

# **UNIVERSITY OF NAIROBI**

**DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK**

**THE ROLE OF CASH TRANSFER PROGRAM IN THE WELLBEING OF  
ORPHANED AND VULNERABLE CHILDREN IN KIBERA**

**BY**

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**DECLARATION**

This research project is my original work and has never been presented before for the award of any degree in this or any other University.

Signature.....

Date.....

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**C50/63334/2010**

This research project has been submitted for examination with my approval as University supervisor.

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

**Prof. Edward K. Mburugu**

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## **TABLE OF CONTENTS**

<b>DECLARATION.....</b>	<b>ii</b>
<b>ACKNOWLEDGEMENT.....</b>	<b>iii</b>
<b>DEDICATION.....</b>	<b>iv</b>
<b>LIST OF TABLES .....</b>	<b>ix</b>
<b>ABSTRACT.....</b>	<b>x</b>
<b>CHAPTER ONE: INTRODUCTION.....</b>	<b>1</b>
1.1 Background of the study .....	1
1.2 Problem statement.....	4
1.3 Research Questions .....	6
1.4 Objectives of the Study .....	6
1.4.1 General objective .....	6
1.4.2 Specific objectives .....	6
1.5 Justification of the study .....	6
1.6 Scope and Limitation of the study.....	7
<b>CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK.....</b>	<b>9</b>
2.0 Introduction .....	9
2.1 Literature review .....	9
2.1.1 Effectiveness of Cash Transfer .....	9
2.1.2 The Vulnerable State of an OVC .....	9
2.1.3 Cash Transfer Programme .....	11
2.1.4 Goals and expected programme impacts .....	12

2.2 Theoretical Framework .....	13
2.2.1 Social Disorganization Theory .....	14
2.2.2 Social Network Theory .....	17
2.3. Social Security Theory .....	19
2.4 Conceptual framework .....	21
<b>CHAPTER THREE: RESEARCH METHODOLOGY .....</b>	<b>23</b>
3.0 Introduction .....	23
3.1 Study Area description .....	23
3.2 Research Design .....	23
3.3 Units of analysis and units of observation .....	24
3.4 Target Population .....	24
3.5 Sample Size and Sampling Procedure.....	25
<b>3.6 Methods of Data Collection.....</b>	<b>25</b>
3.6.1 Quantitative Data.....	26
3.6.1. Questionnaire .....	26
3.6.2 Qualitative data .....	26
3.6.3 Secondary data .....	27
3.7 Ethical Considerations.....	27
3.8 Data analysis .....	27
<b>CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION .....</b>	<b>28</b>
4.1 Introduction .....	28

4.2 Questionnaire Return Rate .....	28
4.3 Demographic Characterization of the Respondents .....	29
4.3.1 Gender of the Respondents .....	29
4.3.2 Age Bracket .....	30
4.3.3 Religion of the Respondents .....	31
4.3.4 Marital Status of the OVCs guardians .....	32
4.3.5 Education Level of the Respondents.....	32
4.3.6 Occupation of Respondent.....	33
4.3.7 Number of children .....	33
4.5 Effects of CT on the Health of OVC.....	34
4.5.1 Accessibility of Health Facilities .....	34
4.5.2 Visit to Health Facilities .....	34
4.5.3 Frequency of Taking Children to Health Facilities in the Last 6months.....	35
4.5.4 Nutritional Status of Children before and after enrolment to Cash Transfer..	36
4.5.5 Ability to Buy Medicine for Children.....	36
4.5.6 Cleanness of Water .....	37
4.6 Effects of Cash Transfer on Education of OVC.....	38
4.6.1 Frequency of attending school.....	38
4.6.2 Improvement of Children in Education after joining the Program .....	38
4.6.3 Adequacy of the Cash Transfer on Buying Books and Uniform.....	39
<b>CHAPTER FIVE: SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS .....</b>	<b>42</b>
5.1 Introduction .....	42
5.2 Summary of Findings .....	42

5.3 Conclusion of the Study .....	43
5.4 Recommendation.....	43
5.5 Area for Further Studies .....	45
REFERENCES .....	46
<b>APPENDICES .....</b>	<b>52</b>
Appendix 1: Questionnaire for recipients of cash transfer .....	52
Appendix 2: Key informant interview guide.....	57
APPENDIX 3: FOCUSED GROUP DISCUSSION GUIDE .....	59



## LIST OF TABLES

Table 4.1. Response Rate.....	29
Table 4.2. Gender of the Respondents .....	30
Table 4.3. Age Bracket .....	31
Table 4.4. Religion of the Respondents .....	31
Table 4.5. Marital Status .....	32
Table 4.6. Education Level of the Respondents .....	33
Table 4.7. Access to health facilities by OVCs .....	34
Table 4.8. Visit to health facilities after enrollment to Cash Transfer.....	35
Table 4.9. Access of health facilities by OVCs in previous 6 months.....	35
Table 4.10. Nutritional Status Improvement after Enrolment to Cash Transfer.....	36
Table 4.11. Ability by families to buy medicine for OVCs.....	37
Table 4.12. Cleanness of Water .....	37
Table 4.13. Improvement of Children in Education after joining the CT Program .....	39
Table 4.14. Adequacy of the Cash Transfer on Buying Books and Uniform.....	40

## **ABSTRACT**

The focus of this study was to examine the role of cash transfer program in the wellbeing of OVCs in Kibera. The study was guided by two objectives; to determine the influence of Cash Transfer (CT) program on the health of OVCs in Kibera, and, to establish the influence of CT program on education of OVCs in Kibera.

The study used a descriptive survey design and adapted a multi-stages sampling technique. The quantitative data obtained were analyzed using SPSS and has presented in tables, frequencies and percentages. The data collected were presented in form of frequency tables, percentages, mean and standard deviation to present data.

From a sample of 102OVC caregivers, the study found that majority (69.61) could now access health facilities and health carefacilities. The findings of the study also found that the nutritional status on the OVC under the CT program had improved. The children now have accessibility to healthier foods. , Further, the study found that orphans and vulnerable children benefit from cash transfer program since they attend school more as compared to before. However only 19.61 of the respondents felt that the CT is adequate to buy schools books while the majority 80.39% indicated that the CT was not adequate for the purchase of school books.

The study concludes that health and education has improved after the enrolment of the cash transfer program The study recommends that intervention efforts is needed to focus on challenges and the exploitation faced by orphaned and vulnerable children. It also recommends that the community be sensitized on the programme, including objectives, and enrolment criteria to reduce ill feelings against beneficiaries. It was further recommended that opportunities for community participation in the programme implementation and evaluation be provided to ensure open and transparent enrolment of beneficiaries to mitigate negative perception.

## **CHAPTER ONE: INTRODUCTION**

### **1.1 Background of the study**

Money Transfers envelop a scope of instruments (e.g. social benefits, youngster awards or open works programs) and a range of outline, usage and financing choices. The field of money exchanges envelops an assorted variety of exchange composes (e.g. contingent and unrestricted money exchanges); advancement destinations; outline and execution decisions; and financing choices. Restrictive money exchanges (CCTs) require certain activities from beneficiaries (e.g. guaranteeing kids' school participation or antenatal care) while unlimited (UCTs) are without necessities joined. Proper plan will depend basically on setting, including political economy imperatives. CTs are frequently focused at the poorest family units and at areas of the populace that are viewed as powerless (DFID, 2011). Humble yet general pay from money exchanges causes family units to smooth utilization and manage spending on nourishment, tutoring and medicinal services in lean periods without the need to offer resources or assume obligation.

The current generation of cash transfers was pioneered by Latin American countries in mid-1990's, who also built in best-practice monitoring and evaluation. In these nations, money exchanges have had a measure of achievement in battling neediness and much of the time the recipients are required to meet an arrangement of conditions to get the exchange. The conditions can extend from being light (as in Brazil's Bolsa Familia) to being greatly time-concentrated, particularly for moms (as in the Oportunida desprogramme in Mexico) (IDEAs Policy Brief No. 3/2011). Brazil's Bolsa Escola program rose up out of a long history of neighborhood level restriction programs. All through the 1990's numerous neighborhood group's executed projects which had welfare

exchanges molded on school participation. Mexico executed a government CCT program in 1997. Progresa, renamed Oportunidades, was displayed on the Brazilian experience. The program gave trade and out kind advantages to families contingent upon youngsters frequently going to class until the age of 18, and consistent visits to wellbeing places for the whole family. Initially covering 300,000 family units, it extended to more than 2.5 million by the year 2000 (Abelsohn 2011).

According MacAuslan and Riemenschneider (2011a) the evaluation of money exchange programs far and wide has been led against their 'material impacts on's the utilization consumption, Income, sustenance, human capital advancement in wellbeing and instruction. They propose this might be because of their unmistakable connects to monetary development and the relative simplicity of evaluating such pointers through reviews. At the point when seen against the 'material effects' focal point, it is not really astonishing that assessments of the projects have been overwhelmingly positive. A conceivable clarification is that with regards to useful market frameworks, impacts on recipient groups are noteworthy since beneficiary families can promptly enhance their welfare by straightforwardly spending the supplementary cash on helpful products and ventures (Arnold et al. 2011:5). Such ideal appraisals have in this manner prompted more prominent hunger for reception of money exchange programs by nations that have not yet done as such and shaped the reason for scaling up the current ones.

In response to the ever increasing number of OVCs, the Kenyan government adopted Kenya's Social Protection Strategy (2009-2012) demonstrating the country's strong political shift in favour of use of social protection measures to address the plight of the country's most vulnerable groups. While the government of Kenya has had significant

non-cash social protection programmes for most of the post-independence period, especially with regard to education and health sectors, cash transfer programmes hardly featured in the country's annual budgets. The government was generally not in favour of cash transfer programmes, with some of the people holding the view that introduction of cash transfers would be expensive and would encourage laziness, dependency on state resources and that it would generally undermine incentives for hard work, self-improvement and development of appropriate work ethics. Thus, cash transfer programmes in Kenya is a recent activity, less than a decade since the first steps were taken to introduce the programme in Kenya, targeting the most vulnerable sections of the Kenya society (Ikiara, 2013).

