BENEFICIARIES’ ASSESSMENT OF THE PERFORMANCE OF KENYA’S CASH TRANSFER PROGRAMME FOR ORPHANS AND VULNERABLE CHILDREN: A CASE STUDY OF EMBAKASI SUB-COUNTY, NAIROBI.

BY
MBATHA HILDA WAVINYA
Q51/80910/2015

A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A DEGREE IN MASTER OF ARTS IN MONITORING AND EVALUATION OF POPULATION AND DEVELOPMENT PROGRAMMES
POPULATION STUDIES AND RESEARCH INSTITUTE
UNIVERSITY OF NAIROBI

DECEMBER, 2018
DECLARATION

I declare that this project is my original work and has not been presented for a degree or any other certificate in this or any other University.

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

MBATHA HILDA WAVINYA

REG.NO. Q51/80910/2015

This project has been submitted for examination with our approval as the University Supervisors:

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

PROF. ALFRED AGWANDA

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

DR. WANJIRU GICHUHI
DEDICATION
I dedicate this project to my late father, Mr. David Mbatha Wambua, whose zeal and passion for education has always been my source of motivation to pursue my studies further. Special dedication goes to my daughter, Hazel Ndunge. May you follow and supersede your mother’s academic foot-steps.
AKNOWLEDGEMENTS

My first acknowledgement goes to the Almighty God, who through his grace, mercies and providence has made this project a success.

Secondly, I acknowledge the never-ending support from my University Supervisors, Prof. Alfred Agwanda and Dr. Wanjiru Gichuhi, whose continued guidance has immensely helped me develop this project.

My sincere gratitude goes to all lecturers in the Population Studies and Research Institute (PSRI) for imparting in me the relevant knowledge throughout the pursuance of this degree. Their willingness and utmost commitment to transfer their knowledge has played a significant role in my coming up with this project.

I also acknowledge the support of my immediate family members; my mother, Domitila Ndunge, for the sacrifices she made to ensure that I acquired education and my siblings: Nancy Mbatha, George Wambua and Irene Kavenge for their prayers, words of encouragement and moral support throughout my pursuance of this degree. My sincerest gratitude goes to my younger sister Maureen Munyiva, who continuously went out of her way to ensure that my daughter, Hazel, was cared for whenever I needed help. Her sacrifices have greatly contributed to my pursuance of this degree.

Last but not the least, I acknowledge the support of all my close friends, who through their material and moral support I was able to come up with this project. Your never-ending support has doubtlessly kept me going and consequently made this course a success. God bless you all abundantly.
TABLE OF CONTENTS

DECLARATION .......................................................................................................................... ii
DEDICATION ............................................................................................................................ iii
AKNOWLEDGEMENTS ............................................................................................................... iv
LIST OF TABLES ...................................................................................................................... viii
LIST OF ABBREVIATIONS AND ACRONYMS ....................................................................... ix
ABSTRACT ............................................................................................................................... xi

CHAPTER ONE: INTRODUCTION .......................................................................................... 1
1.0 Background .......................................................................................................................... 1
1.1 The Cash Transfer Programmes ......................................................................................... 3
1.2 Statement of the Problem .................................................................................................. 6
1.3 Research Questions ........................................................................................................... 8
1.4 Objectives of the Study ..................................................................................................... 8
1.5 Justification of the Study .................................................................................................. 8
1.6 Scope and Limitations ....................................................................................................... 9

CHAPTER TWO: LITERATURE REVIEW ............................................................................... 9
2.1 Introduction ......................................................................................................................... 9
2.2 The Evolution of Participatory Monitoring and Evaluation ............................................ 10
2.3 Participatory Monitoring and Evaluation Approaches ................................................... 13
2.4 The Beneficiary Assessment Approach .............................................................................. 15
2.5 Assessment of Studies on the Beneficiary Assessment Approach .................................. 16
2.6 The Cash Transfer Programmes ....................................................................................... 18
2.6.1 The Rationale for Cash Transfers ................................................................................ 19
2.6.2 The Cash Transfer for Orphans and Vulnerable Children (CT-OVC) Programme in Kenya ......................................................................................................................... 20
2.6.3 Monitoring and Evaluation of the Kenya’s CT-OVC Programme ............................... 23
2.7 Empirical Review of Cash Transfer Programmes .............................................................. 24
2.8 Summary of Literature Review ........................................................................................ 27
2.9 The Study Approach ....................................................................................................... 28
CHAPTER THREE: DATA AND METHODS ................................................................. 28
3.1 Introduction ........................................................................................................... 28
3.2 Research Design .................................................................................................... 29
3.3 Data Sources .......................................................................................................... 29
3.4 Target Population and Study Sites ....................................................................... 29
3.5 Sampling Procedures ............................................................................................ 30
3.6 Data Collection Methods and Tools ....................................................................... 30
  3.6.1 Semi-structured Interviews with Caregivers .................................................. 30
  3.6.2 Semi-structured Interviews with Key Informants ........................................... 31
3.7 Data Analysis .......................................................................................................... 31
3.8 Challenges Encountered ....................................................................................... 32
3.9 Ethical Issues Considered in the Process ............................................................. 32

CHAPTER FOUR: BENEFICIARIES’ EVALUATION OF THE CT-OVC PROGRAMME ........................................................................................................ 33
4.1 Introduction ............................................................................................................. 33
4.2 Descriptive Characteristics of Respondents. ........................................................ 33
4.3 Awareness of the CT-OVC Programme Objectives by the Caregivers ................. 35
  4.3.1 Types of OVC in Beneficiary Households ....................................................... 37
  4.3.2 Unmerited Beneficiaries in Beneficiary Households ....................................... 37
  4.3.3 Kinds of Benefits from the CT-OVC Programme ........................................... 38
4.4 Perception of CT-OVC Programme Beneficiaries on the Success of the Programme 40
  4.4.1 Socio-economic Status of Beneficiary Households Before and After Enrollment into the CT-OVC Programme ................................................................. 40
  4.4.2 Effects of the CT-OVC Programme on the OVCs’ Schooling ....................... 40
  4.4.3 Effects of the CT-OVC Programme on Access to Food ................................. 42
  4.4.4 Effects of the CT-OVC Programme on Access to Healthcare ...................... 43
  4.4.5 Other Effects of the CT-OVC Programme ..................................................... 44
  4.4.6 Rating of the CT-OVC Programme by the Beneficiaries ............................... 45
  4.4.7 Challenges Faced from the Beneficiaries’ Perspectives ................................... 46
  4.4.7.1 Lack of Proper Communication Channels ................................................. 46
4.4.7.2 Delays in Receipt of the Money ................................................................. 47
4.4.7.3 Unpredictable Dates of Payments ............................................................ 48
4.4.7.4 Inadequacy of the Cash Transferred ....................................................... 48
4.4.8 Beneficiaries’ Suggestions on How to Improve the Programme ................. 49
4.4.8.1 Regular Evaluation of the CT-OVC Programme ...................................... 49
4.4.8.2 Increasing the Amount of Cash Transferred ............................................ 49
4.4.8.3 Holding of Forums for Beneficiaries’ Engagement ................................... 49
4.4.8.4 Timely Payments and Accessibility of the Payment Points ....................... 50
4.4.8.5 Reaching More Needy Households Not Yet in the Programme ............... 50
4.4.8.6 Developing a Housing Programme for Beneficiaries ............................... 50
4.4.8.7 Saving Part of the Cash Transferred For the OVCs in the Beneficiary
    Households ......................................................................................................... 51
4.5 Conclusion ......................................................................................................... 51

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMENDATIONS ....52
5.1 Introduction ....................................................................................................... 52
5.2 Summary .......................................................................................................... 52
5.3 Conclusion ......................................................................................................... 54
5.4 Recommendations .......................................................................................... 55
    5.4.1 Recommendations for Programme and Policy ............................................. 55
    5.4.2 Recommendations for Monitoring and Evaluation ................................. 55
REFERENCES .......................................................................................................... 57
APPENDICES .......................................................................................................... 65
Appendix I: Letter of Introduction ....................................................................... 65
Appendix II: Participant’s Consent ......................................................................... 65
Appendix III: Semi-Structured Interview Guide for Participants (Caregivers) ....... 66
Appendix IV: Semi-Structured Interview Guide for Key Informants .................. 68
LIST OF TABLES
Table 4.1 Demographic Information of Respondents

Table 4.2 Perception on the Level of Importance of the CT-OVC Programme
## LIST OF ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>BA</td>
<td>Beneficiary Assessment</td>
</tr>
<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
</tr>
<tr>
<td>CDF</td>
<td>Constituency Development Fund</td>
</tr>
<tr>
<td>CCTs</td>
<td>Conditional Cash Transfers</td>
</tr>
<tr>
<td>CSAC</td>
<td>Constituency Social Assistance Committee</td>
</tr>
<tr>
<td>CTs</td>
<td>Cash Transfers</td>
</tr>
<tr>
<td>CT-OVC</td>
<td>Cash Transfer for Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>CTPs</td>
<td>Cash Transfer Programmes</td>
</tr>
<tr>
<td>DANIDA</td>
<td>Danish International Development Agency</td>
</tr>
<tr>
<td>DFID</td>
<td>UK Department of International Development</td>
</tr>
<tr>
<td>EBL</td>
<td>Equity Bank Limited</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
</tr>
<tr>
<td>FPR</td>
<td>Farming Participatory Research</td>
</tr>
<tr>
<td>FSR</td>
<td>Farming Systems Research</td>
</tr>
<tr>
<td>GOK</td>
<td>Government of Kenya</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus Infection</td>
</tr>
<tr>
<td>KCB</td>
<td>Kenya Commercial Bank</td>
</tr>
<tr>
<td>KHRC</td>
<td>Kenya Human Rights Commission</td>
</tr>
<tr>
<td>KNBS</td>
<td>Kenya National Bureau of Statistics</td>
</tr>
<tr>
<td>LOC</td>
<td>Location OVC Committee</td>
</tr>
<tr>
<td>LEWIE</td>
<td>Local Economy Wide Impact Evaluation</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>MP</td>
<td>Member of Parliament</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organizations</td>
</tr>
<tr>
<td>NHIF</td>
<td>National Hospital Insurance Fund</td>
</tr>
<tr>
<td>NORAD</td>
<td>Norwegian Agency for International Development</td>
</tr>
<tr>
<td>NSNP</td>
<td>National Safety Net Programme</td>
</tr>
<tr>
<td>OPCT</td>
<td>Older Persons Cash Transfer</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>OVCs</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PAR</td>
<td>Participatory Action Research</td>
</tr>
<tr>
<td>PLA</td>
<td>Participatory Learning and Action</td>
</tr>
<tr>
<td>PLWHAS</td>
<td>People Living with HIV and AIDS</td>
</tr>
<tr>
<td>PM&amp;E</td>
<td>Participatory Monitoring and Evaluation</td>
</tr>
<tr>
<td>PRA</td>
<td>Participatory Rural Appraisal</td>
</tr>
<tr>
<td>PSPs</td>
<td>Payment Service Providers</td>
</tr>
<tr>
<td>PWSD</td>
<td>People Living with Severe Disabilities</td>
</tr>
<tr>
<td>PWSD-CT</td>
<td>Persons with Severe Disability Cash Transfer</td>
</tr>
<tr>
<td>R&amp;D</td>
<td>Research and Development</td>
</tr>
<tr>
<td>SARAR</td>
<td>Self-esteem, Associative Strength, Resourcefulness, Action planning, and Responsibility</td>
</tr>
<tr>
<td>SIDA</td>
<td>Swedish International Development Authority</td>
</tr>
<tr>
<td>SPAN</td>
<td>Social and Public Accountability Network</td>
</tr>
<tr>
<td>UCTs</td>
<td>Unconditional Cash Transfers</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>BWC</td>
<td>Beneficiary Welfare Committee</td>
</tr>
</tbody>
</table>
ABSTRACT

