary, ANOVA &amp; Correlation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ordinal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To examine how complaint &amp; grievance handling mechanism influence the implementation of CT-OVC programme in Nyandarua South Sub-county</td>
<td>Independent Variable: complaint &amp; grievance handling mechanism</td>
<td>Channels No. of beneficiaries aware Nature of complaints Resolution time</td>
<td>No. of complaints registered</td>
<td>Ratio</td>
<td>Interview Schedules, Questionnaires</td>
<td>Descriptive statistics, Inferential statistics; Regression, Model Summary, ANOVA &amp; Correlation</td>
</tr>
<tr>
<td>county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ANOVA &amp; Correlation</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---------------------</td>
<td></td>
</tr>
</tbody>
</table>


CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents the study findings on the influence of human resource capacity, coordination of work activities, payment mechanisms and grievance and complaint resolution mechanism on the implementation of CT-OVC programme in Nyandarua South Sub-county. Data were collected from household beneficiaries, LOC, BWC, CSAC and Children Services Department staff. Data were presented in form of frequency tables followed by brief explanations. Thematic data analysis procedures were used to analyze qualitative data. The researcher applied regression analysis Model Summary, Analysis of Variance and coefficient of determination of the correlation to establish the influence of independent variables on dependent variables.

4.2 Questionnaire response rate

The study targeted a sample of 100 respondents. All the questionnaires and interview schedules distributed to the respondents were answered and returned making the response rate 100%. Mugenda and Mugenda (2003) assert that more than 70% response rate is very good. Based on the recommendation by the scholars, the response rate was considered “very good”, therefore, a good basis for analysis. Table 4.1 shows the response rate.

Table 4.1

<table>
<thead>
<tr>
<th>Category</th>
<th>Sample size</th>
<th>Actual response</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household beneficiaries</td>
<td>80</td>
<td>80</td>
<td>100%</td>
</tr>
<tr>
<td>Children Officers</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>BWC</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>LOCS</td>
<td>10</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>CSAC</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100%</td>
</tr>
</tbody>
</table>
4.3 Demographic profile of the respondents

Background information about the respondents guides the researcher in determining what factors may influence the respondents’ way of answering questions, their consciousness and views (Arnold & Fitzgerald, 1996). In this study, the researcher looked at the gender, age, education level, period as a beneficiary of CT-OVC programme implementation (for household beneficiaries only), number of years worked with or collaboration with Children Services Department CT-OVC programme (for the key informants only) and the position key informants held in office. The findings on gender and age of respondents are as presented in Table 4.2.

Table 4.2
Gender and age of respondents

<table>
<thead>
<tr>
<th>Demographic characteristic</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender of beneficiaries of CT-OVC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>26</td>
<td>32.5</td>
</tr>
<tr>
<td>Female</td>
<td>54</td>
<td>67.5</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Gender of the CT-OVC implementers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>55.0</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>45.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Age bracket of beneficiaries of CT-OVC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 years &amp; below</td>
<td>17</td>
<td>21.3</td>
</tr>
<tr>
<td>36 - 45 years</td>
<td>14</td>
<td>17.5</td>
</tr>
<tr>
<td>46 - 55 years</td>
<td>21</td>
<td>26.3</td>
</tr>
<tr>
<td>56 - 65 years</td>
<td>8</td>
<td>10.0</td>
</tr>
<tr>
<td>66 - 75 years</td>
<td>15</td>
<td>18.8</td>
</tr>
<tr>
<td>Above 75 years</td>
<td>5</td>
<td>6.3</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Age bracket of key CT-OVC implementers

<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 - 30 years</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>31 - 40 years</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>41 - 50 years</td>
<td>8</td>
<td>40.0</td>
</tr>
<tr>
<td>Above 50 years</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Findings in Table 4.2 indicate that majority of the household beneficiaries of the CT-OVC programme were female (67.5%) compared to male who were 32.5%. This shows that most women were household caregivers compared to men hence the reason as to why they were the majority beneficiaries of the CT-OVC programme. About the stakeholders responsible for the implementation of the CT-OVC programme, majority of the officials in the selected team for the implementation were male at 55.0% compared to the female who are 45.0%.

Age of the respondents helped the researcher to understand the experience the respondents had with regard to CT-OVC programme implementation. Findings show that the highest number of household beneficiaries were between the age of 46 – 55 years (26.3%), 35 years and below (21.3%) and the least were those who were above 75 years (6.3%). This shows that household beneficiaries were adults and there was no case of a child headed household. However, there was generally a balanced age distribution among the household beneficiaries.

The researcher also sought to know the age of the officials who dealt directly or in collaboration with the CT-OVC programme implementation. Among the 20 people from different committees and Children Department that answered questionnaires, most (40.0%) of them were between the age of 41 – 50 years, above 50 years (25.0%), and least were between 21 – 30 years (15.0%) as shown in the Table 4.2. This shows that the team of stakeholders who were responsible for effective implementation process of CT-OVC programme comprised of the youth, adult and old. Table 4.3 shows academic qualifications and period respondents have benefited or worked with CT-OVC programme.
Table 4.3
Respondents academic qualifications and period in CT-OVC programme

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household beneficiaries highest academic qualification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not attended school at all (none)</td>
<td>20</td>
<td>25.0</td>
</tr>
<tr>
<td>Lower primary education (class 1 - 3)</td>
<td>14</td>
<td>17.5</td>
</tr>
<tr>
<td>Upper primary education (class 4 - 8)</td>
<td>36</td>
<td>45.0</td>
</tr>
<tr>
<td>Secondary school dropout</td>
<td>8</td>
<td>10.0</td>
</tr>
<tr>
<td>Achieved Secondary Education (K.C.S.E)</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Higher Education (Certificate, Diploma, Degree)</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>80</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| **Key implementers’ highest academic qualification**          |           |         |
| KCSE                                                          | 3         | 15.0    |
| Certificate                                                   | 6         | 30.0    |
| Diploma                                                       | 5         | 25.0    |
| Degree                                                        | 2         | 10.0    |
| Primary                                                       | 4         | 20.0    |
| **Total**                                                     | 20        | 100.0   |

| **Period households have been beneficiaries**                 |           |         |
| 1 - 4 years                                                   | 44        | 55.0    |
| 5 - 8 years                                                   | 31        | 38.8    |
| More than 8 years                                             | 3         | 3.8     |
| No response                                                   | 2         | 2.5     |
| **Total**                                                     | 80        | 100.0   |
### Period key implementers have worked with or in collaboration with the CT OVC programme

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 years &amp; below</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>4 - 6 years</td>
<td>9</td>
<td>45.0</td>
</tr>
<tr>
<td>7 - 9 years</td>
<td>8</td>
<td>40.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100.0</td>
</tr>
</tbody>
</table>

On the academic qualifications, findings indicated that most (45.0%) of the household beneficiaries achieved education up to upper primary, 25% never attended school, 17.5% went school up to lower primary, 10% managed to go to secondary school but they didn’t complete while a few completed secondary education and higher education. The researcher further sought to know the academic qualifications of the stakeholders of the CT-OVC programme. Findings show that the academic qualifications of the officials was not very high with 15% of them having education up to secondary level, 30% up to certificate level, 25% up to diploma level, 10% up to degree level and 20% up to primary level. This implies they should be trained on CT-OVC programme implementation to enhance their effectiveness.

The researcher sought to know the period over which respondents had associated with CT-OVC programme implementation. Findings indicated that most (55%) of the households had been beneficiaries of the CT-OVC programme for a period of 1 – 4 years, (38.8%) for a period of 5 – 8 years and a few (3.8%) for more than 8 years. Cumulatively, household beneficiaries have enjoyed the benefits of the CT-OVC programme since the year 2008. This shows that the implementation of the CT-OVC programme started in the Sub-county immediately after the 2007, hence credit to the government for its continued commitment to social protection of the orphans & vulnerable children.

The researcher also sought to know the period over which the CT-OVC programme implementers had worked with or in collaboration with the programme in the Children Services Department. From the findings, most (45%) of the implementers had worked with or in collaboration with the Children Service Department CT-OVC programme for 4 – 6 years, (40%)
had worked for 7–9 years and (15%) for less than 3 years. The results show that stakeholders had valuable experience with implementation of CT-OVC programme.

4.4 Human resource capacity and implementation of Cash Transfer for Orphans Vulnerable Children

An efficient human resources capacity can provide Department of Children Services in Nyandarua South with structure and the ability to meet the needs of the organization through effective management of employees who are perceived as most valuable resource in any organization. The study looked at the human resource capacity in the CT-OVC programme implementation in terms of number of personnel, volunteers, academic qualifications and skills.