Kibera is the largest slum in Sun Saharan Africa. It is estimated that there are 600,000 street children living in Nairobi alone with a good portion of them living in Kibera. This is according to the united Nations office for the coordination of Humanitarian Affairs. (Melesis, Birch , & Wachter, 2011)

An orphan according to the World Bank (2005) is a kid underneath the age of 18 years whose mother (maternal vagrant) or father (fatherly vagrant) or both mother and father (twofold vagrant) are dead. The term vagrant and helpless youngsters (OVC) then again alludes to vagrants and different gatherings of kids who encounter negative results, for example, loss of their instruction, bleakness and hunger at higher rates than their companions or who are more presented to dangers (Word Bank, 2005). By this definition, the Sub-Saharan African locale alone houses more than 12 million stranded youngsters. In Kenya, as different nations in Sub-Saharan Africa, the administration is thinking about the difficulties postured by an upsurge in the quantity of OVCs. It is assessed that there

are as of now more than 2.4 million OVCs half of whom were credited to the demise of guardians particularly because of HIV and AIDS pandemic which has tormented the nation's populace since 1990s (Ikiara 2013). Ikiara (2014) additionally recommends that most of the Kenyan vagrants live under outrageous neediness conditions with relatives or watchmen who are likewise regularly poor and in this manner unfit to give essential care to these youngsters.

60% of the total population of Nairobi live in the slum areas. Kibera is the largest slum in Sub Saharan Africa with a good portion of the 60,000 street children living in Nairobi live in Kibera (Melesis, Birch , & Wachter, 2011). For this reason, the researcher set out to find out if the Cash transfer program was benefiting the OVCs in the area in health and education.

## **1.2 Problem statement**

In Kenya the CT-OVC is a finish of many years' endeavors to manage developing quantities of vagrants and powerless youngsters (OVC). The thought was considered in the keep running up to the general decisions in 2002, originating from the acknowledgment that components of social security, particularly family and public instruments were separating despite the developing AIDS pandemic, a statistic force that prompted expanded quantities of vagrants (Alviar and Pearson 2009). In 2004, the thought for the program took off with the advancement of the primary variant of a National Plan of Action (NPA) for OVC, trailed by the foundation of a National Steering Committee (NSC). Before the finish of the 2004, the program was set up through the activity of the Ministry of Home Affairs with subsidizing and specialized help by United Nations Children's Fund (UNICEF) (Bryant 2009).

The CT-OVC plans to energize encouraging of OVC and bolster advancement of their potential by reinforcing the limit of families to ensure and look after them. It likewise plans to render and assemble bolster for group based reactions being taken care of by OVC (GoK 2008a). In spite of the great expectation of the program, there is by all accounts a lacuna of research on the viability of such projects Studies have been directed with respect to CT-OVC. Ottebjjer (2005) noted social money to assume a pivotal part in working of the group life over an assortment of areas spreading over from counteractive action of adolescent wrongdoing, advancement of effective youth improvement, the improvement of standards of work showcase connection, the upgrade of tutoring and instruction, the smooth working of vote based system and political government and progression of financial improvement.

Ikiara (2009), in his examination on financial and political difficulties confronting the nation expressed that offspring of guardians with HIV and AIDS wind up plainly powerless well before their folks kick the bucket. Other youngsters are made helpless because of one or the two guardians being sick from a fatal malady like growth. Every one of these investigations done have harped on general fiscal issues in this way making a learning hole. It is along these lines on this commence the examination tried to build up whether the money exchange program is successful in empowering access to wellbeing and training among the OVCs living in Kibera. The principle concern is on the ramifications of the program for social relations inside Kibera. The investigation gave careful consideration to 'material effects' of the program on the utilization consumption, salary, nourishment, human capital improvement in wellbeing and training.

### **1.3 Research Questions**

- i. What is the influence of CT program on the health of OVCs in Kibera?
- ii. What is the influence of CT program on the education of OVCs in Kibera?

### **1.4 Objectives of the Study**

#### **1.4.1 General objective**

The general objective of this study was to investigate the role of cash transfer programme in response to OVC crisis in Kibera

#### **1.4.2 Specific objectives**

The specific objectives of this study were

- i. To determine the influence of CT program on the health of OVCs in Kibera
- ii. To establish the influence of CT program on education of OVCs in Kibera

### **1.5 Justification of the study**

Open approaches that specifically address asset imperatives emerging from the nearness of youngsters and from orderly and individual components hold guarantee for lessening monetary hardships for the time being and enhancing kids' prosperity in the long haul. (Meyers et al 2003). Money exchange programs are one such strategy with a two dimensional approach of; tending to quick financial imperative on the family due to (taking in) the stranded and defenseless tyke, while in the meantime endeavoring to deal with the tyke's prosperity over the long haul. Experiencing significant change nations, youngster and family stipends have ended up being viable in improving the effect of basic change on families with kids, and have been transformed to go about as a wellbeing net (Barrientos and DeJong 2004).



The Cash Transfer program for Orphans and Vulnerable Children (CT-OVC Program) in Kenya does this by: giving money to family unit to contribute towards the wellbeing, and instructive needs of the OVCs. Now and again (locale) it even forces conditionalities on the money it gives in view of the said parameters. The long haul objective of such an approach (Cash Transfer Program) is to bring up kids' motivation on the strategy plan. Be that as it may, for the financial advancement needs of these economies, the human capital worries in every one of these nations offer an extra overpowering and exceptionally commonsense case for sufficient interest in our next ages (Vleminckx and Smeeding 2003).

In Kenya there are estimated 2.6 million OVCs which have been brought about by the deaths of the parents as a result of HIV leaving children who become street children. The current study will consider 2000 OVCs since they will be representative of the area of study which will lead to generalization of results in other areas (Bryant, & Nduku, R. (2008).

### **1.6 Scope and Limitation of the study**

The study aimed at investigating the role of cash transfer program in the well being of orphaned and vulnerable children in Kibera. . The study was undertaken in Kibera constituency of Nairobi County. The population targeted was the beneficiaries of the OVC-CT programme including children in the recipient households. The key informants included, a school head teacher, a representative from the ministry of Gender, Children and Social development. . This study did not consider all the aspects hampering cash transfer program, but instead restricted it to those elements of cash transfer program that affect the well-being of OVCs in one way or the other. The study did not also consider all

OVCs in Kenya, but was limited to OVCs in Kibera and specifically those who benefited from the cash transfer program.

The limitations were that the road network in Kibera slums is poor making travel in some areas difficult. Some roads were not easily accessible due to drainage flooding especially when it rained. To address this problem, the researcher used the services of Volunteer Children Officer and known residents who are familiar with the area. Kibera is known for its insecurity and therefore the researcher used known residents of Kibera who are familiar with the area and are known to the respondents. There was language barrier due to high illiteracy levels in the study location and therefore we had to translate the questions to Swahili language to ensure comprehension. The study was limited to only one slum in the urban settlement therefore generalizations to other Slum/urban areas should be done with caution.

## **CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

### **2.0 Introduction**

This chapter is a presentation of literature review, theoretical framework and the conceptual framework that will guide the study.

### **2.1 Literature review**

#### **2.1.1 Effectiveness of Cash Transfer**

Effectiveness is about getting the right task done, completing planned activities and achieving goals (Michael A. West, 2008). It does not mean that the task was carried out with the least effort and the process does not matter, neither does time nor duration, effectiveness focuses on the outcome of the action/method. (Diffen, 2012). In the context of CT it means that if a programme is effective that all beneficiaries received whatever resources they needed through cash transfers and the goal of the programme was achieved. In this paper physical and emotional well-being are taken into account meaning that if a programme is effective it will reach the intended impact on well-being in general.

#### **2.1.2 The Vulnerable State of an OVC**

Diminishing dangers and defenselessness for the poor is a basic supporting for social prosperity. Powerlessness is a term that has a tendency to be inexactly utilized, prompting its perplexity and even substitution with poor people (Ellis et al. 2009). As indicated by Jones et al. neediness is perceived as 'a dynamic as opposed to a static express' that 'might be brief, transient or interminable' (2008). In this investigation, the definition by Ellis et al. to see helplessness as circumstances where individuals have weakened capacity to

adapt to high hazard occasions that impactly affect their employments (2009) is embraced. These unsafe occasions could be individual, for example sickness, mishaps and demise, or common, for example dry spell, surges and plant or creature ailment flare-ups (in the same place). in defenseless families, adapting capacity is controlled by their benefit status, subsequently those with a solid base as far as land, family, work, reserve funds and different resources are probably going to assimilate the stun all the more viably without 'employment fall'. Defenselessness circumstances are wide and changed, consequently the decent variety of social assurance instruments, for example sustenance and essential needs hardship by age or neediness/desperation levels; nourishment creation and utilization shortfalls; HIV and AIDS stuns among others. Further, the multi-dimensionality of components supporting destitution and hardship render it hard to accomplish agreement on definitions as well as about need territories, which is significantly all the more difficult on account of kids (Jones et al. 2008).

In spite of the complexities of characterizing defenselessness, its utilization in this examination in connection to youngsters was under the term vagrants and powerless kids (OVC). The term is an endeavor to control far from the misconceptualization of defenseless youngsters as vagrants, especially in connection to HIV and AIDS. OVC accordingly alludes to the considerably more extensive scope of youngsters (counting vagrants) who are influenced by weakness. (Feathered creature et al. 2005). While a vagrant is a tyke that has lost one or the two guardians (and here concern is for a tyke under 18 years), a helpless tyke is one whose wellbeing; prosperity and advancement are for different reasons undermined, including access to fundamental administrations, satisfactory care or a protected home condition. An OVC is in this manner seen as any

youngster who has lost one or the two guardians or generally in danger of hardship due to a deficient or flimsy care condition (Cooke-Davies, 2002).