This study was designed to utilize Participatory Monitoring and Evaluation (PM&E) and its approaches in assessing the performance of the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme in Embakasi Sub-County, Nairobi County. Cash Transfer programmes have been initiated by Governments to support vulnerable groups such as children. Assessing the CT-OVC programme from the perspectives of the beneficiaries is essential in determining the extent of success of the programme, the challenges the beneficiaries face in accessing the programme benefits as well as the ways of addressing these challenges. The first objective of the study was to establish whether the beneficiaries of the CT-OVC programme in Embakasi Sub-County, Nairobi were aware of the programme’s objectives. The second objective was to assess the beneficiaries’ perceptions on the extent of success of the programme. The study utilized the qualitative exploratory research design to explore the views, experiences and perceptions of the CT-OVC programme beneficiaries and key informants. The study was cross-sectional as the beneficiaries were picked at a point in time. The study relied on primary data that was gathered from the caregivers of orphans and vulnerable children in the CT-OVC programme’s beneficiary households within the study area. The study targeted households benefitting from the CT-OVC programme in the study area. The study used purposive sampling; a technique that allowed the researcher to use judgment to select participants who best provided the information needed to achieve the study objectives. Data was collected through face-to-face interviews with key informants and caregivers in the programme’s beneficiary households. Content analysis was relied on to analyze the data by identifying thematic aspects of the data, categorizing the information gathered into the various groups and continuously filtering the data to understand deeply the outcomes of the study. The study established that the beneficiaries of the CT-OVC programme in Embakasi Sub-County, Nairobi were aware of the programme’s objectives and that the programme beneficiaries perceived the programme as important; with benefits touching on health, education, nutrition and social aspects of the beneficiaries despite some challenges experienced by the beneficiaries with the programme. Some of the challenges cited by the beneficiaries and key informants included; the lack of proper communication channels especially on the dates when payments will be made and delays in receipt of the money; inadequacy of the amount given to the beneficiary households since only a few needs could be met using the money. Based on the beneficiaries’ assessment of the programme’s performance, the study recommended the following; that the amount of cash transferred to the beneficiaries be increased so that the programme may have more impact on the beneficiary households; that the programme implementers and policy makers develop a comprehensive and practical participatory framework for the programme through which beneficiaries can participate in the designing, implementation and evaluation of the intervention; that the programme implementers consider opportunities in information, communication and technology (ICT) for instance mobile money transfers in order to improve efficiency of the programme and the programme implementers to come up with a systematic and scheduled monitoring system at all levels for instance through ensuring community-based monitoring activities are conducted on a routine basis.
CHAPTER ONE: INTRODUCTION

1.0 Background

In recent years, participation has become a critical concept in development. Internationally, governments, donors, and Non-Governmental Organizations (NGOs) are putting more emphasis on participatory approaches in assessing needs and in implementing programmes. With the increased emphasis on the importance of participation in development, there is a growing recognition that monitoring and evaluation of development and other community-based initiatives should be participatory. As institutions become more inclusive in the front-end of project development, in their promotion of participation in appraisal and implementation, the questions of who measures results and who defines success becomes critical (Estrella & Gaventa, 1998).

Participatory Monitoring & Evaluation refers to the process through which stakeholders at various levels are engaged in the monitoring and evaluation of a given policy, project, or program and share control over the processes involved, its contents as well as the results and in identifying and making corrective actions (World Bank, 2011). Generally, PM&E focuses on actively engaging primary stakeholders. It falls in the category of the various approaches relied on in a bid to ensure that implemented projects are within their action plans thus leading to the achievement of expected outcomes. A common function of PM&E is to evaluate the impact of a given programme and the changes that have occurred as a result of programme initiatives. The emphasis is on comparison between programme objectives and their actual achievement. Assessing project impacts can help distinguish whether or not project interventions are in fact achieving their identified objectives; whether or not programme objectives remain relevant overtime or whether the best action strategies have been pursued (Estrella & Gaventa, 1998).

Generally, stakeholders involved in PM&E are the local people who usually decide on how progress should be measured; first, through the definition of the criteria of success and secondly, by determining how results ought to be acted upon. It is recommended that all key stakeholders are involved in the entire Monitoring and Evaluation (M&E)
processes, including the initiation, planning, execution and closure phases of the project (Musah, 2018).

As such, the PM&E systems provide a framework for collaborative learning and for involvement of project clients, participants and partners in the M&E process. The result is improved accountability for the implemented projects and empowerment of the local people who are in charge of the projects. Stakeholders also have the opportunity to feel that their views and input matter apart from the development of their skills (Kasule & Omvia, 2016).

PM&E can be summarized as a continuum of observations, information gathering, analysis, documentation and assessment for tracking changes and critical learning at different stages of the research and development process, conducted by and for the various stakeholders of the project. The goals are to adapt M&E tools to make them more accessible and relevant to local stakeholders; to develop an appropriate PM&E system at the community level that can improve the decision-making capacity of local communities; to involve local communities in monitoring and evaluating progress and impacts over a longer period; to enhance the flow of information and provide feedback to different levels such as groups, communities, project managers, donors and even governments (Luederitz et al., 2017).

PM&E approaches that have been used include; Participatory Evaluation (PE), Participatory Monitoring (PM), Participatory Assessment and Evaluation (PAME), Process Monitoring (PM), Auto-evaluation, Stakeholder Assessment and Community Monitoring (CM). PM&E embraces principles such as participation that implies opening up the project or policy design process such that it includes the most directly affected persons with agreements to analyze data together; inclusiveness that calls for negotiation to reach agreement on what is to be monitored and evaluated, how and when the data to monitor and evaluate it will be collected and analyzed, what that data actually means, and the means of sharing the findings. This leads to the next principle that is learning which forms the basis of subsequent improvements and corrective actions. The approaches and framework of PM&E in assessing the success of policies and projects is therefore
applicable in the assessment of programmes such as the Cash Transfer Programmes (CTPs).

1.1 The Cash Transfer Programmes

With the eradication of extreme poverty as a priority of the Sustainable Development Goals (SDGs), Cash Transfer Programmes (CTPs) spread rapidly across the world to reach more than 750 million people in low and middle-income countries in the global south by 2010 (Arnold, Conway, & Greenslade, 2011). Evidence from across the world confirmed that well targeted, well designed social transfer programmes were an effective and affordable instrument for reducing the incidence and intensity of household poverty with measurable improvements in child health and educational attendance (Arnold et al., 2011; Cecchini & Madariaga, 2011; Fiszbein et al., 2009; Soares, Soares, Medeiros, & Guerreiro Osório, 2006).

Cash Transfers (CTs) have been proven to play a substantial role in supporting specific vulnerable groups for instance, people living with Human Immunodeficiency Virus Infection (HIV) and Acquired Immune Deficiency Syndrome (AIDS), who are referred to as PLWHAS, Orphans and Vulnerable Children (OVCs), the elderly and People Living with Severe Disabilities (PWSD). As a result of poverty, uneven development and the HIV and AIDS epidemic, a large number of Kenyan children are being brought up without appropriate care, protection and support. In Kenya, as in other Sub-Saharan African countries, families and communities continue to take care of most of the OVCs. Most of these families taking care of OVCs are faced with severe financial constraints that limit their capacity to take care of the needs of these children. Orphaned children, particularly, suffer extra susceptibility compared with other children; for instance, through their access to nutrition and education (Bryant, 2009).

There are three Cash Transfer Programmes being implemented in Kenya, by the Government, in collaboration with a group of Key Development Partners, namely; United Nations Children’s Fund (UNICEF), the UK Department of International Development (DFID) and the World Bank (WB). These three programmes are: The Cash Transfer for
Orphans and Vulnerable Children Programme (CT-OVC), the Older Persons Cash Transfer (OPCT) and the Persons with Severe Disability Cash Transfer (PWSD-CT) (National Gender & Equality Commission (NGEC), 2014). The Government of Kenya (GOK) is taking on a significant role in implementing and in the funding of the three Cash Transfer Programmes (CT-OVC, OPCT & PWSD-CT), with the Development Partners (UNICEF, DFID & WB) taking on a leading role in providing both technical know-how and financing.

The Kenyan Government initiated the Cash Transfer for Orphans and Vulnerable Children programme (CT-OVC) in 2004, on a pilot basis, in order to support ultra-poor households taking care of OVCs, and to ensure that families retain orphans and other vulnerable children in the community (GOK, 2008). Orphaned children are those who have lost one or both parents, while the vulnerable children refer to those who are cared for by caregivers who are chronically ill, living in poor households or those in child-headed households. The CT-OVC Programme aims to deliver economic and social assistance directly to poor households that take care of OVCs, with special concern for those children with or affected by HIV and AIDS (Bryant, 2009). The cash transfer delivered to families by the programme is intended to be used by the beneficiary households to pay for food, clothes, and services such as education and health for these OVC.

The main goal of the Kenya’s CT-OVC programme is to strengthen the capacity of poor households to care for OVCs and ensure that they receive basic care within their families and communities (GOK, 2013). The CT-OVC programme specifically seeks to provide regular and predictable cash transfers to those households that are living with OVCs in order to: encourage fostering and retention of OVCs within their families, to improve civil registration of the OVCs’ guardians/caregivers, to promote human capital development among OVCs and to enhance caregivers’ knowledge on how to appropriately care for these OVCs.
The specific objectives for the CT-OVC programme are: to increase school enrolment, attendance and retention of 6-7 years old children in basic school; to reduce the rates of mortality and morbidity among 0-5 years old children through immunizations, growth control and vitamin A supplementation; to promote household nutrition and food security by providing regular and predictable income support; to encourage caregivers to obtain identity cards within the first six months after enrolment into the programme and to obtain birth certificates and identity cards for children.

The CT-OVC programme’s management structure under the Ministry of Labour and Social Protection comprises: a ministerial committee that provides policy guidelines on the National Safety Net Programme (NSNP); the Department of Children Services OVC Secretariat responsible for the coordination of the programme at national level through the technical working group; the County Children’s Coordinator who supervises the programme implementation at the County level; the Sub-County Children Officer (SCCO) who coordinates the programme implementation at the Sub-County level with assistance from the Constituency Social Assistance Committee (CSAC) whose patron is the area Member of Parliament (MP); Location OVC Committee (LOC) at the location level who aid in the identification of programme beneficiaries after sensitization and training and the Beneficiary Welfare Committee (BWC) comprising of elected officials from amongst the beneficiaries themselves; whose role is to mobilize beneficiaries for payments, complaints, updates and monitoring. Monitoring and Evaluation (M&E) of the CT-OVC programme is done continuously to ensure its effectiveness and efficiency. This is carried out internally by programme staff and externally by contracted independent firms through regular spot checks, evaluations and surveys.