4.4.1 Number of staff in the Children Services Department

The researcher asked the CT-OVC implementers whether they thought staff were adequate in terms of numbers as shown in Table 4.4.

<table>
<thead>
<tr>
<th>Whether the staff are adequate</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>70.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Among the 20 responses, 6 of them responded to the affirmative while the majority (70.0%) said that the staff were not adequate in terms of numbers. With majority of the CT-OVC programme implementers confirming the inadequacy of the staff they had, the study went further and asked them how frequent the Department of Children in Nyandarua South Sub-county relied on volunteers to fill staff gaps. The findings are as shown in Table 4.5.
Table 4.5
Frequency of Children Department reliance on volunteers

<table>
<thead>
<tr>
<th>Rating</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Occasionally</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Frequently</td>
<td>10</td>
<td>50.0</td>
</tr>
<tr>
<td>Most frequently</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

From Table 4.5, it is clear that the Children Service Department in Nyandarua sub-county frequently (50%) and most frequently (30%) relied on volunteers to fill the staff gaps they had for effective implementation of CT-OVC programme. This confirms inadequacy of staff and implies that management in the Children Department should look into this matter and add more staff if the programme is to be implemented effectively and sustainably.

4.4.2 Competency of the staff in the Children Services department

The household beneficiaries of the CT-OVC programme were asked to rate the extent to which they agree that staff in the Children Services were competent in service delivery. Findings are as shown in Table 4.6.

Table 4.6
Household beneficiaries rating on competency of staff

<table>
<thead>
<tr>
<th>Rating</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>36</td>
<td>45.0</td>
</tr>
<tr>
<td>Agree</td>
<td>43</td>
<td>53.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>79</strong></td>
<td><strong>98.8</strong></td>
</tr>
</tbody>
</table>

According to Table 4.6, most household beneficiaries (98.8%) agreed that the staff in the Children Services were competent in service delivery. CT-OVC programme implementers were
asked to give their opinion on competence of staff in the Children Services. Like household beneficiaries, their responses are as shown in Table 4.7.

### Table 4.7
**Key Informants opinion on competence of staff**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The competence is good</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Staff is very competent</td>
<td>11</td>
<td>55.0</td>
</tr>
<tr>
<td>Staff is qualified hence they do professional work</td>
<td>6</td>
<td>30.0</td>
</tr>
</tbody>
</table>

**Total**                                               | **20**    | **100.0**|

Key informants too indicated that the staff in the Children Services were competent enough to handle the children’s matters in the sub-county.

#### 4.4.3 Trainings of staff in the Children Services Department

The researcher sought to know how often the key implementers of the CT-OVC programme got trained on the importance of the programme and the effective way to implement it as indicated in Table 4.8.

### Table 4.8
**Frequency of key implementers' attendance on CT-OVC trainings**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never attended</td>
<td>7</td>
<td>35.0</td>
</tr>
<tr>
<td>Rarely</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>Occasionally</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>Often</td>
<td>1</td>
<td>5.0</td>
</tr>
</tbody>
</table>

**Total**                                               | **20**    | **100.0**|

Findings in Table 4.8 indicate that most of the key implementers (35%) never attended trainings, 30% of them rarely got trained, and 30% got trained occasionally while only 5% of them were
trained often. This implies that inadequate trainings were offered to the stakeholders of the CT-OVC programme in the Sub-county.

For the available trainings in which the key informants received, the researcher sought to know the responsible providers as shown in Table 4.9.

<table>
<thead>
<tr>
<th>Providers</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCCO</td>
<td>8</td>
<td>40.0</td>
</tr>
<tr>
<td>County Coordinator</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>CT-OVC Secretariat</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Findings in Table 4.9 show that trainings were mostly offered by the SCCO (40%), the County Coordinator (20%) and the CT-OVC Secretariat (10%). This implied that the SCCO and the County Coordinator of Children Services took much of the responsibilities in training staff and stakeholders responsible for the implementation of the CT-OVC programme at the grassroots level.

4.5 Coordination of work activities & implementation of Cash Transfer for Orphans & Vulnerable Children

Coordination of work activities is very important in the implementation of any programme. The study looked at it in the CT-OVC programme implementation in terms of communication, leadership and integration of stakeholders.

4.5.1 Coordination of work activities

In order to understand how effective is the coordination of work activities in the CT-OVC programme implementation process, the researcher asked respondents to rate the extent to which they agree to various statement that directly show effective coordination of work activities. Table
4.10 shows how household beneficiaries rated coordination of work activities in the CT-OVC programme implementation.

Table 4.10
Household beneficiaries’ rating on coordination of work activities

<table>
<thead>
<tr>
<th>Statement</th>
<th>Responses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication enhance coordination of CT-OVC (%)</td>
<td>3.8</td>
<td>100</td>
</tr>
<tr>
<td>Strongly Agree Agree Neutral Disagree</td>
<td>88.8</td>
<td>92.5</td>
</tr>
<tr>
<td>Beneficiaries are adequately informed about CT-OVC (%)</td>
<td>2.5</td>
<td>100</td>
</tr>
<tr>
<td>Strongly Agree Agree Neutral Disagree</td>
<td>77.5</td>
<td>90.0</td>
</tr>
<tr>
<td>Good leadership skills contribute to smooth implementation of the CT-OVC programme (%)</td>
<td>2.5</td>
<td>100</td>
</tr>
<tr>
<td>Strongly Agree Agree Neutral Disagree</td>
<td>92.5</td>
<td>77.5</td>
</tr>
<tr>
<td>Commitment of coordinators have enhanced coordination of CT-OVC (%)</td>
<td>5.0</td>
<td>100</td>
</tr>
<tr>
<td>Strongly Agree Agree Neutral Disagree</td>
<td>90.0</td>
<td>92.5</td>
</tr>
</tbody>
</table>

From Table 4.10, (88.8%) of household beneficiary agreed that the way communication was done had enhanced coordination of CT-OVC programme implementation, good leadership skills (92.5%) had contributed to smooth implementation of the CT-OVC programme and commitment of coordinators (90.0%) had enhanced coordination of CT-OVC. (77.5%) of beneficiaries agreed to be adequately informed about CT-OVC programme. This, according to household beneficiaries, generally implied that there was good coordination of activities in the CT-OVC programme implementation process. The researcher went further to get responses from key implementers on coordination of work activities as indicated in Table 4.11
Table 4.11
Key implementers’ responses on coordination of work activities

<table>
<thead>
<tr>
<th>Statement</th>
<th>Responses</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication enhance coordination of CT-OVC</td>
<td>N</td>
<td>3</td>
<td>15</td>
<td>1</td>
<td>1</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>15.0</td>
<td>75.0</td>
<td>5.0</td>
<td>5.0</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Beneficiaries are adequately informed about CT-OVC</td>
<td>N</td>
<td>5</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>25.0</td>
<td>50.0</td>
<td>15.0</td>
<td>10.0</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Good leadership skills have contributed to smooth implementation of the CT-OVC programme</td>
<td>N</td>
<td>11</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>55.0</td>
<td>35.0</td>
<td>0</td>
<td>10.0</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Commitment of coordinators have enhanced coordination of CT-OVC</td>
<td>N</td>
<td>5</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>25.0</td>
<td>60.0</td>
<td>10.0</td>
<td>5.0</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Stakeholders are not adequately integrated into CT-OVC implementation</td>
<td>N</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>2</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>5.0</td>
<td>25.0</td>
<td>45.0</td>
<td>10.0</td>
<td>15.0</td>
<td>100</td>
</tr>
<tr>
<td>Supervision of stakeholders by the Children Services is weak</td>
<td>N</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>5.0</td>
<td>30.0</td>
<td>15.0</td>
<td>25.0</td>
<td>25.0</td>
<td>100</td>
</tr>
<tr>
<td>Collaboration between the Children Services Department &amp; stakeholders is weak</td>
<td>N</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>5.0</td>
<td>15.0</td>
<td>15.0</td>
<td>35.0</td>
<td>20.0</td>
<td>100</td>
</tr>
<tr>
<td>Coordination is reactive rather than strategic</td>
<td>N</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>10.0</td>
<td>30.0</td>
<td>30.0</td>
<td>20.0</td>
<td>10.0</td>
<td>100</td>
</tr>
<tr>
<td>There are adequate finances provided to facilitate coordination</td>
<td>N</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
<td>60.0</td>
<td>25.0</td>
<td>100</td>
</tr>
</tbody>
</table>

45
From Table 4.11, most (85%) of the key implementers agreed that the way communication was done had enhanced coordination of CT-OVC programme, (75%) of household beneficiaries were adequately informed about CT-OVC programme, good leadership skills (90%) contributed to smooth implementation of the CT-OVC programme and commitment of coordinators (85%) of CT-OVC programme implementation. However, there were divided opinions on other aspects of coordination where some key implementers agreed while others disagreed to the facts that supervision of stakeholders by the Children Services was weak, collaboration between the Children Services Department stakeholders was weak, coordination was reactive rather than strategic and that there were adequate finances provided to facilitate coordination. On finances, majority (85%) disagreed that there were adequate finances provided to facilitate coordination implying that financing CT-OVC programme was a major challenge. Therefore, the responses generally implies that coordination of work activities in the CT-OVC programme implementation was strong and effective apart from the financial challenges that the programme was facing.