### **2.1.3 Cash Transfer Programme**

The investigation concentrated on money exchange programs as social help mediations with the possibility to engage the poor to utilize little entireties of cash in profitable and life-enhancing ways. The definition proposed by Arnold et al (2011) has been embraced for this examination, where money exchanges are viewed as the 'immediate, consistent and unsurprising non-contributory installments that raise and smooth earnings with the goal of lessening neediness and helplessness'. While money exchanges might be restrictive or genuine, encourage arrangement is conceivable in light of goals; outline and execution decisions; and also financing choices (in the same place). Despite classification, money exchanges target segments of the populace viewed as poorest or most defenseless, for example more seasoned individuals, people with inabilities and kids.

The hypothetical case for money exchange programs depends on the presumption that people can be trusted and engaged to successfully utilize assets benefited to them to enhance their expectations for everyday comforts (Ressler 2008). Neediness is perceived as multi-dimensional, with insufficient and questionable levels of pay distinguished as a basic part of the issue. Money exchange programs are thusly intended to give a humble yet dependable salary to help family units settle utilization and empower them maintain spending on sustenance, training and medicinal services. This is particularly basic when family units experience curiously extreme financial circumstances as it pads them against assist helplessness, for example transfer of benefits or diving into obligation (Arnold et

al. 2011). Money related data sources are in this way observed to enhance effect on employment systems and increment the feeling of prosperity and respect at family unit level (Ressler 2008). After some time, in the past powerless families construct human capital, amass beneficial resources and access credit. Eventually, money exchanges ought to be viewed as a supplement as opposed to an other option to arrangement and change of essential administrations in wellbeing and training (Arnold et al. 2011).

#### **2.1.4 Goals and expected programme impacts**

The Kenya Cash Transfer Program for Orphans and Vulnerable Children (CT-OVC) is the organization's lead social affirmation program, coming to more than 130,000 families and 250,000 OVC the country over as of end-2011, with a complete goal of offering degree to 300,000 families or 900,000 OVC. A level month to month trade of Ksh 1500 (generally US\$21; this was extended in the 2011/12 spending design from Ksh 1500 to Ksh 2000) is given to those families who are ultra-poor and contain OVC (Kenya CT-OVC Evaluation Team, 2012). OVC are portrayed as family occupants in the region of zero and 17 years old with no short of what one terminated parent, or a parent who is perpetually debilitated, or whose essential watchman is continually wiped out (D.Schenket al 2010).

Disregarding the way that the fundamental goal of the program is to make human capital and to upgrade the care of OVC, there are extraordinary inspirations to assume that cash trade programs, and the CT-OVC program particularly, can have impacts on the budgetary vocations of beneficiaries as well (Donald, 2006). Most recipients of trade exchange programs out Sub Saharan Africa live in country regions, rely upon subsistence agribusiness and live in places where markets for money related administrations, (for

example, credit and protection), work, merchandise and sources of info are missing or don't work well. Money exchanges frequently speak to a huge offer of family unit salary, and when given in a customary and predicable form, may help families in conquering the deterrents that square their entrance to credit or money. Martinez (2004) found that the BONOSOL benefits program in Bolivia emphatically influenced animal ownership, utilizes on develop wellsprings of information, and item yield, notwithstanding the way that the specific choice of wander shifts as demonstrated by the sexual introduction of the beneficiary.

The main goal of this cash transfer program is to improve the care of OVC and to build human capital. As many beneficiaries live in remote areas with limited employment opportunities, the cash transfer is the main or one of the sources of income for the beneficiary household, which will also help them to access credit. Furthermore one of the intended impacts of the program is to stimulate the local economy and change the beneficiaries' role in social networks (Food and Agriculture Organization, 2013). The OVC's situation is expected to improve in terms of access to education, health, food security (incl. increase in diet diversity), and birth registrations (Word Bank, 2011). Especially concerning education the programme was expected to have an impact on the total expenditure, especially on OVC attending secondary level and living further away from schools (International Policy Centre for Inclusive Growth, 2012).

## **2.2 Theoretical Framework**

This section reviews theories that were utilized as casing of reference for the investigation. Endeavors weremade to illustrate the pertinence of the hypotheses received in the exploration. A hypothesis as indicated by Sullivan (2006) is an arrangement of

proclamations that clarifies the connection between wonders. He additionally affirms that the key part of speculations is to reveal to us why something happened. They enable us to arrange the information from explore into an important entirety. Williams and McShane (1999) brace the above point as they declare that hypothesis is a piece of regular daily existence and the most imperative thing about speculations is that we require them to live. It is against this foundation that this exploration utilizes Social Functionalism Theory, the Social Disorganization Theory (SDT) and the Social Network Theory (SNT) to clarify the adequacy of money exchange program to the reaction of OVCs emergency in Kibera. While the SDT portrays the circumstance of the OVC, the SNT depicts the part and effect of the societal reaction particularly the endeavors of CT in tending to OVC's conditions in Kibera.

### **2.2.1 Social Disorganization Theory**

Social Disorganization Theory alludes to the breakdown of the social organizations in a group. In the inward city, families would be upset, grown-up run exercises for young people would be inadequate and religious or love spots would be ineffectively gone to (Lawrence, 2010). At the point when such an inescapable breakdown happened, grown-ups would be not able control adolescents or quit contending types of reprobate and criminal associations from rising (e.g., groups, bad habit exercises). This blend was profoundly criminogenic. Liberated from grown-up control, young people wandered the roads, where they came into contact with more established adolescents who transmitted to them criminal esteems and aptitudes. From the above attributes, we can reason that Kibera has the highlights of social confusion. The Social Disorganization Theory (SDT) is an imperative hypothesis created by the Chicago School.



In spite of the fact that, there are diverse types of the hypothesis, this investigation used the general qualities of social confusion to portray what prompted the states of OVC in Kibera. Cullen and Agnew (2006) give some essential proposes of the hypothesis. Sutherland (1938) embraced the idea of social complication to clarify the increments in wrongdoing that went with the change of preliterate and worker social orders where impacts encompassing a man were relentless, uniform, amicable and reliable to present day Western progress which he accepted was described by irregularity, struggle and un-association. The portability, financial rivalry and an individualistic belief system that went with entrepreneur and modern improvement had been in charge of the breaking down of the substantial family and homogeneous neighborhoods as specialists of social control. The disappointment of broadened kinfolk bunches extended the domain of connections never again controlled by the group and undermined administrative controls prompting steady "methodical" wrongdoing and misconduct. Such disorder causes and fortifies the social customs and social clashes that help reserved movement. Sutherland presumed that if the general public is sorted out with reference to the qualities communicated in the law, the wrongdoing is dispensed with; in the event that it isn't composed, wrongdoing perseveres and creates.

In accordance with the above, and with significance to this exploration, Sampson (2006) presents not just what causes social confusion in urban communities as per nature, yet in addition other option to manage the issue. His fundamental commence is that social and authoritative qualities of neighborhoods clarify varieties in reprobate or wrongdoing rates that are not exclusively inferable from the totaled statistic attributes of people. The

differential capacity of neighborhoods to understand the regular estimations of inhabitants and keep up successful social controls is a noteworthy wellspring of neighborhood variety in brutality. He proposed that social control is the response to social confusion. Social control alludes by and large to the limit of a gathering to direct its individuals as indicated by its individuals as per wanted standards to acknowledge aggregate, rather than constrained, objectives. Casual social control in this manner sums up to more extensive issues of significance to the prosperity of neighborhoods.

Here, we can allude the Cash Transfer program reaction to the states of OVC in the examination territory to as "social control." Sampson and his associates (2006) imagined the thought of "aggregate viability." They theorized that when individuals in an area trusted and upheld each other, they had a reason for restricting together to control tumultuous and criminal conduct. This did not imply that individuals approached battling wrongdoing once a day. Or maybe, aggregate adequacy inferred that when troublesome lead emerged, the general population in these areas had the cohesiveness to act in a "compelling" approach to take care of the issue.

The hypothesis was imperative for the investigation as it helped the specialist in disclosing what prompted the states of Orphaned and Vulnerable Children in Kibera. This likewise helped the scientist in realizing that the threat can be managed through money exchange. Individuals from Kibera have the cohesiveness to go under the umbrella of CT program to act in a compelling method to tackle the issues of OVC in the study area.

### **2.2.2 Social Network Theory**

Castells, a vital figure in urban humanism is a protector of the Social Network Theory (2001). The vitality of casual association theory (SNT) originates from its refinement from regular sociological examinations, which acknowledge that it is the qualities of individual entertainers - whether they are generous or debilitating, sharp or imbecilic, et cetera that issue. Relational association speculation makes an other view, where the properties of individuals are less basic than their associations and ties with various entertainers inside the framework. According to Castells (2001), a relational association is a social structure made of individuals or affiliations called "center points," which are tied (related) by no less than one specific sorts of dependence, for instance, essential interest, connection, family relationship, cash related exchange, extreme aversion, or associations of feelings, learning or even prestige.

He additionally proposes that social importance emerges fundamentally from challenges postured by specific sorts of social structures, strikingly those that produce social clash, social imbalance and the devastation of social solidarity. What's more, if there is one unitary sort of social structure at that point there is a unitary reason for settling the difficulties and issues related with it. Applying this hypothesis to the examination in this manner, we consider the different variables that float the OVC into their conditions as the difficulties that are postured by the social structure particularly the disintegration in family estimations of social attachment and disappointment of the more distant family to give insurance to youngsters. It is a similar arrangement of distinguished issues (being chronicled, financial, political, or social) that pulverize the family esteems, and prompt social disparity making the OVC and a few dowagers at a more noteworthy detriment.