The Government of Kenya, in partnership with the World Bank, DFID, and UNICEF, saw to it that the CT-OVC Programme reached 280,000 OVCs in 134,000 households by the year 2012. By 2015, 240,000 households and 480,000 OVCs in Kenya were benefitting from the cash transfer. The cash transferred has since been increased from the original Kshs. 500 to the current Kshs. 2,000 over a period of time. The cash is paid once every two months (Kshs. 4,000 per payment), through the Kenya Commercial Bank (KCB) and Equity Bank Limited (EBL); who are the current Payment Service Providers
(PSPs) for the programme. The cash transfer is given to a caregiver of the child or children and enrolment into the programme is household-based and not on particular children. The programme is now the largest cash transfer programme in Kenya (Ikiara, 2009). The CT-OVC programme beneficiaries may be exited from the programme in the following eventualities; if the beneficiary or caregiver fails to collect payment for three consecutive payments; when there is no more OVC in the household for instance when the OVC exceeds the age of 18 or they die and lastly, in case households fail to comply with the set conditions for three consecutive payments.

1.2 Statement of the Problem

Worldwide, it is approximated that 16.6 million children who are aged between zero and seventeen years are orphaned due to HIV and AIDS. 90 percent of these orphaned children are living in Sub-Saharan Africa. Given that orphan hood has been linked to poor health, low educational attainment and economic constraints, the orphaned population is of key concern. Besides, a larger group of children and adolescents are very vulnerable as a result of severe illness in the family or general household poverty, which affects their overall well-being and development.

Previous estimates in Kenya have found that approximately 3.6 million children are orphaned or are vulnerable, and this population accounts for almost a fifth of the total population aged below eighteen. Approximately 44 percent of the orphaned children in Kenya are due to HIV and AIDS, after the loss of one or both parents to this disease. With the HIV prevalence in the country being 5.6 percent among adults and the uptake of anti-retroviral drugs by the people who are clinically eligible at 61 percent, the number of OVCs is likely to continue in the future, particularly because HIV and AIDS remains the leading cause of death of adults in the country (KAIS, 2012).

Forty six percent of the Kenya’s population lives below the poverty line (Kenya National Bureau of Statistics, 2010). The widespread poverty in the country exposes most Kenyans, specifically the OVCs to serious deprivation of their basic needs. There is need to pay special attention to these OVCs in order to prevent further vulnerability as well as
to ensure their well-being and development as they transition to adulthood (Bryant, 2009).

Monitoring and evaluation (M&E) has characteristically been led by external experts, assessing performance against pre-determined indicators and through the use of procedures and tools that have been designed without the involvement of key stakeholders such as the programmes’ intended beneficiaries. Conventional M&E has been oriented exclusively to the needs of funding agencies and policy makers. Stakeholders directly involved in or affected by the very development activities meant to benefit them have little or no input in the evaluation, either in determining questions asked and types of information obtained or in defining measures of success (Rubin, 1995).

Participatory Monitoring and Evaluation (PM&E), as a project management tool, provides stakeholders and programme managers with information to assess whether project objectives have been met and how resources have been used (Campos and Coupal, 1996). PM&E may be introduced at any time throughout the project cycle, depending on stakeholder priorities and the available resources to establish the system, though others stress that PM&E should be made an integral part of the entire project cycle (Estrella and Gaventa, 1998).

It has been established that stakeholder participation in M&E of projects such as the CT-OVC programme increases the effectiveness and efficiency of government funded projects, improves the exercise of power and increases the equity of outcomes and stakeholder interactions (Guijt, 1998). A study by Social and Public Accountability Network (SPAN) and Kenya Human Rights Commission (KHRC, 2010) together with findings of previous studies echo these sentiments and have demonstrated that stakeholder’s participation in local development remains weak owing to the absence of an active citizen engagement culture.

According to Behn (2003), most of the government projects in the developing countries (66.7 percent) fail due to inadequate monitoring and evaluation. Traditionally, internal and external experts or consultants have conducted monitoring and evaluation and dictated all aspects of the entire process in policy or management of decisions that
emanate from the findings (Danielson, Burgess and Balmford, 2005). However, under the new approach, PM&E increasingly involves local people in monitoring of their resources and projects. This study endeavoured to close this gap by involving the beneficiaries of the CT-OVC programme in Embakasi Sub-County, Nairobi to assess the programme’s performance. This gave the beneficiaries an opportunity to evaluate the programme based on their own perceptions of the extent of success of the programme.

1.3 Research Questions
i. Are the beneficiaries of the CT-OVC programme in Embakasi Sub-County, Nairobi aware of the programme’s objectives?
ii. What are the beneficiaries’ perceptions on the extent of success of the CT-OVC programme in Embakasi Sub-County, Nairobi?

1.4 Objectives of the Study
i. To establish whether the beneficiaries of the CT-OVC programme in Embakasi Sub-County, Nairobi are aware of the programme’s objectives
ii. To assess how the CT-OVC programme beneficiaries in Embakasi Sub-County, Nairobi perceive the programme in relation to the extent of its success.

1.5 Justification of the Study

The findings of this study will provide new knowledge to the field of Cash Transfers and particularly in regard to the performance of the Kenya’s CT-OVC programme. This study will also generate new knowledge in M&E of Cash Transfer Programmes and Social Protection Programmes in general, by giving the evaluation function to the beneficiaries; as previous evaluations did not take the same into consideration. The knowledge generated by this study will be vital in informing the design of M&E systems of Cash Transfer Programmes in future.

Through this study, guidance for beneficiaries’ participation in the monitoring and evaluation of Cash Transfer Programmes to inform M&E systems in future will be developed. Involving the beneficiaries to evaluate the CT-OVC programme’s
performance will enable the programme implementers and stakeholders understand better the subtle indicators of social change that may have emerged as a result of the programme. Thus, the programme implementers will be able to identify ways through which the programme can be improved or changed to better meet the programme objectives and most importantly, to meet the felt needs of the beneficiaries.

1.6 Scope and Limitations

This study focused on Embakasi Sub-County, out of the eight Sub-Counties within Nairobi County. The target population for the study comprised of the caregivers in the CT-OVC programme’s beneficiary households in Embakasi Sub-County. In itself, the study is an assessment of the performance of the CT-OVC programme based on the beneficiaries’ perceptions on the extent of success of the programme. The views and experiences of the orphaned and vulnerable children in the beneficiary households were not incorporated in this study despite the fact that they are the ones directly targeted by the programme. This is because getting views/opinions from children may limit the information obtained from the study.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

In this section, the researcher examined Participatory Monitoring and Evaluation (PM&E) approaches. The review narrowed down to the Beneficiary Assessment
Approach which the researcher applied to assess the performance of the CT-OVC programme implemented in the study area. The researcher also reviewed literature on Cash Transfer programmes. The section covers the following: the evolution of participatory monitoring and evaluation, participatory monitoring and evaluation approaches, the beneficiary assessment approach, assessment of studies on the beneficiary assessment approach, the concept of cash transfers, empirical review of cash transfers, the study approach and a summary of the literature review.

2.2 The Evolution of Participatory Monitoring and Evaluation

PM&E draws from 20 years of participatory research traditions including Participatory Action Research (PAR), Participatory Learning and Action (PLA), Participatory Rural Appraisal (PRA), and Farming Systems Research (FSR). By the 1980s, concepts of participatory monitoring and evaluation had already entered the policy making domain of larger donor agencies and development organizations most notably FAO, USAID, DANIDA, DFID, SIDA, NORAD and the World Bank. (Howes, 1992). Outside the field of development, PM&E can also trace its beginnings in the private sector where there has been growing appreciation for individual and organizational learning (Raynard, 1998). Mayoux (2005) posits that the rise of PM&E is founded on the growth of Participatory Development (PD) given that PM&E offers a preferred approach for engaging in participatory development. This argument means that PM&E’s history is founded on tracing the history of participatory development.

Participatory Development (PD) was introduced in a bid to correct inadequacies that were characteristic of theories such as modernization development and social welfare development paradigm that were pursued without clear success for a long time. The paradigm of modernization development has for half a century dominated development in Africa and seeks to optimize the accumulation of financial wealth and commodities (Mulwa, 2004). This has however, resulted in a disaster since billions of people still live in conditions of abject poverty around the world under conditions of illiteracy, debilitating malnutrition and disease. On the other hand, the social welfare development paradigm became popular after the Second World War (Radcliffe, 2012). This
perspective of development encourages charitable agencies and governments to provide goods and services free of charge to the vulnerable groups and the poor to alleviate poverty and its effects with a belief that causal factors of poverty go beyond the control of people thus the deserved assistance.

By the 1960s, more frustrations were attributed to the social welfare development and the modernization paradigms resulting in the widespread institutionalization of the participatory development approaches between the 70s and 80s (Mulwa, 2004). This was to respond to the earlier failures experienced with large-scale, top-down projects to support the poor and the vulnerable. The participatory development approach emphasized more on NGOs as service providers as opposed to states and governments owing to their non-partisan approach (Lewis, 2004). Participatory Development (PD) was then introduced as an umbrella term to development and has been adopted by many governments for most projects. PM&E is a direct result of the introduction of PD and most international funding agencies hold official statements and position on the need to have beneficiary participation as well as project guidelines for stakeholder participation in projects. The evolution of PM&E thus was simultaneous with that of PD.

Inadequacies attributed to the approaches of conventional M&E of development projects have also encouraged the strengthening and development of PM&E (Holte-McKenzie, Forde and Theobald 2006) and Chambers (1994). These inadequacies include conventional M&E being relied on basically to manage and control programmes for purposes of accountability, with little attention given to the potentials of M&E to also promote learning for the program stakeholders. The other challenge pertains to M&E being presented as specialized and complex field that requires input from external experts and consultants as opposed to just the programme implementers. The distance between stakeholders and program implementers has also led to the collection and generation of data with reliability and validity among many other challenges. Consequently, development projects only become meaningful when stakeholders are involved in the entire project and policy stages from initiation, planning, implementation and evaluation. This gives a strong basis for PM&E where stakeholders have a say in development projects such as the CT-OVC programme.
Internationally, the interest in and for participatory research and development has been growing. Much of the interest in M&E initially came from donors, governments, NGOs and others, as a result of the changing patterns in management circles towards performance-based accountability and management by results. Increasing scarcity in development resource has added the pressure to demonstrate results from funders, as well as the switch towards decentralization and devolution. This required new forms of oversight coupled with the improved capacity of NGOs and CBOs as strong actors in the development process. The adoption of Results Based Management (RBM) provides more opportunities to explore different approaches and methods with stakeholders directly to build sustainable results in development by actively participating in all the phases of the project cycle, as Valentine et al., 2016, cites from Abraham et al., 2004 that stakeholders should be participating in the analysis, planning, implementation, monitoring and evaluating development activities (Estrella and Gaventa, 1998; Coupal, 2001).