4.5.2 Means of communication in the implementation of CT-OVC programme

There are various means of communication involved in the implementation of the CT-OVC programme. The researcher sought to know the level of satisfaction of the beneficiaries with the means as indicated in Table 4.12.

<table>
<thead>
<tr>
<th>Level of satisfaction</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>5</td>
<td>6.3</td>
</tr>
<tr>
<td>Satisfied</td>
<td>71</td>
<td>88.8</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>No response</td>
<td></td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>78</strong></td>
<td><strong>97.5</strong></td>
</tr>
</tbody>
</table>
Findings indicate that most (95.1%) of the household beneficiaries were satisfied with means of communication in place to help in the coordination of work activities of the CT-OVC programme. Among the 95.1%, some (6.3%) were very satisfied while 88.8% are just justified. Only 2.5% were not satisfied with the means of communication that were in place. Table 4.13 shows satisfaction level of CT-OVC programme implementers with means of communication.

Table 4.13
Satisfaction of programme implementers with means of communication

<table>
<thead>
<tr>
<th>Means of communication</th>
<th>Responses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very satisfied</td>
<td>Satisfied</td>
</tr>
<tr>
<td>Sub-County Children Officer</td>
<td>9 (45.0)</td>
<td>11 (55.0)</td>
</tr>
<tr>
<td>Constituency Social Assistance Committee (CSAC)</td>
<td>1 (5.0)</td>
<td>7 (35.0)</td>
</tr>
<tr>
<td>Beneficiary Welfare Committee (BWC)</td>
<td>0 (0)</td>
<td>12 (60.0)</td>
</tr>
<tr>
<td>Volunteer Children Officers (VCOs)</td>
<td>4 (20.0)</td>
<td>9 (45.0)</td>
</tr>
</tbody>
</table>

Among the stakeholders of the CT-OVC programme implementation that filled questionnaires, most of them were satisfied with Sub-County Children Officer as a means of communication, followed by the Volunteer Children Officers, then the Beneficiary Welfare Committee (BWC) and finally the Constituency Social assistance Committee (CSAC) as shown in Table 4.13.

4.6.3 Challenges stakeholders face while coordinating the CT-OVC programme
Stakeholders were asked about the challenges facing effective coordination of work activities of the CT-OVC programme. Table 4.14 shows key challenges key informants face while coordinating CT-OVC programme.
Table 4.14: Key Challenges while Coordinating the CT-OVC programme

<table>
<thead>
<tr>
<th>Key challenges</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate finances</td>
<td>9</td>
<td>45.0</td>
</tr>
<tr>
<td>Poor transport system</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Misuse of funds/Poor financial management</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Difficult terrain</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
<td><strong>85.0</strong></td>
</tr>
</tbody>
</table>

Findings indicated that inadequate finances (45.0%) and poor transport system (20.0%) were the two main challenges facing effective coordination. Other minor challenges are as shown in table 4.14.

4.6 Payment mechanisms and implementation of Cash Transfer for Orphans & Vulnerable Children

Payment mechanisms is a way of putting in place payment service providers, easily accessible pay points as well as regular and timely payments.

4.6.1 Appreciation of the payment mechanisms

The study focused at understanding the payment mechanisms that were used in CT-OVC programme implementation process, how the beneficiaries appreciated them and the challenges that they faced during payments as shown in Table 4.15.
Table 4.15
Household beneficiaries’ appreciation levels on payment mechanisms

<table>
<thead>
<tr>
<th>Statement</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very good</td>
</tr>
<tr>
<td>Equity Bank Payment Agent service delivery pace during payments</td>
<td>N 6</td>
</tr>
<tr>
<td></td>
<td>(%) 7.5</td>
</tr>
<tr>
<td>The way Equity Bank Agents staff handle clients</td>
<td>N 23</td>
</tr>
<tr>
<td></td>
<td>(%) 28.8</td>
</tr>
<tr>
<td>The level of security when collecting payments</td>
<td>N 2</td>
</tr>
<tr>
<td></td>
<td>(%) 2.5</td>
</tr>
<tr>
<td>The timeliness of payments</td>
<td>N 0</td>
</tr>
<tr>
<td></td>
<td>(%) 0</td>
</tr>
<tr>
<td>Regularity of payments</td>
<td>N 0</td>
</tr>
<tr>
<td></td>
<td>(%) 0</td>
</tr>
<tr>
<td>Supervision by Children Services staff during payments</td>
<td>N 8</td>
</tr>
<tr>
<td></td>
<td>(%) 10.0</td>
</tr>
</tbody>
</table>

Study findings from the household beneficiaries as shown in Table 4.15 show that majority (more than 70%) of them regarded Equity Bank Payment Agent service delivery pace during payments, the way Equity Bank Agents staff handle clients, the level of security when collecting payments and supervision by Children Services staff during payments as good with very few seeing the four items as poor. On timeliness and regularity of payments, majority of the household beneficiaries indicated that they were poor. This implies that payments were not done in time and they were irregular. Table 4.16 indicates programme implementer’s appreciation levels on payment logistics.
Table 4.16
Programme implementers’ appreciation levels on payment mechanisms

<table>
<thead>
<tr>
<th>Statement</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity Bank Payment Agent service delivery pace during payments (%)</td>
<td>10.0</td>
</tr>
<tr>
<td>The way Equity Bank Agents staff handle clients (%)</td>
<td>10.0</td>
</tr>
<tr>
<td>The level of security when collecting payments (%)</td>
<td>30.0</td>
</tr>
<tr>
<td>The timeliness of payments (%)</td>
<td>0.0</td>
</tr>
<tr>
<td>Regularity of payments (%)</td>
<td>10.0</td>
</tr>
<tr>
<td>Supervision by Children Services staff during payments (%)</td>
<td>15.0</td>
</tr>
</tbody>
</table>

Findings from the key implementers indicate that majority of the officials (60%) appreciated the fact that Equity Bank Payment Agent service delivery pace during payments was good, the way Equity Bank Agents staff handle clients is good (70%), the level of security when collecting payments is good (80%) and supervision by Children Services staff during payments is also good (60%). On timeliness and regularity of payments, the key informants also did not appreciate them since majority of them said that it was poor implying that payments were not done in time (45%) and they were not done regularly (60%).

4.6.2 Distance to the nearest pay point
The researcher sought to know whether distance to the nearest pay points was a challenge to beneficiaries. Household beneficiaries were asked to rate the extent to which they agreed that distance to the nearest pay point inconvenienced them when collecting payments as shown in Table 4.17.
Table 4.17

Household beneficiaries rating on distance to the nearest pay point

<table>
<thead>
<tr>
<th>Rating</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>7</td>
<td>8.8</td>
</tr>
<tr>
<td>Agree</td>
<td>25</td>
<td>31.3</td>
</tr>
<tr>
<td>Neutral</td>
<td>26</td>
<td>32.5</td>
</tr>
<tr>
<td>Disagree</td>
<td>21</td>
<td>26.3</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Findings in Table 4.17 indicate that 40.1% of the household beneficiaries agreed that distance inconvenienced them, 32.5% were not sure whether distance inconvenienced them or not while 26.3% disagreed that distance inconvenienced them when collecting payments. The key implementers were also asked to rate the extent to which they agreed that distance to the nearest pay point inconvenienced some beneficiaries when collecting payments as indicated in Table 4.18.

Table 4.18:

Key implementers rating on distance to the nearest pay point

<table>
<thead>
<tr>
<th>Rating</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Neutral</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Agree</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Findings in Table 4.18 indicate that 25% of them disagreed that distance inconvenienced some beneficiaries when collecting payments, 30% were not sure whether distance inconvenienced some beneficiaries while 55% agreed that distance inconvenienced some beneficiaries when they collect payments.
4.7.3 Respondents’ comments on payment mechanisms

The researcher asked respondents to give their comments on payment mechanisms of CT-OVC programme. Table 4.19 shows the household beneficiaries’ comments on payment mechanisms.