However, all expectation isn't lost since it is the "associational tie" that ties individuals from the group together and fills in as a unitary reason for settling the emergencies through home-mind. This likewise shows the home-mind is a substitute to the "official" halfway houses.

There can be various sorts of ties between the centers portrayed beforehand. Research in different insightful fields has shown that relational associations take a shot at many levels, from families up to the level of nations, and accept an essential part in choosing the way issues are understood, affiliations are run, and how much individuals win with respect to finishing their goals. With the end goal of this examination, "Associational tie" was used to portray how the legislature recognize and tackle the issues of OVC in Kibera. Feld (1981) affirms that informal communities can be worked in different hierarchical settings, including willful affiliations, work environment, neighborhood, and schools. Besides, the information proposed that ties framed inside urban affiliations or social development associations are made viable as channels of assembly.

This hypothesis will be important for the ebb and flow examine as it will help the scientist to distinguish the traits of individual performing artists - whether they are inviting or antagonistic, keen or stupid, among others. This will decide if the ascent of OVC in Kibera was because of individual qualities or what caused. Therefore the analyst sort to decide if they could apply the idea of trade exchange out the region. Casual people group speculation makes an other view, where the characteristics of individuals are less

fundamental than their associations and ties with various entertainers inside the framework.

### **2.3. Social Security Theory**

Government disability as a term was first utilized as a part of the U.S Social Security Act from 1935. This was just taking laborers from industry and business into thought. This law gets this name on the grounds that out of the blue, it was making a social protection program for individuals more than 65 years. (Morris Robert, 1973, p. 1277). The Universal Declaration of Human Rights embraced the term in 1948, as we find that today the idea has universalized both as nature and as execution (AGONU, workmanship. 22).

Diverse writings have distinctive clarifications of the idea of government managed savings. They don't just differ as viewpoint yet additionally as a method for comprehension. Universal associations don't likewise have clear refinements between government managed savings and social security. They utilize either as communicating a similar thing, or in connection of incorporation. (Lazăr Florin, 2010, p. 132).

William Beveridge characterized government managed savings as an arrangement of measures taken by the state to ensure individuals against dangers that are emerged independently and will never stop to exist notwithstanding the level of improvement of the general public in which they live. (Beveridge W., 1955) Social Security in this manner is viewed as a component of the Government or State to endeavor to relieve dangers that are appeared separately and will never stop to exist notwithstanding the level of improvement. The term hazard in the definition presents a confinement.

Institutionalized reserve funds structures have been under test in many parts of the world. Some view the structures as unreasonably expensive and are seen, making it difficult to hurt the methodology of money related headway. Others point the needs in the level of protection and degree of extension, and battle that amid extended joblessness and distinctive sorts of work precariousness, government inability is required more than ever. In industrialized countries (tallying the advance money related parts of Central and Eastern Europe), institutionalized investment funds systems must respond to new measurement challenges, for instance, developing and changing family structures, with proposals for the financing of social protection. One of the key overall issues facing government oversight funds is the way that prevailing piece of the aggregate people (the larger part) is disallowed from an institutionalized reserve funds affirmation. (Overall Labor Office Geneva, 2001).

As indicated by Michael Grimm, in Africa, the absence of protection against day by day dangers, for example, ailment, joblessness, cataclysmic events, edit disappointments and such like can have genuine here and now and long haul results for the concerned family units, specifically in light of the fact that elective adapting instruments, for example, credit or reserve funds are additionally not accessible or are at any rate not available to poor people. In Africa, the usage of government managed savings is especially troublesome. This is on account of most nations in Africa confront genuine spending limitations, making it relatively difficult to fund regularly rather costly protections frameworks. Execution and administration of standardized savings frameworks additionally require very perplexing foundations which again are not accessible in the majority of these nations. (Grimm, 2008).

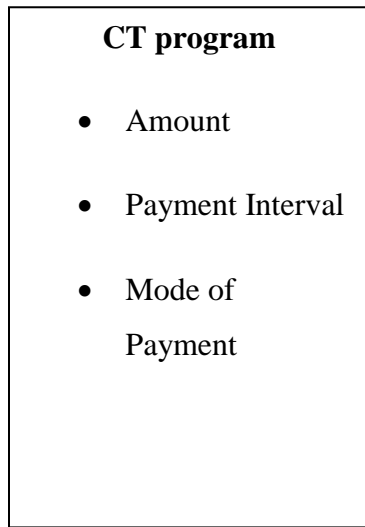
In Sociology, social security describes as “System of laws, institutions and activities designed to assist people affected by certain risks to which it is exposed, for example unemployment, poverty, illnesses, old age, widowhood, maternity, disability e.t.c). The State then allocates resources for these purposes by way of rights under the law and not as charitable help. Kibera has a high number of unemployment, HIV/AIDs cases, orphans and windows, therefore the researcher sort out to determine whether social security applies in the concept of cash transfers.

## **2.4 Conceptual framework**

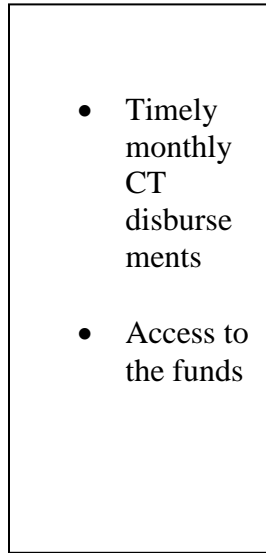
Conceptual framework is the result of is the aftereffect of what a specialist conceptualizes as the connection between factors in the examination and exhibits the relationship graphically or diagrammatically (Mugenda and Mugenda 2003). An ascertained definition is a segment of the legitimate research process in which a specific thought is portrayed as a quantifiable occasion or in quantifiable terms; it basically gives one the significance of the thought (Mugenda, 2008). Self-governing variables are those components which are purposely contrasted by the investigator. Of course, subordinate elements are those elements whose regards are endeavored to depend upon the effects of the free factors (Mugenda, 2008). In this examination earlier CT program on Livelihood of OVCs, CT program on OVCs Health and CT program on OVCs Education are the autonomous factors while OVC Crisis is the needy variable. State of mind which manages the general impression of the OVC about their circumstance and henceforth impacting the OVC emergency is the mediating variable. In this study, the following conceptual framework was used.

### **Figure 2.1: Conceptual Framework**

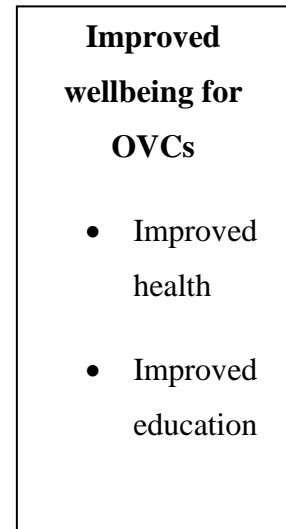
**Independent Variables**



**Intervening variables**



**Dependent Variable**





## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.0 Introduction**

This chapter described the techniques that were utilized as a part of the examination. It clarified the exploration plan, the examination populace, testing technique and methodology, information accumulation strategies and instruments, information investigation, announcing and moral issues.

### **3.1 Study Area description**

Study members were drawn from Kibera, Nairobi. Kibera is a ghetto territory with roughly 1 million occupants and with a considerable measure of blockage. Along these lines, there are no appropriate and satisfactory courtesies. . Schools are for the most part casual foundations. There is no channeled water and occupants need to pay for water and get water from water calls attention to out in the region. Kibera is in southwest Nairobi, approximately 5 kilometers (3.1 mi) from the City Center. A lot of its Southern outskirts is bound by the Nairobi River and the Nairobi Dam, a manufactured lake that gives drinking water to the inhabitants of the city. Kibera is separated into 13 towns, including Kianda, Soweto East, Gatwekera, Kisumu Ndogo, Lindi, Laini Saba, Siranga, Makina and Mashimoni.

### **3.2 Research Design**

Research design is the plan that guides the analyst during the time spent gathering, examining, and deciphering perceptions (Frankfort-Nachmias and Nachmias, 2005). This examination utilized spellbinding and cross-sectional designs. The cross-sectional research configuration is the most transcendent plan utilized in the sociologies. The

outline is related to overview examine a strategy for information accumulation in which scientists for the most part solicit an arbitrary example from people to react to an arrangement of inquiries concerning a specific marvel. Such examines allow the analyst to do a subjective and quantitative inspecting. . The scientist can make surmisings to more extensive populaces and licenses them to sum up their discoveries to genuine circumstances in this manner expanding the outside legitimacy of the investigation. Subjective and quantitative strategies were utilized to gather the information. Quantitative information were gathered through an organized poll and created data on the part of trade exchange programs out the prosperity of the OVCs in Kibera. Subjective information were gathered through key witness interviews guide and center gathering talks (FGDs) direct.

### **3.3 Units of analysis and units of observation**

According to Mugenda and Mugenda (2003) units of examination are units that are planned for inspirations driving amassing their qualities in order to delineate some greater social event or special ponder. Nachmias and Nachmias (1996) depict the units of examination as the most simple bit of the wonder to be mulled over. To Singleton et.al (1988; 69) they are "what or whom to be analyzed". In this examination the unit of examination was money exchange and the prosperity of OVC. The units of perception were the OVCs who profited from trade exchange out Kibera.

### **3.4 Target Population**

The CT-OVC program conducts enlistment and enrolment drives routinely and from these there in the long run develops a few classifications (1) Targeting list, every one of those families went to by program staff for conceivable enrolment into the program. (2)

The enrolment list; those kids who after all strategies meet all requirements to be enlisted  
(3) the recipient list; those youngsters who from the enrolment list are now accepting cash. This study targeted individuals in the beneficiary list, which has 2125 OVCS, (Kenya CT-OVC Evaluation Team, 2012).