The main purpose of participatory processes in social development is about finding a way to involve socio-economically marginalized people meaningfully into the decisions that impact on their lives (Guijt, 1999). The need for local communities participating in development has been fronted aggressively by international agencies including; the World Bank, UNICEF and other development organizations in development projects they fund by encouraging approaches like Rapid Rural Appraisal (RRA), Participatory Rural Appraisal (PRA) and most recently Participatory Learning and Action (PLA). Monitoring and evaluation is important in measuring the impact of development programmes and their effectiveness, efficiency, sustainability and relevance.

Through M&E lessons are learnt about what worked and what didn’t in different previously undertaken initiatives. Why do some programme activities produce desired outcomes? Such questions are answered in an attempt to overcome hurdles for prospective interventions, to make evidence-based decisions in policy making and project planning processes. At the same time, it helps programme implementers to be accountable and demonstrate results for projects undertaken (Yumi and Beadry, 2007). Despite the importance of M&E in the development world, there are a number of challenges that confront its practice and thus the shift to PM&E as the better alternative.
PM&E builds development capacities of local actors, civil society groups and organizations (Adams and Garbutt, 2008). Thus it has quickly become relevant in development practice replacing conventional M&E.

2.3 Participatory Monitoring and Evaluation Approaches
The common techniques of PM&E are: Participatory Rural Appraisal (PRA); a technique that encompasses a broad range of methods to enable local people to analyze their own realities as the basis for planning, monitoring and evaluating development activities. PRA uses group exercises to facilitate information sharing, analysis, and action among stakeholders. The second PM&E technique is Self-esteem, Associative Strength, Resourcefulness, Action planning, and Responsibility (SARAR); a technique that utilizes interactive and visual-based methods to facilitate community discussion with such methods as pocket charts, three pile sorting, and “story with a gap. A third PM&E technique is Beneficiary Assessment (BA) which is a qualitative method of investigation and evaluation that relies primarily on three data collection techniques that are; in-depth conversational interviewing around key themes or topics, focus group discussions and direct observation and participant observation (in which the investigator lives in the community for a short time) (Rietbergen-Mccracken et al., 1998).

In addition to using PRA, SARAR and BA techniques, PM&E often entails development of other techniques that are designed to be used by community members and other local-level stakeholders as part of an M&E activity, namely; visual self-evaluation tools, testimonials, photographing the evidence, community records and indicators. Other qualitative data collection techniques that can also be applied include; field observation visits, stakeholder meetings, interviews, group discussions, focus group discussions, case studies, stories of change, action research, citizen report cards, most significant change, diaries, participatory video, timelines and spider diagrams.

Participatory Monitoring and Evaluation is not a tool but a diverse constellation of approaches, methodologies and techniques. PM&E is not just a matter of using participatory techniques within a conventional monitoring and evaluation setting. It is
about radically rethinking who initiates and undertakes the process, and who learns or benefits from the findings (IDS, 1998).

PM&E systems provide a framework for collaborative learning and for involving project clients, participants and partners in the M&E process. PM&E produces important benefits including valid, timely and relevant information for management decision-making and project improvement within R&D institutions. It leads to improved accountability; examines assumptions on what is progress; can lead to contradictions and conflict; but can also be empowering by putting local people in charge, it helps in developing skills, and showing all stakeholders that their views count.

In a participatory approach to M&E, stakeholders utilize local techniques and tools, carefully selected and combined to meet the resources available and the objectives of the M&E tasks (Cullen and Coryn, 2011). Some of the techniques include; Beneficiary Assessment (BA), Self-esteem, Associative Strength, Resourcefulness, Action planning, and Responsibility (SARAR) and the Participatory Rural Appraisal (PRA). On the other hand, the tools include problem ranking, daily and seasonal time charts, wealth ranking, visual methods, often used to analyze "before and after" situations, community mapping among other tools. Interactive and visual-based methods are used to facilitate community discussion together with other methods such as pocket charts, three piles sorting, and "story with a gap, conversational interviewing and focus group discussions on changes and impacts (Cornwall, 2006).

In addition to using SARAR, BA and PRA techniques, the most important issues at this stage is ownership of the activity and use of information. PM&E often involves development of other technologies that are designed to be used by stakeholders as part of an M&E activity in sharing of information. Some of the tools include testimonials, photographing the evidence, community records and documentaries.

Ensuring that the voices of those whose lives should have been improved by the programme or policy is central to evaluation findings. It is therefore imperative to hear people’s own versions of change rather than to obtain an external expert’s set of indicators. PM&E redistributes power for making decisions and gives this power to the
people who are direct beneficiaries of the project (Mulwa, 2008). Mulwa emphasizes that PM&E ensures local ownership and commitment not only to the exercise and its outcome but more importantly to the future of the programme evolution. Ille et al. (2012) argue that the voices and views of programme stakeholders require an approach that is consultative, cooperative and committed to consensus building; stating that the essence of such participation should not be just to meet other policy demands, but to suggest correction action plan.

2.4 The Beneficiary Assessment Approach
Beneficiary Assessment is a qualitative method of information gathering with the aim of assessing the value of an intervention, based on how it is perceived by its beneficiaries. It is a consultative methodology that is used in both project and economic sector work (ESW) to gain insights into the perceptions of beneficiaries regarding a project or policy. The main objective of Beneficiary Assessment is to make the voices of the beneficiaries and other local-level stakeholders heard by the project managers (Aubel, 1993).

The Beneficiary Assessment approach was developed in the early 1980s. This was during the time of World Bank Studies on urban slums in Latin America. The approach draws its origins from the fields of anthropology, action research and psychology. The primary concern of this approach is listening and giving voice to the poor beneficiaries of development interventions. The approach makes use of verbal techniques to create a dialogue with the local people, but the analysis of the gathered information remains the responsibility of the researcher. Beneficiary assessment lays emphasis on the involvement of decision-makers in the designing and implementation of consultation with project beneficiaries. The participation of these beneficiaries ensures that the feedback obtained from them impacts directly on the interventions and policies under consideration.

The key techniques of the Beneficiary Assessment approach include; participant observation, semi-structured interviewing with the beneficiaries, program implementers, field staff and community leaders as well as conducting focus group discussions with the project beneficiaries. Semi-structured interviews particularly have been found to provide
the bulk of the findings using a thematic guide. The BA approach has shown its resourcefulness by being effective in a variety of sectors, such as education, health, industry, agriculture and urban development. One particular area of World Bank’s activity where BA has shown itself to be a useful tool is in the design, implementation and evaluation of social funds.

The value added from Beneficiary Assessment studies can therefore be seen in terms of better project design, with improvements in the targeting and more effective programmes; more informed policy decisions and policy makers; increased sustainability of project benefits based on clients’ feedback; strengthened dialogue between stakeholders at different levels; a voice given to the poor in both project and policy-level intervention.

2.5 Assessment of Studies on the Beneficiary Assessment Approach

Approximately 80 World Bank-supported activities have used Beneficiary Assessment methods in about 36 countries and across 6 sectors. The common application of the technique has been in projects with a service delivery component and it’s especially important to gauge user demand and satisfaction. Beneficiary Assessments have been conducted throughout the project cycle. At the preparation stage, Beneficiary Assessments can provide input into project design. During the implementation stage, Beneficiary Assessments can provide feedback for monitoring purposes and for re-orientation. At the project evaluation stage, Beneficiary Assessments can complement technical and financial evaluation of projects with the views of the beneficiaries themselves. (Aubel, 1993)

In Senegal, a BA was carried out through interviewing businessmen to understand private-sector constraints. The purpose of this assessment was to gain an understanding of the constraints which impede the growth of Senegalese business. The assessment was carried out by three staff members of a local graduate school of management, GESAG. A representative sample of businesses from food processing, textiles, chemicals, paper machines, and construction, among others, was used.

The findings of this assessment were that; the businessmen felt that the Government impeded business transactions by creating bureaucratic demands and tedious labor
regulations; businessmen resented what they considered to be unfair competition from the informal sector; liberalization measures imposed as part of the New Industrial Policy were seen by many businessmen to have favored the informal over the formal sector. The general finding of this assessment was that the businessmen felt that those who formulate the policies and create and administer the regulations regarding industrial development had little understanding of and therefore were unresponsive to the needs and concerns of the private sector of Senegal. This BA was able to meet its objective of conveying the concerns of a representative group of Senegalese businessmen. The findings of the assessment were put to use by the World Bank and the Government as they jointly acted to develop the private sector of Senegal. (Narayan, 1993).

A 2011 study commissioned by DFID’s evaluation department highlights the benefits of participatory approaches such as BA into evaluation designs. The study asked the questions; how do beneficiaries perceive change and how does this change happen? How do the beneficiaries see our contribution to this change? Do the beneficiaries value our contributions to their development processes and what can we do to ensure our programmes respond to their priorities better? The study asserted that to understand if and how aid projects lead to results that are valued by poor people, evaluation questions and analysis must be informed by the complex realities and unpredictable change processes experienced by the beneficiaries of these projects. The study noted that such objectives are better explored through participatory evaluation techniques such as BA. (Campos & Coupal, 2000).

In Latin America, where political contexts encourage a high level of civil society participation, BAs appear to have enhanced the relevance of development programmes. By seeking farmers’ perspectives on the technical, economic, social and ecological soundness of an agricultural programme (PASOLAC), BA was able to identify the 5-8 preferred and most effective soil conservation techniques. It also allowed farmers to challenge the government extension services and make them more responsive. The farmers actively challenged assumptions that such approaches are sufficient, arguing they need access to more formal research driven agriculture innovation that address real farmers’ needs.
In Madagascar, BA findings influenced planning for the next programme phase and decisions to institutionalize more participatory M&E approaches. It also influenced changes in the language programme staff used when talking about ‘beneficiary’ assessors. At the beginning they were referred to as ‘the peasants’ who staff viewed as lacking the capacity to undertake research. By the end of the BA, when the assessors had presented findings to government officials, the staff described them as ‘Citizen Observers’ (COs).

2.6 The Cash Transfer Programmes

Cash Transfer programmes have been used in the Sub-Saharan Africa as a technique of providing social protection services and as an approach for reduction of poverty (Food and Agriculture Organization, 2013). Most of these programmes focus on taking care of the orphaned and vulnerable children, the ultra-poor populations and the labour-constrained. The main aim of these programmes is to improve health, educational status, food security and nutritional status particularly among children. Food and Agriculture Organization (2013) also noted that most beneficiaries in the Sub-Saharan African region mainly engage in subsistence agriculture. Most of them also live in areas where markets for labour, goods, inputs and financial services (such as insurance and credit) lack or do not function properly. Doubtlessly, the provision of cash transfers to beneficiaries in a regular and predictable manner helps such households in overcoming credit constraints and even in the management of risks. As a result of this, productive investments are increased; access to markets is improved and the local economies are stimulated.