<table>
<thead>
<tr>
<th>Comments</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase CT amount</td>
<td>17</td>
<td>21.3</td>
</tr>
<tr>
<td>Programme is good and lessened their burden</td>
<td>12</td>
<td>15.0</td>
</tr>
<tr>
<td>Motivation to take care of OVC’s</td>
<td>7</td>
<td>8.8</td>
</tr>
<tr>
<td>Payments to be made regularly</td>
<td>7</td>
<td>8.8</td>
</tr>
<tr>
<td>Appreciation on payment services</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>Pay per child and not per household</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
<td><strong>61.5</strong></td>
</tr>
</tbody>
</table>

Most of the household beneficiaries would like the CT-OVC amount be increased (21.3%). They appreciated that the programme was good (15.0%) and had motivated them to take care of OVC (8.8%). However, they recommended that payments should be made regularly (8.8%). Other (6.1%) preferred the government to pay per child and not per household. Table 4.20 shows the key implementers’ comments on payment mechanisms.

<table>
<thead>
<tr>
<th>Comments</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement mobile mechanism</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Increase payment amount</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Avoid delays in payments</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Have convenient pay points</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Money should be paid directly into accounts</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>60.0</strong></td>
</tr>
</tbody>
</table>
From Table 4.20, majority of the key implementers (20%) proposed implementation of mobile mechanism, increase CT-OVC payment amount (15%) and avoid delays of payments (10%) and putting in place convenient pay points (10%).

4.7 Complaint and grievance handling mechanisms and implementation of Cash Transfer for Orphans & Vulnerable Children

There are mechanisms that have been put in place to handle complaints and grievances on the implementation of the CT-OVC programme. Respondents were asked whether they were familiar with the channels put in place to address CT-OVC complaints and grievances as shown in Table 4.21

**Table 4.21**

Respondents’ familiarity with complaints and grievance channels

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Responses</th>
<th>Most Familiar</th>
<th>Somehow familiar</th>
<th>Unfamiliar</th>
<th>Not at all</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household beneficiaries</td>
<td>N</td>
<td>15</td>
<td>61</td>
<td>0</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>(%)</td>
<td></td>
<td>18.8</td>
<td>76.3</td>
<td>0</td>
<td>5.0</td>
<td>100</td>
</tr>
<tr>
<td>Key informants</td>
<td>N</td>
<td>7</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>(%)</td>
<td></td>
<td>35.0</td>
<td>50.0</td>
<td>15.0</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>

Responses indicate that most household beneficiaries (95.1%) and the officials (85%) in the CT-OVC programme were familiar with those channels as shown in Table 4.21. The researcher went further to know the channels that the respondents used in reporting their complaints and grievances as shown in Table 4.22.
Table 4. 22
Channels that respondents used to report their complaints and grievances

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Responses</th>
<th>CT-OVC Secretariat</th>
<th>Sub-county Children’s office</th>
<th>BWC</th>
<th>VCO</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household beneficiaries</td>
<td>N</td>
<td>0</td>
<td>47</td>
<td>4</td>
<td>29</td>
<td>80</td>
</tr>
<tr>
<td>(%)</td>
<td></td>
<td>0</td>
<td>58.8</td>
<td>5.0</td>
<td>36.2</td>
<td>100</td>
</tr>
<tr>
<td>Key informants</td>
<td>N</td>
<td>2</td>
<td>15</td>
<td>1</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>(%)</td>
<td></td>
<td>10.0</td>
<td>75.0</td>
<td>5.0</td>
<td>10.0</td>
<td>100</td>
</tr>
</tbody>
</table>

Findings in Table 4.22 indicate that most of the household beneficiaries and implementers of the CT-OVC programme in Nyandarua Sub-county used Sub-county Children’s office (58.8% household beneficiaries & 75% key implementers), followed by some who used the Volunteer Children’s Officer while a few utilized Beneficiaries Welfare Committee and CT-OVC secretariat.

Further, the researcher asked respondents to give their views on complaint and grievance handling mechanism in relation to CT-OVC programme implementation. Table 4.23 shows the findings from the household beneficiaries on various statements with regard to complaints and grievances handling mechanisms.
Table 4. 23
Household beneficiaries’ responses on complaint and grievance handling mechanism

<table>
<thead>
<tr>
<th>Statement</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Series of awareness session activities have improved your knowledge on CT-OVC grievance and complaint handling mechanism</td>
<td>N=80 (6.3%)</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
</tr>
<tr>
<td>5</td>
<td>67</td>
</tr>
<tr>
<td>Household beneficiaries fear raising complaints due to victimization</td>
<td>N=58 (1.3%)</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
</tr>
<tr>
<td>1</td>
<td>51</td>
</tr>
<tr>
<td>There are inadequate officers in the Children Services Department to manage volumes of complaints and grievances</td>
<td>N=80 (1.3%)</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
</tr>
<tr>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>I often receive acknowledgement of complaints</td>
<td>N=80 (3.8%)</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
</tr>
</tbody>
</table>

Table 4.24 shows the key implementers’ responses on various statements with regard to complaints and grievances handling mechanisms.
Table 4.24:  
Key implementers’ responses on complaint and grievances handling mechanism

<table>
<thead>
<tr>
<th>Statement</th>
<th>Responses</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Series of awareness session activities have improved public knowledge on CT-OVC grievance and complaint handling mechanism</td>
<td>N 2</td>
<td>14</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>There is clear format on complaint and grievance recording</td>
<td>N 6</td>
<td>8</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>I always keep records of complaints and grievances</td>
<td>N 5</td>
<td>9</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Some beneficiaries fear raising complaints for fear of victimization</td>
<td>N 4</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>There are inadequate officers in the Children Services Department to manage volumes of complaints and grievances</td>
<td>N 4</td>
<td>9</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>I often receive acknowledgement of complaints</td>
<td>N 1</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

Complaints and grievances are of different types. The researcher asked respondents to state the nature of the complaints and grievances that were reported. Table 4.25 indicates the nature of
complaints and grievances that household beneficiaries reported with regard to the CT-OVC programme implementation.

**Table 4.25**

Nature of complaints reported by household beneficiaries

<table>
<thead>
<tr>
<th>Nature of complaints</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never reported any complaint - keep them by myself</td>
<td>11</td>
<td>13.8</td>
</tr>
<tr>
<td>Updates</td>
<td>9</td>
<td>11.3</td>
</tr>
<tr>
<td>Delay of payments</td>
<td>10</td>
<td>12.5</td>
</tr>
<tr>
<td>Card related - non-functional cards</td>
<td>6</td>
<td>7.5</td>
</tr>
<tr>
<td>Never had any complaint</td>
<td>5</td>
<td>6.3</td>
</tr>
<tr>
<td>Child refusing to go to school</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Missed Biometric</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>None</td>
<td>37</td>
<td>46.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

From the Table 4.25, complaints and grievances that household beneficiaries mostly reported include delay of payments (12.8%), updates (11.3%) and card related (7.5%) that's having non-functional cards. The key implementers also mentioned some of the major complaints and grievances that were reported often and those which were reported rarely. Table 4.26 shows the nature of the complaints and grievances reported and how often they were reported.
Table 4.26: Key implementers opinion on nature of complaints and grievances reported

<table>
<thead>
<tr>
<th>Nature of grievance report</th>
<th>Complaints and Key informants</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>Very often</td>
</tr>
<tr>
<td>Targeting related</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Missed biometric registration</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Card related</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Update related</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Corruption related</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Among the complaints reported to key implementers, targeting related complaints (15.0%) were reported very often compared to the rest.

Once complaints and grievances have been reported, the period it takes for them to be resolved really matters. Respondents were asked to state the period it takes for the complaints and grievances they report to be resolved. Table 4.27 shows the period it takes for household beneficiaries’ complaints and grievances to be resolved.

Table 4.27
Household beneficiaries’ opinion on resolution time for complaints and grievances

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 days</td>
<td>10</td>
<td>12.5</td>
</tr>
<tr>
<td>More than 30 days</td>
<td>10</td>
<td>12.5</td>
</tr>
<tr>
<td>None (Not Applicable)</td>
<td>60</td>
<td>75.0</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Findings from the household beneficiaries indicate that half (12.5%) of those who reported complaints and grievances got it resolved in less than 30 days while the other half got their complaints and grievances resolved in more than 30 days as shown in Table 4.27. Key implementers opinion on resolution timeframe for complaints and grievances is as shown in Table 4.28.

**Table 4.28**

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 days</td>
<td>18</td>
<td>90.0</td>
</tr>
<tr>
<td>More than 30 days</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Findings from key informants indicate that most of the complaints and grievances that were reported were resolved in less than 30 days while a few were resolved in more than 30 days as shown in Table 4.28. The findings implies that complaints and grievances of the CT-OVC programme implementation were handled and resolved with urgency since most of them were resolved in less than 30 days.