### **3.5 Sample Size and Sampling Procedure**

The study targeted 120 household respondents who were guardians of orphans and vulnerable children already registered in the CT programme, in Kibera slums. Based on the records attained from the Chief's office, there were 2,125 OVCs registered as beneficiaries of the programme. Using systematic random sampling to find the Kth, the researcher took the total number of the OVC which was 20. Then every 20<sup>th</sup> recipient was selected on the register until the desired sample was attained.

### **3.6 Methods of Data Collection**

Relevant data from this study were collected through qualitative and quantitative methods of data collection. Qualitative methods allowed the researcher to collect more rich and in depth data to be able to generate their own point of view questionnaires were used to collect quantitative data from the respondents. Qualitative methods focused on the quality of data on a rather small and purposive sample who were 13 in number. In this case key informant interviews were conducted and two focus group discussion (FGD) which comprised of 8 to 10 OVCs .

### **3.6.1 Quantitative Data**

#### **3.6.1. Questionnaire**

The study used a structured questionnaire. The preference for using questionnaires for informants relies upon the way that respondents can complete it without help and anonymously. The system is in like manner more affordable and speedier than various methodologies while reaching a greater example (Bryman, 2008; Cohen et al., 2007). The reviews with close completed response things were precoded remembering the ultimate objective to support the system of data entry into the spss programming.

### **3.6.2 Qualitative data**

#### **3.6.2.1 Key informant interviews**

Important issues were further probed by interviewing key informants. In total thirteen key informants were interviewed. This entailed face-to-face interviews community elders, some Head Teachers, and a representative from the Ministry of Gender, Children and Social Development, who were deemed to have a lot of knowledge concerning OVCs crisis in Kibera.

#### **3.6.2.2 Focus group discussions (FGDs)**

A focus group discussion is a form of qualitative research in which groups of people are asked about their attitudes towards a certain concept (Mugenda and Mugenda 2003). Two focus group discussions were held with children between the 6-15 years during the study. Each group had eight systematically selected OVCs. Since the children were under 18 years of age, we requested permission from their guardians to carry out the study.

### **3.6.3 Secondary data**

Secondary data include information from books, journals, world organization's reports, newspapers reports and a variety of internet reports.

### **3.7 Ethical Considerations**

In the parts where the researcher had to interview children, exclusive consent was sought from their guardians. This study was carried out after getting approval from the Ministry of Education Science and Technology and the provincial administration. The researcher ensured that every respondent was given enough background information about the study to enable them make informed decisions about their participation in the study. Informed consent was sought from the OVCs parents and guardians before participation in the study. The respondents were informed of their right to withdraw from the study if they so wished to do so. The researcher and the research assistants were also ensure that they maintain professional and personal codes of ethics throughout the study. The informants were carefully handled and so as to protect their privacy, pseudo names were used. This ensured that they are accorded maximum protection. In addition, the ethical principles of respect for respondents and justice will be upheld.

### **3.8 Data analysis**

Data was analyzed utilizing both quantitative and subjective techniques. Information from the overview was dissected utilizing the Statistical Package for Social Sciences (SPSS) PC programming and straightforward recurrence tables created to condense them. Information from key witness meetings and center gathering discourses was dissected subjectively by perusing, coding, showing, decreasing and deciphering. Verbatim statements were utilized to exhibit the information.

## **CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

### **4.1 Introduction**

This chapter focused on the information examination, understanding and introduction of the discoveries. This information was gathered with the point of setting up the part of the money exchange program on the welfare of OVC in Kibera. The examination likewise looked to build up whether partner's contribution, lucidity on venture mission and objectives, venture supervisor's ability and accessibility of assets assumes an essential part on supportability of wellbeing ventures openly doctor's facilities in Nairobi County. The analyst made utilization of recurrence tables, rates, mean and standard deviation to exhibit information.

### **4.2 Questionnaire Return Rate**

The investigation tested 120 respondents from the aggregate populace of 2125 OVC in Kibera. The poll return rate comes about are appeared in Table 4.2. From the investigation, 102 out of 120 target respondents filled in and restored the survey adding to 85%. This reaction rate was great and delegate and complies with Mugenda and Mugenda (1999) stipulation that a reaction rate of half is satisfactory for investigation and revealing; a rate of 60% is great and a reaction rate of 70% and over is amazing. The reaction rate exhibits an ability of the respondents to take an interest in the examination.

**Table 4.1. Response Rate**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Responded	102	85.00
Non response	18	15.00
<b>Total</b>	<b>120</b>	<b>100.0</b>

### **4.3 Demographic Characterization of the Respondents**

As a component of the general data, the exploration asked for the respondents to demonstrate their sexual orientation, age, working term, most elevated amount of training and position held. The examination depended on this data to order the diverse outcomes as indicated by respondents' colleague with part of money exchange on prosperity of OVC.

#### **4.3.1 Gender of the Respondents**

From the findings, the study established that for the guardians and parents of the OVCs majority of the respondents (55.89 %) were female while the rest (44.11%) were male. This shows that there are more females than males who are involved in wellbeing of OVC in Kibera; however there is gender disparity with regard to wellbeing of OVC in Kibera. This study conforms to Schubert (2005) finding reported that in the evaluation of the Kalomo Pilot Social Cash Transfer Scheme in which the percentage of female beneficiaries were reported to constitute 66%, while male beneficiaries were 34%.

**Table 4.2. Gender of the Respondents**

<b>Gender of the OVCs guardians</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Male	45	44.11
Female	57	55.89
<b>Total</b>	<b>102</b>	<b>100</b>

#### **4.3.2 Age Bracket**

Out of the total respondents, 23.53% of the respondents were aged 40-49 years, 21.57% aged above 60 years, 18.62% aged 50-59 years while 17.65% aged between 30-39 years and below 30 years as shown in each case. Majority of the respondents being above the age of 40, could be due to different reasons the main one being the guardians being grandparents of the OVC or older preferred relatives who had been given the responsibilities of looking after this children. However, the average age of the respondents in the current study was lower than the average of beneficiaries in the Kalomo Pilot Social Cash Transfer Scheme in which the number of households headed by elderly (over 64 years old) constituted 54% of beneficiaries (Schubert, 2005).



**Table 4.3. Age Bracket**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Under 30	19	18.63
30-39	18	17.65
40-49	24	23.53
50-59	19	18.62
60 and above	22	21.57
<b>Total</b>	<b>102</b>	<b>100.0</b>

**4.3.3 Religion of the Respondents**

The respondents were further on asked about their religious affiliations. Table 4.4 illustrates the findings, majority (51.96%) of the respondents were Christian, 34.31% were Muslims while 13.73% were other religion like Hindus etc. This implies that most of the participants responsible for the wellbeing of OVCs in Kibera are Christian as compared to other religions, it could be because different Christian teachings emphasize on kindness and taking care of orphans, same case applies to teachings from the Quran.

**Table 4.4. Religion of the Respondents**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Muslim	35	34.31
Christian	53	51.96
Other (specify)	14	13.73
<b>Total</b>	<b>102</b>	<b>100.0</b>

#### 4.3.4 Marital Status of the OVCs guardians

The researcher sought to establish the marital status of the respondents. Findings are documented in table 4.5, (28.43%) were divorced, 18.63% were married, 18.63% of the respondents were separated, 22.55 were widowed while 11.76 were single. Majority of the respondents (82%) were single, separated, widowed or divorced, thus they felt that need to take the care of OVC in Kibera.

**Table 4.5. Marital Status**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Single	12	11.76
Married	19	18.63
Divorced	29	28.43
Separated	19	18.63
Widowed	23	22.55
<b>Total</b>	<b>102</b>	<b>100.0</b>

#### 4.3.5 Education Level of the Respondents

The study findings revealed that majority of the respondents (44.12%) had primary certificates as their highest academic qualification, 29.42% had not attained any education, 18.63% had secondary certificate while the rest (7.83%) had tertiary certificate as their highest level of education. This depicts that most of the respondents in charge of the welfare of OVC lack adequate knowledge to be on the know on how to provide optimum care to the children. It's important that caregivers attain a certain level of education to be able to assist children under their care in their educational needs. More educated caregivers are much more likely to know how to draw a budget on the resources

they have and place values on things like education because they are learned and make informed choices on healthcare.

**Table 4.6. Education Level of the Respondents**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
None	30	29.42
Primary	45	44.12
Secondary	19	18.63
Tertiary	8	7.83
<b>Total</b>	<b>102</b>	<b>100.0</b>

#### **4.3.6 Occupation of Respondent**

The analyst tried to discover the control of the respondents, larger part of the respondents, (60.02%) were dealers, 32.98% were utilized in the private or open areas while 7.00% were easygoing workers and independently employed.

#### **4.3.7 Number of children**

From the examination discoveries larger part of the respondents, (54.21%) had between 4-6 children, 24.79.00% had between 7-10 kids, 16.00% had between 1-3 youngsters while 5.00% had more than 10 kids. from the examination discoveries larger part of the respondents 54.21% as of now had their hands full. it can be deciphered that by going up against no less than one additional tyke into their families, there may be rivalry of the restricted assets inside a family unit.

## 4.5 Effects of CT on the Health of OVC

### 4.5.1 Accessibility of Health Facilities

Table 4.14 demonstrates the finding of the investigation on whether CT empowers OVC to get to wellbeing offices. Majority of the respondents (69.61%) indicated that cash transfer has an effect on accessibility of health facilities while 30.39% pointed out that cash transfer did not help in the accessibility of health facilities. The findings from the KIIs and focused group discussion indicated that most of the OVCs who were beneficiaries of the cash transfer used the funds they received to cater for medical expenses. The CT programs had helped establish clinics where people could seek for medical care.

**Table 4.7. Access to health facilities by OVCs**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Yes	71	69.61
No	31	30.39
<b>Total</b>	<b>102</b>	<b>100.0</b>

### 4.5.2 Visit to Health Facilities

The study sought to investigate how often respondents had taken the children to healthcare facilities in the last six months. Majority of the respondent (69.61%) indicated that they had taken children to a healthcare facility to seek medical services in the said time frame, while 30.39% indicated otherwise. According to the KIIs and FGDs children suffer from many communicable diseases and thus visiting the health facilities is mandatory. They indicated that they visited the health facilities to address children health conditions as they had weak immunity.