Cash Transfers can be conditional or unconditional. Under the Conditional Cash Transfers (CCTs), recipients are obligated to undertake certain responsibilities in order to continue receiving the transfer, for instance through the use of services such as taking their children to school, participation in certain tasks, access to improved nutrition and healthcare (Robertson, et al., 2013). On the other hand, Unconditional Cash Transfers (UCTs) involves giving funds to households who meet specified eligibility criteria. The recipients of these transfers are not obligated to fulfill any conditions. Unconditional transfers are based on the fact that social protection is considered as a Declaration of
Human Rights hence the funds transferred remains free of any conditions or action by recipients must take (Baird, Ferreira, Özler, and Woolcock, 2014). It has been argued that governments should engage in unconditional cash transfers as it’s their duty to provide to the poor in the society a safety net.

2.6.1 The Rationale for Cash Transfers
Orphans and vulnerable children (OVCs) face many problems ranging from poverty, discrimination, lack of access to services and abuse. For instance, the percentage of children who have lost one or both parents and who attend school is 85 percent compared to 93 percent of those with parents. OVCs tend to start school, at a later age and drop out earlier than the other children (UNICEF, 2009). OVCs also often suffer psychosocial effects and are more vulnerable to exploitation and abuse than other children.

The Kenya’s Development Blue-print, Vision 2030 for the period 2008 to 2030 aims to create a competitive and prosperous country with a high quality of life by the year 2030. The development blue-print is anchored on three pillars; economic, social and political (GOK, 2007). The Kenya Vision 2030 recognizes that economic growth alone is not sufficient to achieve an all-round improvement in the quality of life of the poor and vulnerable members of the country’s population. In light of this, the social pillar of this development blue-print has an objective of building a just and cohesive society with social equity; in a clean and secure environment. Among the flagship projects is the establishment of a consolidated social protection fund for cash transfers to orphans and vulnerable children and the elderly (GOK, 2007).

To operationalize the Kenya’s Vision 2030, a National Social Protection policy was formulated and passed by the parliament in June 2012. The policy defines the strategies for the improvement of the socio-economic status of the poorest and most vulnerable citizens, and to provide guidelines for the design, implementation, monitoring and evaluation of social protection programmes as well as establishing the institutional framework for implementation of the national programmes.

In 2013, the Government of Kenya through an Act of Parliament approved a more robust Social Protection framework to generate positive reforms to social assistance programs in the country through enactment of Social Assistance Act, 2013. The framework referred to as the National Social Protection Policy (NSPP) aims to strengthen the delivery of social
assistance to poor and vulnerable populations in the national and county levels and promises progressive realization of citizen’s rights to social security and protection to persons who are unable to support themselves and their dependents. The policy is further grounded on the reform based Social Assistance Act of 2013 and when fully operationalized is expected to raise the social profile of Kenya by 2030.

As a first step in the reform agenda on social safety and protection for the vulnerable populations is the establishment of the National Safety Net Program (NSNP), which aims to strengthen operational systems while expanding the coverage of five cash transfer programs; the Older Persons Cash Transfer (OPCT), the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), the Hunger Safety Net Program (HSNP), the Urban Food Subsidy Cash Transfer (UFS-CT), and the Persons with Severe Disability Cash Transfer (PWSD-CT). The program has attracted attention of development partners as well. In July, 2013, the transformational national social safety net program received significant financial support through the World Bank zero-interest credit of $250 million to help fight extreme poverty and together with other initiatives reach up to 3.3 million of the country’s poorest people by 2017.

The focus of this policy is on three categories of the population; orphans and vulnerable children, older persons and person with disabilities. The policy proposes several strategies to deliver social protection and these include cash transfer, school-based feeding programmes, social health insurance and public works among others. Further, the policy outlines specific interventions for OVCs as support for their parents, families and caregivers hence strengthening support structures and community systems to take care of them (NCCS, 2010).

2.6.2 The Cash Transfer for Orphans and Vulnerable Children (CT-OVC) Programme in Kenya

The Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme in Kenya was launched in the year 2004. The programme begun as a pre-pilot project targeting 500 OVC households in Kisumu, Garissa and Kwale Districts and by the year 2009, funding to the programme grew from US $800,000 allocated in 2005 to US $9 million (The Kenya CT-OVC Evaluation Team, 2012). The aim of the programme is to
strengthen the capacity of households in providing a social protection system for Orphans and Vulnerable Children (OVCs) through the provision of regular cash transfers to families living with OVCs. The aim of this is to encourage fostering and retention of OVCs in their families and within their communities so that their human and capital development is promoted (National Gender and Equality Commission, 2014).

The CT-OVC programme, is implemented by the Kenyan Government and supported by UNICEF, DFID and the World Bank. It falls under the flagship projects of the Kenya’s Vision 2030 (The Kenya CT-OVC Evaluation Team, 2012). The programme has proven to be beneficial given that by December 2012, regular bi-monthly cash transfers were made to over 150,000 households across the country. The programme is the largest Cash Transfer programme in Kenya. The country is estimated to have over 2.4 million children who are orphaned and vulnerable with parental deaths having resulted from the HIV and AIDS crisis.

The CT-OVC programme is grounded on multiple national legal and policy frameworks and commitments. Article 53 of the 2010 constitution of Kenya spells out the rights of children and the need for their protection. The national policy on orphans and vulnerable children (OVCs) developed in 2005 is one of the earliest policy frameworks that were grounded in the CT-OVC programme in both the pilot and scale-up phases.

The CT-OVC programme employs a three-stage targeting process to select eligible households. During the first stage, districts are chosen for inclusion into the programme based on overall poverty levels and prevalence of HIV and AIDS; directly related to OVCs. In stage two, a community-based targeting process is implemented, led by members of the community called the Location OVC Committees (LOCs). The LOCs are responsible for compiling a list of eligible households within their designated location based on the CT-OVC programme’s eligibility criteria. Once the list is compiled, all members of the LOC meet to decide which households qualify and those that do not by discussing the eligibility and need criteria. The initial eligibility list is sent to Nairobi, at the Department of Children Services (DCS) Headquarters. Enumerators then return to these households identified by the LOCs as eligible to collect more detailed information
on household demographic composition, caregiver characteristics and a series of proxy variables intended to assess the household’s relative poverty status.

A proxy means test is then undertaken to ensure that the households meet the poverty criteria; however, more ultra-poor and eligible households are identified by the LOCs than can be served by the programme. Due to this, an additional ranking system is employed to identify families with greater vulnerability so that they can access the programme first. The ranking system first prioritizes child-headed households and, among them, the households with more OVCs, followed by the eldest caregivers and within them, households with more OVCs. Based on this ranking and the total resources available for the location, a final list of programme recipients is generated and validated by a community assembly where programme officers explain the rules of the targeting system and then announce each name out loud in the established order according to the priority criteria. The community can then raise their concerns, doubts and questions regarding the ranking of households for programme eligibility. These cases are reviewed and resolved before the final eligibility list is produced and households are invited for registration.

The CT-OVC programme supported households receive payments of Kshs. 4,000 after every two months via a Payment Service Provider (PSP). There are currently two service providers namely; Equity Bank Limited and Kenya Commercial Bank (KCB). The programme implementers are held responsible for follow-up with beneficiary households in communities where concerns are raised about the care being offered to a child. The LOC members are tasked with visiting beneficiary households to raise awareness on appropriate care for OVCs. They are also in charge of providing advice on any problems these households may be facing in caring for the OVCs.

Community awareness sessions are conducted in the community to promote understanding of the programme and also to help the beneficiary households deal with their health and family issues. The programmes specifically cover OVCs who are below the age of eighteen. The programme outlines specific responsibilities to the care givers of the beneficiaries. These include; ensuring that the OVCs aged 0-5 years receive
immunization and growth monitoring, OVCs aged 6-7 years regularly attend basic education, OVCs acquire birth certificates and caregivers attend awareness sessions.

The beneficiaries may be exited from the programme if any of the following happens; if the beneficiary or caregiver fails to collect payment for three consecutive payments, when there is no more OVC(s) in the household for instance if they exceed the 18 years age limit or through death and lastly incase household fails to comply with the set conditions for three consecutive payments.

2.6.3 Monitoring and Evaluation of the Kenya’s CT-OVC Programme

M&E of CT-OVC is carried out internally by the programme staff and the Management Information System (MIS) and externally by contracted independent firms through regular spot checks, evaluations and surveys. The first impact evaluation of the programme was carried out in 2007 and a follow-up survey was conducted in 2009 by Oxford Policy Management (OPM). The evaluation results showed positive programme results in major areas including; reduction of poverty by 13 percent, 15 percent increase in food expenditure and dietary diversity, 7 percent increase in secondary school enrolment, 12 percent increase in birth certificate acquisition for children, 3.3 percent decrease in child labour, 12 percent reduction of HIV risk and sexual behavior and reduction of early sexual debut among adolescents (OPM, 2010).

An evaluation conducted on the three cash transfer programmes in 2013 by the National Gender and Equality Commission with the support of the Kenyan Government and the United Nations Development Programme (UNDP) showed that the three cash transfer programmes in Kenya have been successful and have remarkable achievements. Some of the immediate benefits include; improved household food security, retention of children in schools, access to basic health care, formation of social support networks, and increased self-esteem and dignity among beneficiaries (NGEC, 2014).

The CT-OVC programme has the following key indicators: Health and nutrition indicators(vaccination rates child malnutrition, stunting, underweight, wasting, treatment of child diarrhea, ARI, fever and the incidence of diarrhea and fever in children under 5 years); Education indicators (primary and pre-school education enrolment, attendance and class repetition rates); Household consumption and poverty (household spending on
food, primary school costs, health services and associated costs including transport and medicines and the total (per capita) consumption levels in the households; Child labour and child work (the extent of participation and the time spent); important health-seeking behavior (the caregiver and child’s attendance at health and nutrition clinic and growth monitoring sessions) and lastly, the uptake of child birth registration documents and adult identity cards.

2.7 Empirical Review of Cash Transfer Programmes

In countries where social assistance programmes are implemented, studies examining the impact of cash transfers on education, health, poverty, gender equality, domestic relations and diet have been conducted. The main objective of these studies is to investigate the effectiveness of these programmes and the efficiency of investments so that necessary measures can later be taken to improve the programme’s design and implementation. Another important concern of these studies is to detect the beneficiaries’ reaction to these programmes.

Conditional Cash Transfer Programmes (CCTs) have been implemented all over the world for many decades. They have become an important strategy in developing countries to break the intergenerational transmission of poverty. Approximately 20 countries worldwide currently have CCT programmes (Adato & Hoddinott, 2010). The objective of these programmes is two-fold. That is, they aim to reduce immediate poverty in the short run and to invest in long-term human capital accumulation through interventions in health, nutrition and education.

Schubert (2006), while evaluating the Kalomo Pilot Cash Transfer in Zambia noted that cash transfers improve livelihoods, transform and impact communities. Households receiving grants use them for food and health care for the family, for the basic education of their children, and for investments in physical capital that can provide a future source of income. The additional purchasing power transferred to the beneficiaries has a multiplier effect and strengthens the local economy. In this way, cash transfers break the vicious circle of poverty and promote pro-poor growth hence kick-starting a virtuous cycle (Schubert, 2006).
The existing literature indicates that Conditional Cash Transfer programmes (CCTs) contribute to poverty reduction efforts. Studies have shown that CCTs enhance school enrolment and attendance rates. Generally, the CCTs lead to significant increases in both girls’ and boys’ school enrolment rates as well as to a reduction in the dropout rate (Adato & Hoddinott, 2010; Chaudhury & Parajuli, 2008; De Janvry, Finan, Sadoulet, & Vakis, 2006; Schady & Araujo, 2008).