4.8 Inferential statistics

The researcher used inferential statistics techniques to allow this study to use the population sampled to make generalizations about the entire population from which the sample was drawn. The study applied the regression analysis, the Model, Analysis of Variance and coefficient of determination to determine the predictive power of the influence of administrative factors on the implementation of cash transfer for orphans and vulnerable children in Nyandarua South, Kenya.

4.8.1 Regression analysis

Using the Statistical Package For Social Sciences version 20.0 for data analysis, the researcher used multiple regression analysis to test relationship between administrative factors (human resource capacity in the Children Services Department, coordination of work activities, payment mechanisms, and complaint and grievance handling mechanisms) which were the independent variables and implementation of Cash Transfer for Orphans and Vulnerable Children which was
the dependent variable. The regression analysis coefficients were used in the determination of the relationship between the dependent variable (implementation of cash transfer for orphans and vulnerable children) and the independent variables (administrative factors: human resource capacity; coordination of work activities; payment mechanisms; complaint and grievance handling mechanism). The coefficients explain the extent to which changes in the dependent variable can be explained by the change in the independent variables or the percentage of variation in the dependent variable that is explained by all the four independent variables.

### 4.8.2 Model summary

Table 4.29 shows the Model Summary of the regression Analysis that was conducted.

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
<th>Change Statistics</th>
<th>F Change</th>
<th>df1</th>
<th>df2</th>
<th>Sig. F Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.799</td>
<td>.738</td>
<td>.018</td>
<td>.56603</td>
<td>.638</td>
<td>1.029</td>
<td>12</td>
<td>7</td>
<td>.507</td>
</tr>
</tbody>
</table>

Predictors: (Constant): Human resource capacity in Children Services Department, coordination of work activities, payment mechanisms, complaint and grievance handling mechanisms.

From Table 4.29, findings indicate that the four independent variables (human resource capacity in the Children Services Department, coordination of work activities, payment mechanisms, complaint and grievance handling mechanism) studied explain 73.8% on the influence on the implementation of the CT-OVC programme. This means that other factors not studied in this research contribute 26.2% of the influence on the implementation of the CT-OVC programme.

### 4.8.3 ANOVA results

Table 4.30 is a summary of the ANOVA statistics obtained from the mean of variables within the administrative factors that influenced implementation of CT-OVC programme in Nyandarua South Sub-county. ANOVA cross-tabulated results were obtained based on the consideration of average values of respondents’ views and opinions on the influence of administrative factors on the implementation of the CT-OVC programme. Estimates were made based on the respondents’
perception on the human resource capacity, coordination of work activities, payment mechanisms, complaint and grievance handling mechanisms.

<table>
<thead>
<tr>
<th>Table 4.30</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANOVA of the regression</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>3.957</td>
<td>12</td>
<td>0.330</td>
<td>1.029</td>
<td>.017a</td>
</tr>
<tr>
<td>Residual</td>
<td>2.243</td>
<td>7</td>
<td>0.320</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6.200</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11.841</td>
<td>144</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Predictors: (Constant): Human resource capacity, coordination of work activities, payment mechanisms, complaint and grievance handling mechanism in the Children Services Department.

a. Dependent variable: Implementation of CT-OVC programme

The significance value obtained in the regression model was used to measure whether relationship between the independent variables and the dependent variable was statistically significant. From Table 4.30, the significance value for the relationship between the administrative factors and the implementation of CT-OVC programme was 0.017. Since the significance value (p) was less than 0.05, it can be concluded that the relation between the administrative factors and the implementation of CT-OVC programme was statistically significant in predicting how the administrative factors influenced the implementation of the CT-OVC programme. The F critical at 5% level of significance was 0.507. Since F calculated was greater than the F critical (value = 1.029), this shows that the overall model was significant.

4.8.4 Coefficient of correlation

The researcher conducted multiple regression analysis in order to determine the relationship in terms of administrative factors and their influence on the implementation of CT-OVC programme. The tested variables included: the human resource capacity in Children Services
Department, coordination of work activities, payment mechanisms as well as complaint and grievance handling mechanism. The results were as presented Table 4.31.

<table>
<thead>
<tr>
<th>Model</th>
<th>Un-standardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t statistic</th>
<th>Sig. Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>1.868</td>
<td>0.887</td>
<td>4.109</td>
<td>.013</td>
</tr>
<tr>
<td>2 Human resource capacity in Children service department</td>
<td>0.520</td>
<td>0.328</td>
<td>0.192</td>
<td>6.236</td>
</tr>
<tr>
<td>3 Coordination of work activities in the Children service department</td>
<td>0.853</td>
<td>0.486</td>
<td>0.219</td>
<td>1.754</td>
</tr>
<tr>
<td>4 Payment mechanisms in the Children service department</td>
<td>0.428</td>
<td>0.356</td>
<td>0.294</td>
<td>3.486</td>
</tr>
<tr>
<td>5 Complaint and grievance handling mechanism in the Children service department</td>
<td>0.401</td>
<td>0.395</td>
<td>0.145</td>
<td>7.942</td>
</tr>
</tbody>
</table>

Dependent variable: Implementation of CT-OVC programme

As per the SPSS generated table above, regression equation

\[ Y = \beta_0 + \beta_1 x_1 + \beta_2 x_2 + \beta_3 x_3 + \beta_4 x_4 + \epsilon \]

Where: \( Y \) is the implementation of the CT-OVC Programme as a result of Administrative factors in the Children Service Department.

\( \beta_0 \) is a constant

\( \beta_1 \) to \( \beta_4 \) are the coefficient of the independent variables

\( x_1 \) to \( x_4 \) are the independent variables where

\( \epsilon \) is the error term.

Therefore,
\( Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 \) becomes:
\( Y = 1.868 + 0.520 X_1 + 0.853 X_2 + 0.428 X_3 + 0.401 X_4 \)

From the established equation, it implies that if all the investigated administrative factors in the Children Service Department were taken into account and kept constant at zero, implementation of the CT-OVC programme would be effective at 1.868. However, the data findings analyzed indicate that taking all other independent variables (administrative factors that influence the implementation of the CT-OVC programme) at zero: a unit increase in human resource capacity in the Children Service Department will lead to a 0.520 effectiveness in the implementation of the CT-OVC programme; a unit increase in coordination of work activities will lead to a 0.853 effectiveness in the implementation of the CT-OVC programme; a unit increase payment mechanisms will lead to a 0.428 effectiveness in the implementation of the CT-OVC programme while a unit increase in Complaint and grievance handling mechanism in the Children Services Department will lead to a 0.401 effectiveness in the implementation of the CT-OVC programme. From these findings, it can be concluded that, administrative factors in the Children Services Department had a great influence on the implementation of the CT-OVC programme.

At 5% level of significance and 95% level of confidence, the relationships between all administrative factors and the implementation of the CT-OVC programme were all significant. This is because the significant value (p) of each factor was less than 0.05 implying that the relationship of each factor was statistically significant.

4.9 Summary

The chapter discussed the main results obtained by analysis of data, presentation and interpretation of the same. The results were on the administrative factors influencing implementation of CT-OVC programme in Nyandarua South Sub-county, Kenya. The report is based on responses from the study variables of human resource capacity, coordination of work activities, payment mechanisms and complaint and grievance handling mechanism. Presentation of the finding was mainly in the form of tables and frequencies followed by a brief discussion.
CHAPTER FIVE

SUMMARY OF THE FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the study and discusses the findings against what is known on the subject matter from literature. It then offers conclusions based on the discussions and finally presents relevant recommendations.

5.2 Summary of the findings

The purpose of the study was to determine the influence of administrative factors on the implementation of CT-OVC programme in Nyandarua South Sub-county. Four objectives guided the study; human resource capacity in the Children Services Department, coordination of work activities, payment mechanisms, and complaint and grievance handling mechanism and their influence on implementation of CT-OVC programme. Descriptive survey design was used. Sample size of 100 respondents were selected using cluster and purposive sampling techniques. Questionnaires and interview schedules were used to collect data. Thematic data analysis procedures were used to analyze qualitative data while regression analysis Model Summary, Analysis of Variance and coefficient of determination were used to analyze quantitative data. Results were then presented in table format and interpreted leading to findings and recommendations. The next section will focus on the important findings from the research study.