**Table 4.8. Visit to health facilities after enrollment to Cash Transfer**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Yes	71	69.61
No	31	30.39
<b>Total</b>	<b>102</b>	<b>100.0</b>

#### **4.5.3 Frequency of Taking Children to Health Facilities in the Last 6months**

Table 4.16 demonstrates the discoveries of the examination on the recurrence of taking youngsters to wellbeing offices in the last 6months. A large portion of the respondents (47.06%) had at times taken the youngsters to wellbeing offices in the last 6months, 28.43% have habitually taken kids to wellbeing offices over the most recent a half year while 24.51% showed that they never had visit to the wellbeing offices over the most recent a half year. As per the Kibera Chief, the youngsters were taken to the wellbeing offices every now and again as the earth they dwelled in did not have helpful wellbeing conditions.

**Table 4.9. Access of health facilities by OVCs in previous 6 months**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Have never been taken	25	24.51
Occasionally taken	48	47.06
Frequently taken	29	28.43
<b>Total</b>	<b>102</b>	<b>100.0</b>

#### 4.5.4 Nutritional Status of Children before and after enrolment to Cash Transfer

Table 4.17 shows the finding of the study on comparison of nutritional status of children after enrolment to cash transfer. Majority (55.99%) of the respondents indicated that the nutritional status of children had greatly improved after after enrolment to cash transfer, 35.29% had improved, 6.86% had not seen any difference and 6.86% also indicated that had worsened after the enrolment of CT. According to the KIIs and FGDs the Cash transfer program has enabled various households to purchase food which is nutritious and of balance diet and has enabled the children to improve their nutritional status hence promoting good health.

**Table 4.10. Nutritional Status Improvement after Enrolment to Cash Transfer**

<b>Whether improved</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Greatly improved	52	50.99
Improved	36	35.29
No difference	7	6.86
Worsened	7	6.86
<b>Total</b>	<b>102</b>	<b>100.0</b>

#### 4.5.5 Ability to Buy Medicine for Children

Table 4.18 indicates the finding of the study on the ability to buy medicine for children when in need. Majority of the respondents (64.71%) pointed that they are able to buy medicine for children while 35.29% of the respondents indicated that they are not able to buy medicines for the children. According to the Chief in Kibera, initially the parents did not have cash to buy medicine for their ailing children, but as soon as the program was

launched most people have had the access to finance which has enabled them to purchase the required medicine for children health.

**Table 4.11. Ability by families to buy medicine for OVCs**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Yes	66	64.71
No	36	35.29
<b>Total</b>	<b>102</b>	<b>100.0</b>

#### **4.5.6 Cleanness of Water**

The researcher sought to establish whether the water available for their day to day use was clean. From the findings, majority of the respondents (81.37%) indicated that available water is clean while the rest (18.63%) of the respondents indicated that the water available is not clean for body health. Below is a statement that was made by a 55 year old woman who resides in Kibera;

The cash transfer program has facilitated the accessibility of tap water which has been channeled through the pipes into the household. This has made the households to access fresh and clean water. This goes to show that CT has enabled accessibility of clean water to the beneficiaries.

**Table 4.12. Cleanness of Water**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Yes	83	81.37
No	19	18.63
<b>Total</b>	<b>102</b>	<b>100.0</b>

## 4.6 Effects of Cash Transfer on Education of OVC

### 4.6.1 Frequency of attending school

Majority of the respondents (60.78%) indicated that the children always attended school, 28.44% indicated that children attends to school occasionally while 10.78% indicated that children sometimes never attend school. A 45 year old head teacher from a local primary school noted that:

Most of the parents lacked adequate finances to take the children to school but after the introduction of CT program most children have been able to access school which has increased the overall school attendance.

Lee (2011) the participants of CT are required to ensure school enrollment and attendant of the beneficiary to school for them to continue benefiting from the programme.

**Table 4.13. Frequency of attending school by OVCs**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
All the time	62	60.78
Occasionally	29	28.44
Never	11	10.78
<b>Total</b>	<b>102</b>	<b>100</b>

### 4.6.2 Improvement of Children in Education after joining the Program

The researcher sought to establish if the children had shown any improvement academically after joining the program. . Majority of the respondents (67.65 %) were of the opinion that the children had improved immensely after joining the programs while (32.35%) opined otherwise. The finding of this study is supported by one of the interviewee that orphan and vulnerable children tend to perform poorly academically due



to lack of financial support though this situation can be reversed. Fernald (2013) suggests that the additional income provided by cash transfers provides a substantial boost to improved OVC outcomes, especially in education performance.

**Table 4.13. Improvement of Children in Education after joining the CT Program**

<b>Response</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Yes	69	67.65
No	33	32.35
<b>Total</b>	<b>102</b>	<b>100</b>

#### **4.6.3 Adequacy of the Cash Transfer on Buying Books and Uniform**

The study further aimed to investigate whether the cash distributed is adequate for buying books and uniforms for children. Table 4.23 shows that majority (80.39%) of the respondents pointed out that the cash was inadequate, while 19.61% pointed that the cash is adequate. This has resulted on the improvement of children performance in their education. A woman who works in the Ministry of Gender, Children, and social development supports the findings by stating that the cash offered through CT program is not adequate to cater for the purchase of books and uniform for children. The CT program needs to be considerate in its budget to include the funding for purchase of books and uniform for children. UNICEF (2008) pointed that cash transfer supports some of the most common unmet needs include education and clothing, food and shelter which poses a barrier to accessing school enrollment and health services. According to the interviewees, most of the beneficiaries spend money on school requirements like books or pens for their dependents.

Majority of the respondents noted that the amount cash transfer is not adequate for them in buying of books frequently.

**Table 4.14. Adequacy of the Cash Transfer on Buying Books and Uniform**

	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	20	19.61
No	82	80.39
<b>Total</b>	<b>102</b>	<b>100</b>

From the findings above, most of the respondent agreed that orphans and vulnerable children benefit from cash transfer program. According to the Kibera Chief and a headteacher in a primary school in Kibera the invention of CT program has facilitated the improved of living of most of the vulnerable children as it has helped them be able to cater for their basic needs. Children in poor state are more susceptible to poor health and educational outcomes.

These households lack access to medical facilities in the community and resources to pay for medical care (Adato & Bassett, 2008). Likewise, Goudge, Russell, Gilson, Gumede, Tollman and Mills (2009) pointed that cash transfers help offset the risk of negative health outcomes for the Orphan vulnerable children. The Chief in Kibera noted:

The families benefiting from the CT program seem to have improved in terms of the social status. Before joining the program, they hardly mingled with their neighbors and community members, however they now seem to have become more social after joining the CT program thus making more

friends. In addition, the quality of the food that the family take seem to have improved in terms of quality and quantity after joining the program

With the CT program, the OVCs attended school more frequently since the caregivers could now afford to buy basic items like books, pens and uniform. This saw the improvement in the OVCs performance in school.

The OVCs caregivers could also afford nutritional foods as well as access to medical facilities, which they would otherwise have not before the enrollment of the CT program. This as a result saw the health of the OVCs improve.

## **CHAPTER FIVE: SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

This section gives the synopsis of the findings, the conclusions and suggestions of the investigation in light of the destinations of the examination. The part likewise shows the proposals for additionally considers.

### **5.2 Summary of Findings**

On role of CT on the health of OVC, the study shows that cash transfer has enabled accessibility of OVCs to health facilities. Majority (69.61%) of the respondent indicated that they have taken children to health facility to seek health services. Children are taken to health facilities frequently which have improved their health status greatly as the medicine is now affordable. Through the OVC programs there is availability of clean water which is helpful for the health of the children. Majority (50.99%) of the respondent also noted that the nutritional value of the children had greatly improved after their enrolment to the CT programme.

To the effect of Cash Transfer on Education of OVC, the study established that most of the children attended school all the time while only 10.78% of the respondents indicated that children never attended school. OVC who attended school had shown some improvement in their performance after joining the programs. On effects of the cash transfer programme on the livelihood of OVCs, most of the respondents agreed that orphans and vulnerable children benefit from the cash transfer programmes. There have been health benefits that have been noted among the orphans as a result of the cash

transfer programs and it has improved their chance of being able to attend school. The quality and quantity of the food that the OVCs in the program take has also improved after joining the CT program.

### **5.3 Conclusion of the Study**

The study concludes that the role of cash transfer programme in the response to OVC crisis in Kibera has benefited the OVCs in areas of Education and health.

Cash transfer has a positive effect on accessibility of health facilities since children are taken to health facilities frequently which does not only improve on their quality of life, but it has also improved their nutritional.

On the role of Cash Transfer on Education of OVC, the study concluded that most of the children attended school with only 10.78% not being in a position to attend school. OVC who attend to school have improved their performance immensely after joining the programs though the funds allocated to the programs are inadequate.

Cash transfer has also seen improvement of the beneficiaries' social status. We can therefore make a conclusion that the CT program has made them more confident in socializing more with members of their communities, thus helping them make more friends.

### **5.4 Recommendation**

Based on the study finding, the study recommends that intervention efforts is needed to focus on challenges and the additional risk burden carried by orphaned and vulnerable

children. These efforts might include caregiver education and additional incentives based on efforts made specifically for orphaned vulnerable children.

The study established that Orphaned children require more social protection as compared to the more privileged children. Unconditional cash transfer and conditional cash transfer each produced direct effects on children's social protection which are not moderated by other child- and household-level risk factors, however, orphans are less likely to attend school or obtain birth registration.

The study recommends that mechanisms be introduced in the implementation and evaluation of OVC-CT programme for children in households to be able to participate in making decision on how their funds should be utilized in the households and in evaluation of the programme to enhance safeguards against possible misuse of the OVC-CT funds by caregivers.