Alderman, Behrman, and Hoddinott (2004) provide empirical evidence that the impact of the transfer on nutritional status is largely determined by the quality of the health services. Similarly, improvements in the quality of education, such as tutoring programs and school meals, positively impact the educational outcomes of school attendance and academic achievement (Banerjee, Cole, Duflo, & Linden, 2007; Duflo, Dupas, & Kremer, 2011; Vermeersch & Kremer, 2005). Empirical evidence suggests that favorable socio-economic factors positively impact children’s development and well-being, thus lending support to the CCTs that provide cash transfers to poor families to relieve them from immediate poverty and invest in their children’s human capital.

Apart from speedy relief from poverty, beneficiary families can afford to buy consumption goods so that their children can have a healthy and nutritious diet, which in turn contributes to a healthy generation. Duflo et al. (2011) and Agüero, Carter, and Woolard (2007) found that CCT programs in South Africa positively affect poor children’s health. There has been improvement in the height and weight of beneficiary children, especially among girls (Behrman & Hoddinott, 2005; Gertler, 2004; Rivera, Sotres-Alvarez, Habicht, Shamah, & Villalpando, 2004). Leroy, Ruel, and Verhofstadt (2009) claim that CCTs improve children’s nutrition and contribute to their cognitive development and academic success, leading to an increase in their productivity and earnings in their future lives, which in turn would help break the cycle of poverty (Rivera et al., 2004; Ruel & Hoddinott, 2008).

The existing evidence shows that in tandem with other instruments and supply side interventions, cash transfers can improve households’ food security, health and education outcomes and act as a safety net (Barrientos and Dejong, 2006; Farrington and Slater, 2006; Hanlon et al., 2010). Previous evaluation studies of a CCT programme in Turkey have shown that it has been successful in reaching out to the most vulnerable section of
the population. Kudat et al. (2006) and Adato et al. (2007) provided impact assessments of the CCT programme in Turkey and employed qualitative analysis methods. They reported that a large percentage of the CCT beneficiaries and non-beneficiary applicants have little or no knowledge of the application and selection criteria. Social networks and teachers have been the major sources of information regarding the programme.

The evaluation undertaken on the Kenya’s CT-OVC programme in 2010 targeting seven districts showed that the programme increased the real household consumption levels of beneficiary households by 13 percent (OPM, 2010). The benefits were found to be concentrated on smaller households. The programme was also found to have increased food expenditure and dietary diversity, significantly increasing the consumption of meat, fish, milk, sugar and fats. MacAuslan & Schofield (2011) observed that food consumption of the beneficiaries of a Concern Worldwide Cash Transfer programme in Korogocho informal settlement increased by at least one meal per day during the transfer period, while dietary diversity also improved. This was more noticeable for small households since the transfer was uniform.

Cardoso and Portela (2004) found a strong effect of the Brazilian Bolsa Escola Programme on school attendance. On the other hand, a study on the impact of the Ingreso Ciudadano programme in Uruguay undertaken by Borraz and Gonzalez in 2009 found no positive effects on children’s school attendance.

The Kenya’s CT-OVC Evaluation Team in 2010 did not find any evidence of increased enrolment or attendance in basic schooling (primary education) (OPM, 2010). The results indicated a uniform attendance rate of 88 percent in both programme and control areas for children aged 6 to 13. However, there appeared to an impact on secondary school enrolment among older children, with an increase of 6 to 7 percent compared to children in control areas. The impact was more significant for poorer households and for boys than girls. On a study of the CT-OVC programme in Korogocho location of Nairobi County, Sanganyi (2010) found that the most felt impact of the programme in the area was in education. He reported that caregivers were able to pay school fees and purchase other school utilities like books, uniform and to cater for school trips. However, it also emerged from these findings that the cash transfer amount was not adequate to cater for the children in secondary school.
In Kenya, a study conducted by Onyango and Samuels in 2012, in Busia and Makueni Counties, to explore the experiences and perceptions of Unconditional Cash Transfer programmes (UCTs) to OVCs indicated that cash transfer was generally valued more than other forms of social assistance (food aid, public works, etc.). The study participants argued that cash transfer gave them the freedom to spend the money on what they needed, unlike other forms of social assistance. Those who had experience with food aid reported that it made them feel like dependents. As for public works, experienced in the two sites under a programme called Kazi Kwa Vijana (work for youth), study participants had not liked this type of social assistance because of the work conditions that went with it. For instance, the youth had to engage in labour-intensive public works before being paid. They also felt that the amount of money offered was not commensurate with the work they used to do. All the study participants asserted that the programme had positive effects on the lives of the programme beneficiaries. Quality of life had improved for both orphaned and vulnerable children (OVCs) and for members of the beneficiary households. As a result of the programme, people were enabled to construct permanent shelters, have three meals a day and pay health-related costs. An increase in access to basic education was also reported both in Makueni and Busia. Other positive effects of the programme that were cited by the participants included the social acceptance of OVCs in the communities, the empowerment of vulnerable groups (widows, elderly and the poor) by giving them a voice in the community, stimulation of social capital, building of economic capital, stimulation of the local economy and an increase in the feeling of self-worth of OVCs.

2.8 Summary of Literature Review

Given the literature on what different scholars had to say about the role and potential of cash transfers on the wellbeing of beneficiaries, the results indicate that the findings are mixed on the various variables. Some studies have shown positive results while others show there’s no effect at all. For instance, while, Cardoso and Portela (2004) find a strong effect of the Brazilian Bolsa Escola programme on school attendance, Borraz and Gonzalez (2009) found no positive effects on children’s school attendance arising from
the Ingreso Ciudadano programme in Uruguay, though the programmes had similar designs and expected outcomes. Most of the literature available lacks the beneficiaries’ perspectives on the programmes’ performance. This study therefore finds it important to capture the beneficiaries perceptions on the CT-OVC programme’s performance and hence the contribution of this study.

2.9 The Study Approach
In the context of this study, the researcher applied Beneficiary Assessment (BA) as a PM&E technique to assess the performance of the Cash Transfer for Orphans and Vulnerable Children’s programme (CT-OVC). The study engaged the beneficiaries through getting their perceptions on the extent of success of the programme. The primary qualitative data was gathered through semi-structured interviews with the caregivers of the orphaned and vulnerable children in the programmes’ beneficiary households. The researcher also conducted Key Informant Interviews to gather additional information on the programme’s performance. Qualitative data was gathered from the participants (caregivers and key informants) by the use of semi-structured interview guides. To get the beneficiaries evaluate the programme’s performance, the researcher sought to know whether the beneficiaries were aware of the programme’s objectives. Secondly, the researcher sought to know the beneficiaries’ and Key informant’s perceptions on the extent of success of the programme. The researcher applied only one technique of collecting data, which is interviewing out of the three techniques of collecting data in Beneficiary Assessment (semi-structured interviewing around key themes or topics, focus group discussions and direct/participant observation). This was due to constraints in terms of resources and logistics on the part of the researcher.

CHAPTER THREE: DATA AND METHODS

3.1 Introduction
According to Polit and Beck (2008), qualitative research implies “the investigation of a phenomenon in an in-depth and holistic fashion through the collection of rich narrative materials using a flexible research design”. Kumar (2014) further explains that qualitative
research follows an open, flexible and unstructured approach to an enquiry, aiming at exploring diversity and emphasizing the description and narration of feelings, perceptions and experiences. This section comprises the following sub-sections: research design, data sources, target population and study sites, sampling procedures, data collection methods and tools, ethical issues to be considered in the process, data analysis and presentation.

3.2 Research Design

This study employed a qualitative exploratory research design to explore the views, experiences and perceptions of cash transfer programme beneficiaries and key informants. The exploratory research design as the name suggests, aims at simply exploring the research questions, leaving room for further researches. Exploratory studies result in a range of causes and alternative options for a solution of a specific problem (Sandhursen, 2004). Adato (2007) argued that qualitative research offers a number of strengths for evaluating Conditional Cash Transfer programmes (CCTs) that survey methods do not. Qualitative data was collected to capture the beneficiaries’ perceptions on the performance of the CT-OVC programme. The study was cross-sectional as it picked the beneficiaries at a point in time thus not a follow-up study.

3.3 Data Sources

This study relied on primary data that was collected from the caregivers of orphans and vulnerable children in the CT-OVC programme’s beneficiary households in Embakasi Sub-County. This included interviews (both semi-structured and key informant).

3.4 Target Population and Study Sites

The study was carried out in Embakasi Sub-County, Nairobi County and targeted beneficiary households for the CT-OVC programme. The Sub-County is located East of Nairobi’s central business district. It mostly houses lower middle-income citizens. It’s also a host to several informal settlements like ‘Mukuru Kwa Njenga'. Embakasi Sub-County is part of Nairobi’s Eastland’s area, lying to the South-East of Nairobi province and bordering locations in Eastlands such as Pipeline Estate, Tena Estate, and Makadara.
Estate. It borders South C and South B Estates and contains more than one third of Nairobi's Industrial Area and Export Processing Zone. Embakasi Sub-County consists of the following locations: Savannah, Mowlem, Kariobangi South, Mukuru kwa Njenga, Imara Daima, Kayole, Umoja, Mihango and Embakasi. Embakasi Sub-County was selected due to its cosmopolitan nature.

3.5 Sampling Procedures

This study used purposive sampling; a technique that allowed the researcher to use judgement to select participants who can best provide the information needed to achieve the study objectives (Bryman & Bell, 2015). The sample for this study was purposively drawn from the CT-OVC Programme’s beneficiaries list for Embakasi Sub-County, Nairobi. The researcher sampled only those caregivers who have been in the programme for more than three years now. The Embakasi Sub-County Children Officer, the Beneficiary Welfare Committee Chairperson, a member of the Locational OVC Committee and three local leaders in Embakasi Sub-County constituted the six Key Informant’s for the study.

3.6 Data Collection Methods and Tools

This study utilized the predominant mode of collecting data in qualitative studies, which are one-on-one interviews. The use of qualitative methods allowed for the collection of richer data since the participants express themselves fully (Sutton & Austin, 2015). In qualitative assessments, the focus is generally on understanding the individual’s perception of issues. Semi-structured interviews with the caregivers in the beneficiary households and key informants were conducted to gather qualitative data.

3.6.1 Semi-structured Interviews with Caregivers

Semi-structured interviews were conducted with the caregivers in the programme’s beneficiary households until when the researcher reached a point of data saturation.
3.6.2 Semi-structured Interviews with Key Informants

The researcher conducted semi-structured interviews with six key informants. The key informants for this study were; the Embakasi Sub-County Children’s Officer, a Volunteer Children Officer, a member of the Beneficiary Welfare Committee, a Location OVC Committee (LOC) Member, a Village Elder and a member of the Location Area Advisory Committee.