5.2.1 Influence of human resource capacity on the implementation of CT-OVC programme in Nyandarua South Sub-county.

The study established that human resource capacity played a key role in the implementation of CT-OVC programme in Nyandarua South Sub-county. Human resource capacity in the Children Services Department was characterized by a few number of staff compared to the work to be done with majority educated to first degree level. Furthermore, training was inadequate with most of the programme implementers never attended trainings. The Sub-county Children’s
Officer and County Coordinator of Children Services took much responsibility in training stakeholders and staff on CT-OVC programme. At the same time, respondents agreed that the staff in the Children Services were competent in service delivery which positively influenced implementation of the CT-OVC programme.

Inferential statistics established, taking all other independent variables at zero: a unit increase in human resource capacity in the Children Service Department leads to 0.52 effective in the implementation of the CT-OVC programme. This implies that human resource capacity had influence on implementation of CT-OVC programme.

5.2.2 Influence of coordination of work activities on the implementation of CT-OVC programme within Nyandarua South Sub-county

Most of the respondents agreed that communication, good leadership skills and commitment of coordinators had enhanced coordination of CT-OVC programme. Most of the household were adequately informed about CT-OVC programme and were satisfied with the means of communication in place. Key implementers were satisfied with Sub-County Children Officer as a means of communication, followed by the Volunteer Children Officers, then the Beneficiary Welfare Committee and finally the Constituency Social assistance Committee. However, there were divided opinions by key implementers to the facts that supervision of stakeholders by the Children Services was weak, collaboration between the Children Services Department and stakeholders was weak, and coordination was reactive rather than strategic. Programme implementers indicated that inadequate finances and poor transport system were the two main challenges facing effective coordination.

The coefficient of correlation analysis indicated that coordination of work activities had the highest influence on the implementation of the CT-OVC programme. This is because, taking all other independent variables constant: a unit increase in coordination of work activities will lead to a 0.853 effectiveness in the implementation of the CT-OVC programme which is the highest coefficient among the four administrative factors that were measured.
5.2.3 Influence of payment mechanisms on the implementation of CT-OVC programme in Nyandarua South Sub-County.

The study indicated that most household beneficiaries regard Equity Bank Payment Agent service delivery pace during payments, handling of clients, and their level of security during payments and payment supervision by Children Services staff as good. Timeliness and regularity of payments was poor. 55% of key informants and 40.1% of the household beneficiaries agreed that distance to pay points inconvenienced some beneficiaries to collect their payments. However, respondents generally commented that the government should increase the cash amount considering the high cost of living. Findings from Inferential statistics indicated that taking other factors constant, a unit increase in payment mechanisms will lead to 0.428 effectiveness in the implementation of the CT-OVC programme.

5.2.4 Influence of complaint and grievance handling mechanism on the implementation of CT-OVC programme in Nyandarua South Sub-County.

Responses indicated that respondents were familiar with those complaint and grievance channels. The household beneficiaries and key implementers of the CT-OVC programme in Nyandarua Sub-county utilized Sub-county Children’s office, followed by Volunteer Children’s Officer while a few used Beneficiaries Welfare Committee and CT-OVC secretariat. Most programme implementers agreed that series of awareness sessions activities had improved public knowledge on CT-OVC programme and that there was a clear format on complaint and grievance recording and they kept records of the same. Most reported nature of complaints by beneficiaries include delay of payments, updates and card related respectively. Half of household beneficiaries who reported complaints and grievances got them resolved in less than 30 days while the other half in more than 30 days. Key implementers indicated that most of the complaints and grievances reported were resolved in less than 30 days.
Findings from inferential statistics showed that a unit increase in complaint and grievance handling mechanism in the Children Services Department will lead to a 0.401 effectiveness in the implementation of the CT-OVC programme. This is an indication that there is no effective implementation of the CT-OVC programme if Complaint and grievance handling mechanisms were not good.

5.3 Discussion of findings

In this section, the study sought to discuss the research findings based on the four research Objectives and subjecting these findings to literature and further concluding on each of them.

5.3.1 Influence of human resource capacity on the implementation of CT-OVC programme in Nyandarua South Sub-county

The findings on human resource capacity in the Children Services Department is supported by Oversees Development Institute (2013) which conducted a study in Makueni and Busia Districts in Kenya. The study established that while human resources at national level were adequate, at district level, staff were stretched and at community level the programme relied mainly on volunteers. The findings also agree with Kenya National Plan of Action for Orphans and Vulnerable Children (2011-2014) which indicates that implementation of CT-OVC interventions should be enhanced by putting in place adequate and competent staff from national to sub-county levels and continuous capacity building of employees and stakeholders. Additionally, the findings are in agreement with Ministry of Labour, Social Security and Services Strategic Plan (2008-2012) which pointed out a challenge of insufficient human resource capacity to handle increased workloads therefore hampering effective implementation of social protection programmes.

5.3.2 Influence of coordination of work activities on the implementation of CT-OVC programme in Nyandarua South Sub-county.

The study findings on coordination of work activities are supported by Kauffman and Collins (2012) who undertook a comparative study of emergency cash coordination mechanisms in Haiti, Kenya, Somalia and Pakistan. The researchers established that enabling factors for cash coordination were leadership and appropriate communication. On the contrary, the study
findings disagree with the Kenya National Gender and Equality Commission report (2013) whereby an audit of the cash transfer programmes was conducted in 12 counties; Machakos, Kirinyaga, Marsabit, Nakuru, Vihiga, Siaya, Kajiado, Mombasa, Kilifi, Nyamira, Homabay, and Baringo. The audit established that the level of participation of the communities and beneficiaries in the administration of the cash transfer programme was generally low and the key challenges hindering their participation was lack of right and adequate information on the processes of enrollment into the programme. Moreover differing with the findings, Barrientos, Byrne, Villa and Peña (2013) carried out a study on how the design and implementation of social transfers could contribute to improved child protection outcomes in Kenya, Somalia and Ivory Coast. The study revealed that hindrance to the implementation of cash transfers were reactive coordination rather than strategic and there was no clear lines of communication.

5.3.3 Influence of payment mechanisms on the implementation of CT-OVC programme in Nyandarua South Sub-County.

Study findings on payment mechanisms concur with Mohamed (2012) who studied challenges facing the implementation of cash transfer programme for OVC in Iftin Location, Garissa County. The researcher established that payment mechanisms faced challenges which included not accessing cash in good time, distance to facility, delay in payment of cash and confusion due to change of payment dates. There was also high transport cost from home to payment service provider. Besides, the findings agree with Children Services Department Nyandarua South annual report of 2014-2015 that indicated that CT-OVC programme was using agency banking technology and smartcard to make money transfers to beneficiaries within the Sub-County. The method was faster and more secure than it was previously. The findings differ with International Policy Centre for Inclusive Growth (2016) report which studied social protection programmes in Kenya. The report indicated an agreement between the government of Kenya with payment service providers that all participating banks or agents should be within a 6 km radius of all beneficiaries, which substantially reduces the distance between beneficiaries and payment points. This means the agreement has not been executed in Nyandarua South Sub-county. Findings also contradict CaLP (2015) report in terms of quality of service offered to clientele by payment service providers. CaLP's case study was on cash transfer programmes in arid and semi-
arid lands of Kenya. The study established that some of the agents for the financial service provider had been criticized-said to be forcing beneficiaries to take goods instead of cash due to cash flow problems. In some counties there had been reports of agents charging beneficiaries an extra fee aside from the commission they were already receiving from financial service provider.

5.3.4 Influence of complaint and grievance handling mechanism on the implementation of CT-OVC programme in Nyandarua South Sub-County.

The findings on complaint and grievance handling mechanism agree with Department of Social Welfare and Development of East Asia report (2012) whereby, a case study on grievance redress system of the conditional cash transfer system in the Philippines was conducted. The study established that grievance resolution timelines had improved from 90 days to 32 days. Contrary to the findings, Kenya’s Social Protection Annual Review Report (2013) conducted assessment CT-OVC project sites in Kawangware, Nairobi and Muthetheni, Machakos. It found out that complaints and grievances in the National Safety Net Programmes centered on: lack of clear guidance/format on complaints & grievance recording; roles of community structures in terms of recording, resolving and reporting on complaints & grievance. The findings agree with CT-OVC strategic plan 2014-2015 which stipulates that an elaborate complaints and grievances mechanism has been established at different levels of implementation to address all emerging issues from beneficiaries and stakeholders. In fact, most respondents in this study were familiar with complaint & grievance channels.

5.4 Conclusions of the study

Orphans and vulnerable children face myriad financial, psychological, physical, cultural and social challenges that they cannot address on their own. Most of these orphans rely on their ailing parents and guardians for basic needs such as food, clothes, shelter and education. In some cases, such children rely entirely on well-wishers such as non-governmental organizations and religious groups. It is for the best interest of orphans and vulnerable children in Nyandarua South that CT-OVC programme is implemented successfully. This will only be possible if; human resource capacity in the Children Services Department is enough and capable, there is adequate collaboration between the Children Department and stakeholders, convenient pay points, regular
and timely payments. It is crucial that all complaints and grievances be resolved within a timeframe of less than one month.