Further the study recommends that the community be sensitized on the programme, including objectives, and enrollment criteria to reduce negative perception against beneficiaries. It was further recommended that opportunities for community participation in the programme implementation and evaluation be provided to ensure open and transparent enrollment of beneficiaries to reduce ill feelings.

Finally, the study recommends that the amount disbursed to caregivers should be increased, and the programme to be re-designed to provide conditions requiring beneficiaries to invest a proportion of the money they receive in economic development so that after five years they exit the programme for new beneficiaries enrolled to benefit. Through this the programme, we can help reduce poverty and likelihood of dependence

on use proportion of the transfer money to invest in some economic activities to reduce poverty in the households.

### **5.5 Area for Further Studies**

The study further suggests that a study be done on the same in other informal settlement in order to give reliable information that depicts the real situation to the beneficiary of the programme. The study suggested that a research focusing on OVC children to be carried out to establish views of children in the aspects focused on in this study.

## REFERENCES

- Adams, J.R, & Barndt, S.E. (1999). *Behavioral implications of the project Life Cycle*. New York, U.S.A: Van Nostrand Reinhold. Project Management Handbook
- Al. Mashri, S, Frey, E, & Nemec, J.Jr. (1999). *Making Projects Succeed: Turning Fear into promise*. IEEE Engineering Management Review, pp 116 – 123
- Aladwani, A. M. (2002). An empirical examination of the role of social integration in system development projects. *An empirical examination of the role of social integration in system development projects*, 339-353.
- Baccarini, D. (1999). The logical framework method for defining project success. *Project Management Journal*, 25-32.
- Baker, N. R., Shumway, C. R. and Rubenstein, A. H. (1999) "*An Organizational Intervention Approach to the Design and Implementation of R&D Project Selection Models*, pp. 133-152.
- Belassi, W. and Tukel, O. (1996). A new framework for determining critical success/failure factors in projects. *International Journal of Project Management*, 14 (3), 141-151.
- Beveridge, W. (1944). *Full Employment in a Free Society*. London: New Statesman and Nation and Reynolds News.
- Borg, W.R, & Gall, M.D. (1989). *Education Research:An Introduction* (4th Edition ed.). NewYork: Longman.
- Bryant, J., Bryant, N., & Nduku, R. (2008). *Orphans and Vulnerable Children in Urban of Africa*. Nairobi, Mlolongo.
- Bryman, A., and Bell, C. (2003). The Importance of Context: Qualitative Research and the Study of Leadership. *Leadership Quarterly*, 7(3), 353-370
- Central Bureau of Statistics, Ministry of Finance and Planning. 2002. Kenya 1999 Population and Housing Census. *Analytical Report on Fertility andNuptiality, Vol. IV*. Nairobi: CBS
- Cooke-Davies, T. (2002). The "real" success factors on projects. *International Journal of Project Management*, 20 (3), 185-190.
- Cooper, D. R and Schindler, P.S. (2003), *Business Research Methods* (8th edn).: NewYork: McGraw-Hill



- Schenk, K., PhD, Michaelis, A., PHD, Sapiano, T. N., MPH, Brown, L., PhD, MPH, & Weiss, E., MSc. (2010). *Improving the Lives of Vulnerable Children: Implications of Horizons Research Among Orphans and Other Children Affected by AIDS* (Vol. 125(2), Rep.). Public Health Reports.
- Donald. C. (2006). *Synthesizing Research; A guide for Literature Reviews* (3<sup>rd</sup> edn): Thousand Oaks: Sage
- Durlak, J. A. (1998). "Why program implementation is important." *Journal of Prevention & Intervention in the Community* 17(2): 5-18.
- Durlak, J. A. and E. P. DuPre (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community, Psychology* 41(3): 327-350.
- Fotso , J, Holding, P, & Ezeh, A.C. (2009). *Factors conveying resilience in the context of urban poverty: The case of orphans and vulnerable children in the informal settlements of Nairobi, Kenya*. Child and Adolescent Mental Health.
- Ginzberg, M. J. (2000). A Study of the Implementation Process. in *The Implementation of Management Science*, ed. Doktor, R., Schultz, R. L. and Slevin, D. P. (North-Holland. New York, pp. 85-102
- Grimm, M. (2008). Social Security in Africa. *Development Issues, Volume10/Number2/November 2008*, 1.
- Hayfield, F. (2006) "Basic Factors for a Successful Project" *Proceedings 6th International Congress Garmisch*. Partenkirchen Federal Republic of Germany.
- Ibbs, W. C., and Kwak, Y. H. (2000). 'Assessing project management maturity', *Project Management Journal*, 31(1) 32-43
- International Labour Office Geneva. (2001). *Report VI, Social security: Issues, challenges and prospects*. Geneva.
- Juma, M, Okeyo, T, & Kidenda, G. (2004). *Our hearts are willing, but..... Challenges of elderly caregivers in rural Kenya*. Nairobi : Population Council (Horizon Research Update)
- Kerzner, H. (2006). *Project Management – A Systems Approach to Planning, Scheduling and Controlling*, Wiley, Hoboken, NJ.

- Kiragu , K, Schenk, K, Murugi, J, & Sarna, A. (2008). *“If you build it, will they come?” Kenya healthy start pediatric HIV study: A diagnostic study investigating barriers to HIV treatment and care among children*. Horizons Final Report. Washington: Population Council.
- Lawrence, R. J. (2010). *The Marxist Goliath Among Us*. USA: Xulon Press.
- Lawther, P., Light, B. and Gibson, N. (2000). “A critical success factors model for projects rise in Planning and implementation”, Proceedings of the 7<sup>th</sup> European Conference on Information Systems, 25<sup>th</sup> June 1999
- Lazăr, Florin, *Introducere în politici sociale comparate: analiza sistemelor de asistență socială*, Ed. Polirom, Iași, 2010
- Lester, A. (2007), *Project Management – Planning and Control*, Butterworth-Heinemann, Burlington.
- Lipsey, M. L. (1993). Theory as method: Small theories of treatments. *New Directions for Evaluation*, 57, 5-38.
- Lipsey, M.W. (2000). Evaluation methods for social intervention. *Annual Review of Psychology*, 51, 345-375.
- Manley. J. H. (2002). Implementation Attitudes: A Model and a Measurement Methodology. In *Implementing Operating Research and Management Science*, ed. Schultz. R. L. and Slevin, D. P. (Elsevier. New York, pp. 183-202.
- Monis, P. W. G. (1983) "Managing Project Interfaces-Key Points for Project Success," in *Project Management Handbook*, ed. Cleland, D. I. and King, W. R. (Van Nostrand Reinhold. New York, pp. 3-36.
- Morris, Robert (Ed. chief), *Encyclopedia of Social Work*, NASW, Washington, 1973.
- Melesis, A. I., Birch , e. L., & Wachter, S. M. (2011). *Womens health and the World Cities*. Pennsylvania: University of Pennsylvania Press.
- Meyer P, et al. (2003) Structural and functional analysis of the middle segment of hsp90: implications for ATP hydrolysis and client protein and cochaperone interactions. *Mol Cell* 11(3):647-58
- Michael A. West, D. T. (2008). *International Handbook of Organizational Teamwork and Cooperative Working*. Britain: John Wiley & Sons.

- Mueller, R. and Turner, R. (2007). The influence of project managers on project success criteria and project success by type of project. *European Management Journal*, 25 (4), 298-309.
- Mugenda, O. M and Mugenda, A.G (2003). *Research Methods, Quantitative & Qualitative Approaches*, Acts Press, Nairobi
- Muspratt, M.A. (2000) “Conditions Affecting Projects in Less Developed Countries”. *International Journal of project Management*. Vol.5, no.1:45-53.
- Nelson, R. (2005). Project retrospectives: evaluating project success, failure, and everything in between. *MIS Quarterly Executive*, 4 (3), 361-372.
- Ngechu. M. (2004). *Understanding the research process and methods. An introduction to research methods*. Nairobi, Acts Press.
- Nutt, P. C, (2003). (Implementation Approaches for Project Planning." *Academy of Management Review*, Vol. 8 pp. 600-611.
- Ogden J, Esim S, Grown C. ( 2006). Expanding the care continuum for HIV/AIDS: bringing carers into focus. *Health Policy Plan*;21:333–42.
- Pearson, Roger, Carlos Alviar and Ahmed Hussein. The Evolution of the Government of Kenya Cash Transfer Programme for Vulnerable Children between 2002 and 2006 and prospects for nationwide scale-up. In ‘*Social Protection Initiatives for Children, Women 40 and Families.*’ Minjujin, A. and Enrique Delamonica (eds.). 265-288. The New School for Social Research and UNICEF, 2007.
- Pfleiderer, R. and O. Kantai. 2010. *Orphans and Vulnerable Children (OVC) Programming in Global Fund HIV/AIDS Grants in Kenya*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.
- Pinto, J. K. (2006), "Project Implementation: A Determination of Its Critical Success Factors, Moderators, and Their Relative Importance Across the Project Life Cycle Unpublished doctoral dissertation, University of Pittsburgh,
- Poon, P. and Wagner, C. (2001). Critical success factors revisited: success and failure cases of information systems for senior executives. *Decision Support Systems*, 30 (4), 393-418.
- Rosario, J. G. (2000). “On the Leading Edge: Critical Success Factors in ERP Implementation Projects”. *Business World*, 17, 15–29
- Rosenau, A. and Habermann, F. (2000), “Making projects a success”, *Communications of the ACM*, Vol. 43 NO.3, pp. 57-61.