3.7 Data Analysis

In this study, content analysis was used to analyze the data collected. Content analysis in qualitative researches relies on various techniques to reduce the voluminous texts by identifying thematic aspects of the data, categorizing the information gathered into the various groups and continuously filtering the data to understand deeply the outcomes of a study (Elo and Helvi, 2008). This method of data analysis also uses replicable and valid inferences by interpreting and coding textual material. The method allows researchers to analyze socio-cognitive and perceptual constructs that are difficult to study through traditional quantitative archival methods. It involves transcribing the interviews, coding the data, identifying themes and sub-themes, presenting findings and interpreting the data. (Bowen, 2009).

Four main stages were applied in the analysis (Bengtsson, 2016). These included the decontextualization stage where the researcher familiarized with the data in text form by reading through and transcribing the texts to generate a sense of the data before it was fragmented into smaller units that bring out some meaning. This was followed by the recontextualization stage that entailed rechecking the data and texts to establish that all aspects of the content were covered as per the objectives. This stage involved re-reading the original texts alongside the final list of identified meaning units. The third stage was categorisation and it entailed condensation of the number of words generated without losing the content and meaning of the units. Compilation was the final stage and it entailed writing up the findings from the categories established. Each stage was performed several times to guarantee trustworthiness and quality of the data analysis process (Morse and Richards, 2012).
3.8 Challenges Encountered

One of the challenges the researcher encountered during collection of the data was that a majority of the respondents were hesitant to give information especially regarding the challenges of the CT-OVC programme for fear that they may be perceived as being ungrateful and therefore be exited from the programme. The researcher had to keep reminding them that their participation in the exercise was purely for research purposes and that their anonymity was maintained. Another challenge was that the respondents had expectations that the researcher was going to directly address the challenges they have been facing in accessing the benefits of the programme for instance, the delay of the payments and inadequacy of the money received in meeting their households’ needs. The researcher had to correct such misconceptions by constantly reminding them of the purpose of the visit.

3.9 Ethical Issues Considered in the Process

The researcher observed both professional and researcher-respondent ethics. Informed consent was obtained from the caregiver’s and the key informants before conducting the interviews with them. Consent forms were issued to the caregiver’s and key informants beforehand for signing after they voluntarily agreed to participate in the study. The participants in the study were not compelled to participate in the research. The researcher explained the aim of the study in details and gave the caregiver’s a chance to ask any questions they wished to ask for the sake of clarity before signing the consent forms.

Additionally, the caregiver’s participating in the study were be empowered with the knowledge that participation in the research was voluntary and that they have a right to withdraw from the process at any point, should they feel like doing so. This came after the researcher had introduced herself to the participants. The participants were also empowered to realize that they have a right to stop the research process at any point and should not be coerced to answer a question they don’t feel like answering. Confidentiality of information was strictly observed during and after the research process.
CHAPTER FOUR: BENEFICIARIES’ EVALUATION OF THE CT-OVC PROGRAMME

4.1 Introduction
This chapter presents the research results from caregivers and key informant interviews. The findings resulting from the interviews have been categorized into themes and sub-theme. The themes and sub-themes identified are in line with the objectives of this study which are; to establish whether the beneficiaries of the CT-OVC programme in Embakasi Sub-County are aware of the programme’s objectives and to assess the perceptions of the programme beneficiaries on the extent of success of the CT-OVC programme. The chapter covers the following sections: descriptive characteristics of respondents, awareness of the CT-OVC programme objectives by the caregivers, perception of CT-OVC programme beneficiaries on the success of the programme and the conclusion.

4.2 Descriptive Characteristics of Respondents.
Demographic characteristics of respondents were sought for by the researcher in order to assess the ability of respondents to give relevant and reliable information on the study objectives of the CT-OVC programme. The information sought for under the background information of respondents included the age of respondents and that of OVCs, number of OVCs in the beneficiary households who are below 17 years, gender of respondents,
number of OVCs in the households, years of being in the programme and the type of orphans.

**Age:** The findings of the study revealed that a majority of the caregivers were aged between 60-69 years (29.6 percent), followed by those aged between 30-39 years and 50-59 years.( both at 25.9 percent). Those aged 40-49 years were 18.5 percent. The study also established that a majority of children in the programme were below 18 years (92.6 percent) from the households involved in the study. Majority of caregivers interviewed also indicated that children in their households considered as orphan and vulnerable and beneficiaries who were above 18 years had been exited from the programme as a requirement except for a few as presented in Table 4.1 below.

**Sex:** The study established that majority of caregivers engaged in this study were females (92.6 percent) with only a few males. This showed that most households having orphan and vulnerable children had females as the household heads.

**Number of OVC in Households:** The study further established that most households had between 3 and 5 orphaned and vulnerable children (59.3 percent). This was followed by households that had below 3 OVC at 33.3 percent.

**Table 4.1 Demographic Information of Respondents**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-39 years</td>
<td>7</td>
<td>25.9</td>
</tr>
<tr>
<td>40-49 years</td>
<td>5</td>
<td>18.5</td>
</tr>
<tr>
<td>50-59 years</td>
<td>7</td>
<td>25.9</td>
</tr>
<tr>
<td>60-69 years</td>
<td>8</td>
<td>29.6</td>
</tr>
<tr>
<td>Age Range of OVC Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 18 years</td>
<td>25</td>
<td>92.6</td>
</tr>
<tr>
<td>Above 18 years</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>Sex of Respondents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>Female</td>
<td>25</td>
<td>92.6</td>
</tr>
<tr>
<td>Number of OVC in Households (0-17 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 3 OVC</td>
<td>9</td>
<td>33.3</td>
</tr>
<tr>
<td>3-5 OVC</td>
<td>16</td>
<td>59.3</td>
</tr>
<tr>
<td>Above 5 OVC</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>Years Spent in the Programme</td>
<td>Less than 3 years</td>
<td>3-4 years</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>7.4</td>
<td>37.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of OVC in Households</th>
<th>Maternal orphans</th>
<th>Total orphans</th>
<th>Paternal orphans</th>
<th>Vulnerable children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>11</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>14.8</td>
<td>18.5</td>
<td>25.9</td>
<td>40.7</td>
<td>100</td>
</tr>
</tbody>
</table>

**Years Spent in the programme:** The study established that majority of the respondents had been in the CT-OVC programme for a period 3-6 years (3-4 years 37.0 percent and 5-6 years 40.7 percent). This assured the researcher that they were capable of giving responses relevant to the questions posed pertaining the CT-OVC programme.

**Types of OVC in Households:** The findings of this study also revealed that most OVC were vulnerable children (40.7 percent) followed by paternal orphans at 25.9 percent. Households that were benefitting from the programme also had total orphans and maternal orphans. In this study, vulnerable children refer to those children whose caregivers are chronically ill, children living in child-headed households and those who are not orphaned but are living in very poor households.

**Programme Timeline:** The study findings also revealed that the CT-OVC programme did not have a defined timeline, implying it was a continuous programme.

**4.3 Awareness of the CT-OVC Programme Objectives by the Caregivers**

The researcher sought to know from the caregivers their perception on what the CT-OVC programme aimed to achieve by posing the question: “What does the CT-OVC programme aim to achieve?” which generated the following responses.

“The aim of the programme is to help orphaned and vulnerable children or those living with disabilities through education and acquirement of other basic needs..."
e.g. food, school fees among others” (Male Caregiver, Semi-structured Interview Participant)

A respondent also mentioned that this cash receipt aimed at empowering the OVC host households by enabling them to start businesses that enabled the caregivers to support their households:

“To help orphaned children, caregivers to start a business to help OVCs in order to be able to meet their needs” (Female Caregiver, Semi-structured Interview Participant)

On the other hand, the key informants engaged in the study echoed the fact that the caregivers and beneficiaries understood the objectives of the CT-OVC programme. One key informant articulated that:

“The beneficiaries are aware that this programme is meant to help the orphaned and vulnerable children in the community” (Female Key Informant).

According to respondents, the CT-OVC programme endeavored to help orphaned and vulnerable children who lived with needy or chronically ill caregivers by availing cash to their households. The study also established that other targeted beneficiaries included vulnerable children, where vulnerability arose from parents and caregivers of such children being physically disabled, chronically ill or widowed. The commonly mentioned uses to which the cash was to be put included: funding the education and schooling of OVC, access to healthcare, and the purchase of other basic needs such as food and clothing. Key informants additionally indicated that caregivers were well aware of why the programme was initiated by the government and that is to support the orphaned and vulnerable children. The National Gender and Equality Commission, (2014) indicated that the main aim of the CT-OVC programme was to strengthen the capacity of households by providing a social protection system for OVCs. This was achieved by providing regular cash transfers to families living with OVCs. This is aligned to the findings of this study that show respondents being cognizant of the fact that the programme targets orphaned and vulnerable children.
4.3.1 Types of OVC in Beneficiary Households

Knowledge of the aim of the programme having been established among the respondents, the researcher then set out to determine if indeed the individuals benefitting from the programme were meeting the programme’s eligibility criteria. The CT-OVC programme is known to target orphaned and vulnerable children below 17 years of age. To this extent, the researcher sought to know from the respondents if the OVC under their care were fitting this criterion. Findings presented in Table 4.1 revealed that OVCs who turned 18 years were exited from the programme only leaving those below 18 years. Further, the findings as presented in Table 4.1 revealed that the types of children catered for by the programme included the vulnerable children, paternal orphans, total orphans and maternal orphans.

The study findings also revealed that some of the beneficiaries enrolled in the programme were also disabled. Caregiver interviewees had the following to say on the OVCs in their households being disabled:

“In my household I have one physically handicapped child and one who is hard of hearing” (Female Caregiver, Semi-structured Interview Participant)

Another caregiver indicated:

“The child who was living with disability under my care is now deceased but was enrolled in this programme” (Female Caregiver, Semi-structured Interview Participant)

“Yes, I had a disabled beneficiary in my house. She was in the programme at the time of enrolment but is now over the age of 18” (Female Caregiver, Semi-structured Interview Participant).

These findings reveal that the CT-OVC programme attended to various types of OVCs at the time this study was conducted and prior to the study being conducted.

4.3.2 Unmerited Beneficiaries in Beneficiary Households

With the interviewees’ in clear knowledge of the objectives of the programme and the types of beneficiaries who qualify to benefit from the CT-OVC programme, the
researcher then sought to know if there were possibilities of some beneficiaries in the programme not fitting the criteria of merit. A question was posed to the caregivers prompting if they thought the right people were benefitting from the programme with the interviewees responses presented below.

A female caregiver said: “The people (beneficiaries of the CT-OVC programme) are needy, terminally ill or taking care of orphaned and/or vulnerable children”

“Yes, the people I know of, who are in this programme meet the requirements for example caregivers with disabilities or living with orphaned and vulnerable children” (Male Caregiver, Semi-structured Interview Participant)

On the other hand, a section of the respondents were not quite sure if the rightful beneficiaries were the ones in the programme. Their replies suggested that they did not know all beneficiaries in the programme and therefore could not easily verify that only the rightful households benefitted. One of the respondents in a semi-structured interview responded similarly to another respondent who indicated:

“I am not sure about this (the programme only reaching the rightful beneficiaries) as I do not know many of the other beneficiaries of the CT-OVC programme” (Female Caregiver, Semi-structured Interview Participant)

Study findings revealed that it was a perception of a section of the respondents that only the rightful beneficiaries were benefitting from the programme. Majority of the caregivers admitted that it was less likely that households falsified information on hosting orphans or vulnerable children. Nevertheless, key informants had different opinions on unmerited beneficiaries as indicated below, given that there was an indication of certain households enrolled in the programme not being vulnerable in the key informant’s view.