5.5 Recommendations of the study

The following are the recommendations of the study:

1. The government through Department of Children Services should build capacity of existing staff and stakeholders and add more qualified staff if the programme is to be implemented more effectively.

2. Department of Children Services should improve coordination of work activities through proper planning of work activities, adequate supervision and collaboration with stakeholders. Further, the government and donors supporting the programme should consider increasing financial resources required to support coordination of the programme.

3. The government should make payments regular and timely and increase amount of cash disbursed to beneficiary households. Equity Bank should establish more pay points at convenient locations to enable easy access of payments by beneficiaries.

4. To enhance customer satisfaction, Department of Children Services should put in place a grievance redress management system for efficient recording and tracking of complaints. CT-OVC secretariat should engage additional staff to expedite resolution of complaints and grievances.

5.6 Suggestions for further study

This study was focused on determining the influence administrative factors have on the implementation of CT-OVC programme in Nyandarua South Sub-county. It was deemed important that the following study areas be furthered to expose more knowledge pertaining to implementation of CT-OVC programme:

1. Other factors (26.2%) that influence effectiveness of the implementation of the CT-OVC programme in Nyandarua South Sub-county.

2. Cultural factors influencing implementation of CT-OVC programme in Nyandarua South Sub-county.
3. Administrative factors influencing the implementation of CT-OVC programme in other Sub-counties in Kenya.

REFERENCES


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Nairobi. Government Press


Www.icrc.org
APPENDICES

APPENDIX I: LETTER OF INTRODUCTION

Masai Irene Cherotich,
P.O Box 3,
North Kinangop.

Dear respondents,

I am a master’s student at the University of Nairobi and collecting data on the administrative factors influencing implementation of cash transfer program for orphans and vulnerable children (CT-OVC) in Nyandarua South Sub-county. You have been selected to provide desired information.

I would be grateful if you could spare some time and complete the enclosed questionnaire. Your identity will be treated with utmost confidentiality and the information provided will be used purely for the purpose of the study and no other reason whatsoever. Your response will be highly appreciated.

Thank You.

Yours faithfully,

Masai Irene Cherotich
APPENDIX II

QUESTIONNAIRE FOR LOC, BWC, CSAC AND CHILDREN OFFICERS.

This questionnaire is intended to collect data that will be used in a study to assess the administrative factors influencing implementation of CT-OVC Program within Nyandarua South Nyandarua County. In answering the questions, please remember that there are no correct or wrong answers. Your honest opinion is the most important. I appreciate your contribution towards this study and look forward to your response. All your responses will be treated in confidence. If you have any questions, please do not hesitate to contact me. Mark with a tick (✓) where applicable or write your response in the space provided.

A: Personal information

1. What is your gender? Male [ ] Female [ ]
2. What is your age bracket in years? Below 20 [ ] 21 - 30 [ ] 31 - 40 [ ] 41-50 [ ] Above 50 [ ]
3. What is your highest level of education?
   - KCSE [ ] Certificate in a Course [ ] Diploma [ ] Bachelor’s Degree [ ] Others [ ]
4. Please indicate the number of years that you have worked with or in collaboration with the Children Services Department CT-OVC program.
   - 3 years & below [ ] 4-6 years [ ] 7-10 years [ ] 11-13 years [ ] 14 years & above [ ]
5. Please indicate the position you hold in office/committee
   - Secretary [ ] Vice Secretary [ ] Treasurer [ ] Chairperson [ ] Member [ ]

B. Cash Transfer for Orphans & Vulnerable Children (CT-OVC) program implementation

5. The following are statements about CT-OVC program implementation in your sub-county. Please put a tick in one box against each statement to indicate the extent to which you agree with it. Use this scale: 5=strongly agree 4=agree 3=neutral 2=disagree 1=strongly disagree

<table>
<thead>
<tr>
<th>Statement</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT-OVC programme have improved the welfare of Orphans and vulnerable</td>
<td>5</td>
</tr>
<tr>
<td>children e.g. access to education, health and retention within households</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
Adequate finances are provided to facilitate implementation of CT-OVC program

Awareness sessions are conducted to promote community understanding of CT-OVC program

There is transparency when targeting CT-OVC beneficiaries

<table>
<thead>
<tr>
<th>Number of staff</th>
<th>Certificate</th>
<th>Diploma</th>
<th>Bachelor's Degree</th>
<th>Master's Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. State some of the challenges you face in relation to CT-OVC programme implementation


C. Human resource capacity and CT-OVC implementation

7. The following table is about human resource capacity. Kindly indicate with a tick the number & academic qualifications of the staff in the Children Services Department?

8. In your opinion, do you think that the staff are adequate for effective CT-OVC program implementation in your sub-county? Give reason

9. What is your opinion on the competencies of staff in the Children Services Department?

10. How frequently do the Department of Children Services rely on volunteers to fill staff gaps?
    5 = most frequently 4 = frequently 3 = occasionally 2 = rarely 1 = not at all

11. How often do you attend training on CT-OVC program implementation?
    5 = always attend 4 = often attend 3 = occasionally attend 2 = rarely attend 1 = never attended

12. Who trains you?

13. Apart from training, what other incentives are provided to motivate you?


77
D. Coordination of work activities and CT-OVC implementation

14. The following are statements are about coordination of work activities in relation to CT-OVC program in your sub-county. Please put a tick in one box against each statement to indicate the extent to which you agree with it.

Use this scale: 5=strongly agree 4=agree 3= neutral 2= disagree 1= strongly disagree

<table>
<thead>
<tr>
<th>Statement</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>The way communication is done has enhanced coordination of CT-OVC</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Beneficiaries are adequately informed about CT-OVC</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Good leadership skills have contributed to smooth implementation of the CT-OVC programme</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Commitment of coordinators have enhanced coordination of CT-OVC</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Stakeholders are not adequately integrated into CT-OVC implementation</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Supervision of stakeholders by the Children Services is weak</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Collaboration between the Children Services Department &amp; stakeholders is weak</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Coordination is reactive rather than strategic</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>There are adequate finances provided to facilitate coordination</td>
<td>5 4 3 2 1</td>
</tr>
</tbody>
</table>

15. Kindly indicate the level of your satisfaction with the following communication means put in place to help in the coordination of CT-OVC program. Use the scale of 5= very satisfied 4= satisfied 3= neutral 2= dissatisfied 1= very dissatisfied

<table>
<thead>
<tr>
<th>Communication Means</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-County Children Officer</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Constituency Social Assistance Committee(CSAC)</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Beneficiary Welfare Committee(BWC)</td>
<td>5 4 3 2 1</td>
</tr>
</tbody>
</table>
16. Name some of the key challenges you face while coordinating the CT-OVC program in the Sub-County?

E. Payment mechanisms and CT-OVC implementation

17. The following are statements about payment mechanisms and CT-OVC implementation in your Sub-County. Kindly put a tick in one box against each statement to indicate the extent it applies to you. Use this scale 5=very good 4=good 3=fair 2=poor 1=very poor

<table>
<thead>
<tr>
<th>Statement</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity Bank Payment Agent service delivery pace during payments</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>The way Equity Bank Agents staff handle clients</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>The level of security when collecting payments</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>The timeliness of payments</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Regularity of payments</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Supervision by Children Services staff during payments</td>
<td>5 4 3 2 1</td>
</tr>
</tbody>
</table>

18. Do you agree that distance to the nearest pay point inconveniences some beneficiaries when collecting payments?

5= strongly agree 4= agree 3= neutral 2= disagree 1= strongly disagree

19. If any, what additional comments do you have on payment mechanisms?

F. Complaint and grievance handling mechanism and CT-OVC implementation

20. To what extent are you familiar with channels put in place to address CT-OVC complaints and grievances?

5=most familiar 4=familiar 3=somehow familiar 2= unfamiliar 1= not familiar at all

21. Which of the following people do you mostly report your complaints & grievances to?

5= CT-OVC Secretariat 4= Constituency Social Assistance Committee (CSAC)
3= Sub-county Children’s Officer 2= Beneficiary Welfare Committee (BWC)
1= Volunteer Children’s Officer (VCO)
22. The following are statements about complaint and grievance handling mechanism in relation to CT-OVC implementation in your sub-county. Please put a tick in one box against each statement to indicate the extent to which you agree with it. Use this scale:
5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