- Schenk K, Murove T, Williamson J.( 2006) Protecting children's rights in the collection of health and welfare data. *Health Hum Rights*;9:80–100.
- Schultz, R. L., Slevin, D. P. and Pinto, J. K. (2003)"Strategy and Tactics in a Process Model of Project Implementation." *Interfaces*, Vol. 17, , pp. 34-46
- Senefeld, S. (2008). *Measuring OVC Wellbeing*. Washington,D.C: Catholic Relief Services .
- Sumner, M. (1999), “Critical success factors in enterprise wide information management systems projects”, Proceedings of the Americas Conference on Information Systems (AMCIS)
- The World Bank. (Feb 20,2009). *Cash Transfer for Orphans and Vulnerable Children Project Report Number:44040-KE*.
- Thomas, G. and Fernandez, W. (2008). Success in IT projects: a matter of definition? *International Journal of Project Management*, 26 (7), 733-742.
- Thurman, T. R., & Neudorf, K. (May 2008). *A case Study: Integrated AIDS Program Thika Kenya*. Nairobi. U.S Agency for International Development (USAID)
- Turner , T, M., Nelson K. and Ragowsky, (2000), “Enterprise resource planning (PROJECTS) for the next millennium: *Development of an integrative framework and implications for research*”, Vol. 43
- UNAIDS, UNICEF, & World Health Organization. (2007). *Children and AIDS: Second stocktaking report*. Retrieved July, 2016, from [https://www.unicef.org/publications/files/ChildrenAIDS\\_SecondStocktakingReport.pdf](https://www.unicef.org/publications/files/ChildrenAIDS_SecondStocktakingReport.pdf).
- UNICEF, UNAIDS, USAID, MEASURE DHS, FHI, The World Bank, Save the Children, International Alliance for HIV/AIDS (2005) *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*, United Nations Children’s Fund (UNICEF), New York.
- UNICEF, UNAIDS, USAID, WFP, CARE, FHI (2004) *The framework for the protection care and support of orphans and vulnerable children living in a world with HIV and AIDS*.
- University of Nairobi. (2007). *Orphaned and Vulnerable Children Participation in free Primary Education in Kobala Location (Rurul) in Kenya*.
- Vermaak, K, Mavimbela, N, & Chege, J. (2004). *Challenges faced by households in caring for orphans and vulnerable children*. Washington DC: Population Council.
- Wayne A. Wittig, Building Value through Project implementation: A Focus on Africa 3 (2002).

Wee, S (2000), “Juggling toward PROJECTS success keep key success factors high”, Projects News, February, available <http://www.projectsnews.com/projectsnews/projects904/02get.html>.

World Bank. (2009, February 20). A project appraisal document:Cash transfer for Orphans and Vulnerable children project. *NO.440 40-KE*.

Zhang Foster, New Approaches to Development Co-operation: What Can We Learn from Experience with implementing Sector Wide Approaches? Overseas Development Institute (ODI) Working Paper 140

## APPENDICES

### Appendix 1: Questionnaire for recipients of cash transfer

This study is being carried out by **Peris Gathu** a graduate student of the Department of Sociology and Social Work of the University of Nairobi on the Topic, **‘EFFECTIVENESS OF CASH TRANSFER PROGRAM IN RESPONSE TO OVC CRISIS IN KIBERA’**, in partial fulfillment of the award of Master of Arts in Rural Sociology and Community Development. The purpose of this study is to examine the effects both positive and or negative CT program has had on its beneficiaries in Kibera since its inception. All information gathered will be treated with utmost confidentiality and would be solely used for academic purposes. Your support and contribution would be very much appreciated. In the event of citing a source of response, your expression permission will be sort before use.

#### Section A: Questionnaire log book

1. Questionnaire number.....
2. Date of interview.....
3. Place of interview.....
4. Are you a recipient of Cash transfer?      Yes () No ()

#### Section B: Social and demographic information of the respondent (Ignore if No)

5. Sex of respondent Male 1. () Female 2. ()
6. Age of respondent    1. **Under 30** () 2. **30 - 39** ()    3. **40 - 49** ()    4. **50 - 59** ()  
    5. **60 and above** ()
7. Religion of respondent .....

8. Marital status of respondents 1. **Single** ( ) 2. **Married** ( ) 3. **Divorced** ( )  
 4. **Separated** ( ) 5. **Widowed** ( ) 6. **Other** ( ) Specify .....
9. Level of education of respondents (please circle appropriately)  
 1. None 2. Primary 3. Secondary 4. Tertiary
10. Occupation of respondent.....
11. How many children do you have? .....

**Section C: Knowledge of CT Program**

12. Do you know about the CT program 1. **Yes** ( ) 2. **No** ( )
13. How did you come to hear about CT program 1. Word of mouth (Friend) ( ) 2.  
 Radio ( ) 3. Newspaper ( ) 4. Website ( )
14. What do you know about the CT program?  
 .....
15. Do you meet the official of the CT program 1. **Yes** ( ) 2. **No** ( )
16. How often do you have contact with officials of the CT program 1. **Very often** ( )  
 2. **Often** ( ) 3. **Occasionally** ( ) 4. **Never meet** ( )
17. How were you selected to benefit from the CT program? .....
18. Are you aware of any of the conditionality's for the CT program 1. **Yes** ( ) 2. **No** ( )
19. If yes name some .....
20. Do you know of any of the complementary services for the CT program 1. **Yes**  
 ( **No.** ( )
21. If yes, please specify.....
22. How much grant do you receive? .....
23. Are the grants paid at regular specific intervals 1. **Yes** ( ) 2. **No** ( )

24. How often do you receive this grant

1. **Very often**  2. **Often**  3. **Occasionally**  4. **Never meet**

25. What do you use your grant for.....

26. Is the grant adequate 1. **Yes**  2. **No**

27. If No how much grant will be adequate .....

**Section D: Effects of CT on the health of OVC**

28. Are health facilities accessible? **Yes**  **No**

29. How often have you taken children under your care to the health facilities in the last six months 1. **Not at all**  2. **Occasionally**  3. **Frequently**

30. What are the reasons for visiting the facility.....  
.....  
.....

31. How do you compare the nutritional status of the children after being enrolled to the CT program to before the program  
.....  
.....  
.....

32. Are you able to buy medicine for the children whenever they are in need? **Yes**   
**No**



33. Where do you get water for family use?

.....

.....

34. Is the water clean? **Yes** ( ) **No** ( )

35. If No, are you able to get alternative source of water? **Yes** ( ) **No** ( )

**Section E: Effects of CT on the education of OVC**

36. Do the children under your care go to school? **Yes** ( ) **No** ( )

37. How do you pay for monies required at school?

.....

.....

38. Who buys their school uniform and books? .....

39. What is the source of money you use to buy school uniform and books?

.....

40. Do the children attend school regularly? **Yes** ( ) **No** ( )

41. If No, explain

.....

.....

.....

42. If Yes, has their performance improved? **Yes** ( ) **No** ( )

**Section F: Effects of CT on the livelihood of OVCs**

43. The following statements relates to opinions the impact of cash transfer program on orphans and vulnerable children in Kenya. Kindly indicate with a tick ( √ ) your view on each statement where SA= Strongly Agree, A= Agree, UD= undecided, D= Disagree and SD= Strongly Disagree.

SN	STATEMENT	SA	A	UD	D	SD
1	Orphans and vulnerable children benefit from cash transfer program.					
2	Cash transfer program has positively impacted livelihood of orphans and vulnerable children					
3	There been health benefits among the orphans as a result of cash transfer programs.					
4	Cash program has enhanced education among the orphans and vulnerable children					

## **Appendix 2: Key informant interview guide**

This study is being carried out by **Peris Gathu** a graduate student of the Department of Sociology and Social Work of the University of Nairobi on the Topic, **‘EFFECTIVENESS OF CASH TRANSFER PROGRAM IN RESPONSE TO OVC CRISIS IN KIBERA’**, in partial fulfillment of the award of Master of Arts in Rural Sociology and Community Development. The purpose of this study is to examine the effects both positive and or negative CT program has had on its beneficiaries in Kibera since its inception. All information gathered will be treated with utmost confidentiality and would be solely used for academic purposes. Your support and contribution would be very much appreciated. In the event of citing a source of response, your expression permission will be sort before use. With your permission please let me start of the interview.

1. Do we have OVCs in this community?
2. What constitutes vulnerability in Kibera?
3. Are the OVCs in this community benefiting from the cash transfer program?
4. How has the cash transfer transformed the lives of the OVCs in this community?
5. How has the cash transfer transformed the lives of the OVCs in this community?
6. Are the basic needs of the OVCs met courtesy of the CT program?
7. Are the care givers of the OVCs able to meet their health needs as a result to the CT program?
8. Are the OVCs in the program look physically healthy as compared to the other

children in the area?

9. What has been the impact of the CT program on the OVCs schooling?
10. Suggestion on how to improve societal response to the OVC phenomenon
11. Recommendations on how to improve the CT program

### **APPENDIX 3: FOCUSED GROUP DISCUSSION GUIDE**

This study is being carried out by **Peris Gathu** a graduate student of the Department of Sociology and Social Work of the University of Nairobi on the Topic, **‘EFFECTIVENESS OF CASH TRANSFER PROGRAM IN RESPONSE TO OVC CRISIS IN KIBERA’**, in partial fulfillment of the award of Master of Arts in Rural Sociology and Community Development. The purpose of this study is to examine the effects both positive and or negative CT program has had on its beneficiaries in Kibera since its inception. All information gathered will be treated with utmost confidentiality and would be solely used for academic purposes. Your support and contribution would be very much appreciated. In the event of citing a source of response, your expression permission will be sort before use. The discussion will take between 20 to 30 minutes.

- 1) Are you a beneficiary of the cash transfer program?
- 2) How long have you received cash through this program?
- 3) How are the funds used?
- 4) How do you compare your life before you became a beneficiary of the CT program?
- 5) Has the cash from the program enabled you access health services?
- 6) Has your nutritional needs been met by the cash from the program?
- 7) Has the cash enabled you to get school accompaniments (school uniforms, books) ?
- 8) Recommendations on how to improve