<table>
<thead>
<tr>
<th>Statement</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Series of awareness session activities have improved public knowledge on CT-OVC grievance and complaint handling mechanism</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>There is clear format on complaint and grievance recording</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>I always keep records of complaints and grievances</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Some beneficiaries fear raising complaints for fear of victimization</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>There are inadequate officers in the Children Services Department to manage volumes of complaints and grievances</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>I often receive acknowledgement of complaints</td>
<td>5 4 3 2 1</td>
</tr>
</tbody>
</table>

23. Kindly rate the following nature of complaints as reported. Use this scale: 5 = very often 4 = often 3 = occasionally 2 = rarely 1 = not at all. Mark only one in each category with a tick (✓)

<table>
<thead>
<tr>
<th>Nature of Complaint/grievance</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeting related</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Missed biometric registration</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Card related</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Update related</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Corruption related</td>
<td>5 4 3 2 1</td>
</tr>
</tbody>
</table>

24. How long does it take for complaints and grievances to be resolved?
   a = less than 30 days  b = more than 30 days

Thank You
APPENDIX III

INTERVIEW SCHEDULE FOR HOUSEHOLD BENEFICIARIES

This interview guide is intended to collect data that will be used in a study to assess the administrative factors influencing implementation of CT-OVC Program in Nyandarua South Sub-county. In answering the questions, please remember that there are no correct or wrong answers. Your honest opinion is the most important. I appreciate your contribution towards this study. All your responses will be treated in confidence. If you have any questions, please do not hesitate to ask.

A. Personal information
1. What is your gender?
2. What is your age bracket in years?
3. What is your highest level of education?
4. For how long have you been a beneficiary of the CT-OVC program?

B. Cash Transfer for Orphans and Vulnerable Children & CT-OVC Program Implementation
5. Do you agree that CT-OVC program have improved the welfare of Orphans and vulnerable Children e.g. access to education, health and retention within households?
6. Do you agree that awareness sessions are conducted to promote community understanding of the program?
7. Do you agree that there is transparency when targeting CT-OVC beneficiaries?
8. What are some of the challenges you face in relation to CT-OVC programme implementation?

C. Human Resource Capacity & CT-OVC program Implementation
9. Do you think staff in the Children Services Department are competent?
10. Do you agree that the way communication is done has enhanced coordination of CT-OVC?
11. Do you agree that you are adequately informed about CT-OVC?
12. Do you agree that good leadership skills have contributed to smooth implementation of the CT-OVC programme?
13. Do you agree that commitment of coordinators have enhanced coordination of CT-OVC?
14. What is your level of your satisfaction with the communication channels put in place to help in the coordination of CT-OVC program?

**D. Payment Mechanisms & CT-OVC program Implementation**

15. How do you rate Equity Bank Payment Agent service delivery pace during payments?
16. How do you rate the way Equity Bank Agents staff handle clients?
17. How do you rate the level of security when collecting payments?
18. How do you rate timeliness of payments?
19. How do you rate regularity of payments?
20. How do you rate supervision by Children Services staff during payments?
21. Do you agree that distance to the nearest pay point inconveniences you when collecting payments?
22. If any, what additional comments do you have on payment mechanisms?

**E. Complaint and grievance handling mechanisms & CT-OVC program Implementation**

23. Are you familiar with channels put in place to address CT-OVC complaints and grievances?
24. Indicate the people you mostly report your complaints & grievances?
25. Do you agree that series of awareness session activities have improved your knowledge on CT-OVC grievance and complaint handling mechanism?
26. Do you fear raising complaints for fear of victimization?
27. Do you agree that there are inadequate officers in the Children Services Department to manage volumes of complaints and grievances?
28. What nature of complaints do you often report?
29. Do you often receive acknowledgement of complaints?
30. How long in terms of days does it take for complaints and grievances resolved?
31. Do you have any other comment?
APPENDIX IV

INTERVIEW SCHEDULE FOR HEADS OF LOC, BWC, CSAC AND CHILDREN OFFICERS

This interview guide is intended to collect data that will be used in a study to assess the administrative factors influencing implementation of CT-OVC Programme within Nyandarua South Sub-county. In answering the questions, please remember that there are no correct or wrong answers. Your honest opinion is the most important. I appreciate your contribution towards this study. All your responses will be treated in confidence. If you have any questions, please do not hesitate to ask.

A. Personal information
1. What is your gender?
2. What is your age bracket in years?
3. What is your highest level of education?
4. How many years have you worked with or in collaboration with the Children Services Department CT-OVC program?
5. What position do you hold in office/committee?

B. Cash Transfer for Orphans and Vulnerable Children & CT-OVC Program Implementation
6. Do you agree that CT-OVC program have improved the welfare of Orphans and vulnerable children e.g. access to education, health and retention within households?
7. Are adequate finances provided to facilitate implementation?
8. Do you agree that awareness sessions are conducted to promote community understanding of CT-OVC program?
9. Do you agree that there is transparency when targeting CT-OVC beneficiaries?
10. What are some of the challenges you face in relation to CT-OVC program implementation?
11. How many personnel do you have in the Children Services Department and what are
their academic qualifications?
12. Do you think that the number of staff in the Children Services are adequate for effective CT-OVC programme implementation in your sub-county? Give reason
13. Do you think the staff in the Children Services Department are competent?
14. How frequently do the Department of Children Services rely on volunteers to fill staff gaps?
15. How often do you attend training on CT-OVC program implementation?
16. Who trains you?
17. Apart from training, what other incentives are provided to motivate you?
18. Do you agree that the way communication is done has enhanced coordination of CT-OVC?
19. Do you agree that beneficiaries are adequately informed about CT-OVC?
20. Do you agree that good leadership skills have contributed to smooth implementation of the CT-OVC programme?
21. Do you agree that commitment of coordinators have enhanced coordination of CT-OVC?
22. Do you agree that stakeholders are not adequately integrated into CT-OVC implementation?
23. Do you agree that supervision of stakeholders by the Children Services is weak?
24. Do you agree that collaboration between the Children Services Department & stakeholders is weak?
25. Do you agree that coordination is reactive rather than strategic?
26. Do you agree that adequate finances provided to facilitate coordination?
27. What is your level of your satisfaction with the communication means put in place to help in the coordination of CT-OVC program?
28. Name some of the key challenges you face while coordinating the CT-OVC program in the Sub-county?
29. How do you rate Equity Bank Payment Agent service delivery pace during payments?
30. How do you rate the way Equity Bank Agents staff handle clients?
31. How do you rate the level of security when collecting payments?
32. How do you rate timeliness of payments?
33. How do you rate regularity of payments?
34. How do you rate supervision by Children Services staff during payments?
35. Do you agree that distance to the nearest pay point inconveniences some beneficiaries when collecting payments?
36. If any, what additional comments do you have on payment mechanisms?
37. Are you familiar with channels put in place to address CT-OVC complaints and grievances?
38. Indicate the people you mostly report your complaints & grievances?
39. Do you agree that series of awareness session activities have improved beneficiaries’ knowledge on CT-OVC grievance and complaint handling mechanism?
40. Do you think some beneficiaries fear raising complaints for fear of victimization?
41. Do you agree that there are inadequate officers in the Children Services Department to manage volumes of complaints and grievances?
42. What nature of complaints are often reported?
43. Do you often receive acknowledgement of complaints?
44. How long in terms of days does it take for complaints and grievances to be resolved?
45. Do you have any other comment?

Thank You
## APPENDIX V

**KREJCE AND MORGAN TABLE FOR DETERMINING SAMPLE SIZE FOR A FINITE POPULATION**

<table>
<thead>
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<th>( N )</th>
<th>( S )</th>
<th>( N )</th>
<th>( S )</th>
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</tbody>
</table>

**Note.**—\( N \) is population size. \( S \) is sample size.

**Source:** Krejcie & Morgan, 1970
Table is constructed using the following formula for determining sample size:

*Formula for determining sample size*

\[ s = X^2NP(1-P) + d^2(N-1) + X^2P(1-P) \]

- \( s \) = required sample size
- \( X^2 \) = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841).
- \( N \) = the population size.
- \( P \) = the population proportion (assumed to be .50 since this would provide the maximum sample size).
- \( d \) = the degree of accuracy expressed as a proportion (.05).

Source: Krejcie & Morgan, 1970
Ref: No. NACOSTI/P/16/94727/8916

Irene Cherotich Masai
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Administrative factors influencing implementation of cash transfer for orphans and vulnerable children in Nyandarua South Sub-County, Kenya,” I am pleased to inform you that you have been authorized to undertake research in Nyandarua County for a period ending 19th January, 2017.

You are advised to report the County Commissioner and the County Director of Education, Nyandarua County before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

DR. S. K. LANGAT, OGW
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nyandarua County.

The County Director of Education