**4.3.3 Kinds of Benefits from the CT-OVC Programme**

Interviewees were asked to elaborate some of the gains from this programme and the regularity of the benefits. Samples of the findings are presented below.

A female caregiver indicated:
“I receive Ksh. 4,000 every payment cycle plus NHIF medical cover”

While another interviewee indicated:

“Ksh. 2,000 every month that is paid in a cycle of two months, adding up to Ksh. 4,000 plus NHIF medical cover” (Female Caregiver, Semi-structured Interview Participant).

The study established that beneficiaries in the programme were entitled to a standard amount of transfer of Ksh. 2,000 every month for every household irrespective of the number of OVCs in the household. This was bulked over two months and paid together as Ksh. 4,000 as indicated by the respondents. The payment cycle was also established to be bi-monthly. The beneficiaries also got a National Hospital Insurance Fund (NHIF) medical cover paid for them by the Government.

Regularity of the benefits in terms of cash transfers was considered by the researcher to align to the effective achievement of the objectives of the CT-OVC programme. To this extent, the interviewees’ perception was sought on whether the benefits from the programme were regular to ensure the effective achievement of the CT-OVC programme objectives. The interviewee responses are presented below:

“Benefits are not regular at all; sometimes payments delay three or four months” (Female Caregiver, Semi-structured Interview Participant).

“No (implying not regular when asked if the benefits received were regular), sometimes payment is made after three months” (Female Caregiver, Semi-structured Interview Participant)

“Yes (implying regular payments are made), it is usually paid after every two months” (Female Caregiver, Semi-structured Interview Participant).

This study established that the cash transfers were not regular in most cases against the expectations of the beneficiaries and the outline of the CT-OVC programme. Majority of the interviewees indicated that the cash transfers at times took four months, five months and in worst cases eight months for the cash to be remitted as opposed to the standard
payment cycle of two months. Nevertheless, only a small section of the interviewees indicated that the cash transfers were regular and effected within the standard two-month cycle. Hussein (2012) in his study on the challenges on the implementation of the cash transfer programme for OVC in Garissa County revealed the challenge of irregularity of the cash transfer payment, a finding which is similar to results of this study.

4.4 Perception of CT-OVC Programme Beneficiaries on the Success of the Programme

The second objective of the study was to establish the beneficiaries’ perception on the success of the CT-OVC programme. This was assessed on the basis of the expected outcomes of the programme in terms of the education, health, financial and social integration of the orphan and vulnerable children and the beneficiary households. Other indicators assessed to measure the extent of access included challenges that so far exist in the programme and aspects of the programme that could be done better to its enhancement. These are discussed under the following themes.

4.4.1 Socio-economic Status of Beneficiary Households Before and After Enrollment into the CT-OVC Programme

The study sought to establish the status of beneficiaries before admission and after admission into the programme. Key informants indicated the following:

“Most households were living in conditions of extreme poverty for example some lived in dumping sites. Most of the households have now improved both economically and socially” (Male Key Informant)

Study findings show that most respondents have had their lives improved by the CT-OVC programme from previously low status as presented by the key informants.

4.4.2 Effects of the CT-OVC Programme on the OVCs’ Schooling

The researcher posed the question “In your opinion, do you think that the programme has had an effect in your children’s schooling? What are these effects?” to the interviewees who had the following to say:
“Yes. Although the money is little/insufficient, I sometimes use it to purchase the books, school uniforms and once in a while pay school levies for the children” (Male Caregiver, Semi-structured Interview Participant).

A female caregiver in her reply indicated:

“Before I started getting the cash, all my children were not going to school due to lack of school fees. Now they’re all going to school. When I receive the cash, I pay for levies at school, purchase their school uniforms, pay for their tuition fees and purchase books.”

These findings reveal that a number of orphaned and vulnerable children had benefitted from the CT-OVC programme by their caregivers being able to support their education. The findings further reveal that there was a perception that the cash transfer was meagre to support the schooling of the children in the programme, with the money put to other uses such as paying of house rent and purchase of food.

A section of the interviewees also indicated that the programme may not really have created a change on the schooling of the OVC. Samples of their opinions include:

“No (implying no impact), the amount is not sufficient to cater for school levies and other school related expenses” (Female Caregiver, Semi-structured Interview Participant)

“No. The effect on schooling is very minimal only catering for a child’s fare to school once in a while” (Female Caregiver, Semi-structured Interview Participant).

An earlier study assessing the Child Support Grant (CSG) in South Africa, similar to this study, also showed that cash transfer programmes targeting children improved education
among the benefitting children (Delany et al., 2008). In his study, it was revealed that the grant increased school uniforms and school fees thus promoting enrollment and attendance of school among the beneficiary children.

### 4.4.3 Effects of the CT-OVC Programme on Access to Food

The researcher sought to know if the CT-OVC programme had an impact on households with regards being able to access food. The study findings are presented below through samples of the interviewee responses that captured most of the interviewees’ opinions.

“There have been improvements in the dietary consumption of the household since I started benefitting from the cash transfer programme” (Female Caregiver, Semi-structured Interview Participant). A female caregiver indicated:

“Before enrolment into the programme, we used to sleep hungry, but with the transfer, the household can now afford to have two meals in a day.”

Further, another female caregiver indicated:

“I used to wash clothes for pay just to be able to afford meals for my household, but then this used to make me ill. With this support, I stopped going to wash clothes and I am still able to afford to buy food for my household”

Study findings showed the CT-OVC programme had a significant impact on the ability of beneficiaries to access food. Most households indicated the ability to get at least an additional meal in a day after their enrolment in the programme.

The study findings also revealed that households benefitting from the CT-OVC programme were able to diversify on their diet given that the cash transfer boosted their purchasing power. It was worth noting that interviewees overwhelmingly agreed to the fact that the CT-OVC programme boosted the access to food among the beneficiary households. These findings were similar to that of a quantitative study by Mogaka
(2013), who established that subsequent to enrollment in the CT-OVC programme, most respondents were able to take at least two meals a day. The programme effectively reduced the number of households taking one meal in a day and allowed access to variety of food, findings also established by Sanganyi (2010).

**4.4.4 Effects of the CT-OVC Programme on Access to Healthcare**

The researcher sought to establish the impact of the CT-OVC programme on access to healthcare among the beneficiary households. The study findings are presented below, a sample of the interviewee responses that captured the perception of respondents who felt that the programme impacted on access to healthcare among beneficiary households.

“I use the money to cater for treatment of my daughter whenever she is in need of urgent treatment” (Female Caregiver, Semi-structured Interview Participant)

Interviewee 18, a female caregiver indicated:

“I have been able to use the NHIF cover severally to acquire drugs for diabetes and hypertension; the NHIF cover is a result of the CT-OVC programme. I started ailing after I was enrolled in the programme. Before the programme, I had stomach complications that saw me operated on severally up to the time of enrolment into the programme when I was sick and bedridden. From the time of enrolment, I have been able to afford drugs and a decent meal and this has really improved my health” (Female Caregiver, Semi-structured Interview Participant).

“They (beneficiaries) have been able to access proper diet and their health has greatly improved” (Female Key Informant).

This study revealed that beneficiaries had improved access to healthcare for their households as a result of enrolment into the CT-OVC programme. It is also worth noting that all beneficiaries in the programme were entitled to a medical cover through the NHIF.

This therefore ensured that the OVCs and their caregivers had access to basic healthcare services and this presented a positive impact on their health. These are findings similar to
that of Sanganyi, (2010) who revealed that the CT-OVC programme led to the improvement of health of beneficiaries and OVCs hence no feelings of isolation in the society because of financial constraints.

4.4.5 Other Effects of the CT-OVC Programme

Apart from effects on the schooling, nutrition and health of the OVC and the caregivers, the study also found out that there were more benefits that were attributed to the CT-OVC programme. This is captured by the response from interviewees as follows:

“I used the cash received to invest in beading and from the proceeds of my beading work, I am able to support my household by purchasing food” (Female Caregiver, Semi-structured Interview Participant).

Interviewee 25 further added:

“Through the business I started out of the cash transfer programme, I am now able to cater for the needs of my household” (Female Caregiver, Semi-structured Interview Participant).

The key informants noted other benefits from the programme to include improved self-esteem among beneficiaries who once felt isolated, food security and retention of the OVC in school to have resulted from the CT-OVC programme.

These findings show that a further impact of the CT-OVC programme has been the caregivers being able to start businesses to generate earnings that enable them to support their families. In this manner, needs such as education, health and access to food for the households is made available to the households enrolled in the programme. A study to evaluate the Kalomo Pilot Cash Transfer in Zambia showed similar results on impact in health, education, nutrition, investment, self-esteem among beneficiaries indicating that households receiving the cash transfer grants used them on healthcare, food, basic education and investment in physical capital (Schubert, 2006).
4.4.6 Rating of the CT-OVC Programme by the Beneficiaries

This study then sought to establish the overall perception of respondents on the CT-OVC programme based on its level of importance. The findings are presented below.

Table 4.2: Perception on the Level of Importance of the CT-OVC Programme

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderately important</td>
<td>3</td>
<td>11.1</td>
</tr>
<tr>
<td>Very important</td>
<td>10</td>
<td>37.0</td>
</tr>
<tr>
<td>Important</td>
<td>14</td>
<td>51.9</td>
</tr>
</tbody>
</table>

The findings presented in Table 4.2 above showed that most interviewees felt that the cash transfer programme was important (37.0 percent very important and 51.9 percent important). A further interrogation on perceived importance of the CT-OVC programme was also sought for and is presented below:

“It has helped in paying school fees for children, purchasing food and paying for household expenses such as rent” (Female Caregiver, Semi-structured Interview Participant).

A female caregiver indicated:

“I am able to use NHIF cover that comes with the programme for the treatment given that I am ailing.”

Interviewees attributed this level of importance of the CT-OVC programme to its ability to avail cash to them enabling them to settle household expenses and basic needs such as purchasing food, payment of debts and access to health services especially for children as presented from by the interviewee’s responses above.

Additionally, the researcher sought to establish if the beneficiaries preferred this kind of support in line with the objectives of caring for the orphan and vulnerable children. Sampled responses from the interviews are presented below.
“Yes, I prefer this kind of support because hand-outs given in form of food are restrictive unlike having cash” (Female Caregiver, Semi-structured Interview Participant)

“I prefer this kind of support because once I get the cash; I am able to purchase several items for my household, pay debts, purchase food items, drugs e.t.c. I am able to plan on how to use the cash” (Female Caregiver, Semi-structured Interview Participant)

The interviewees noted a preference for the cash transfers as opposed to non-cash hand-outs given that cash hand-outs gave them the freedom to sort out the most basic needs such as food, house rent, debts, purchase of drugs among other needs. This generally enabled them to alleviate economic constraints.

4.4.7 Challenges Faced from the Beneficiaries’ Perspectives
This study also assessed the difficulties beneficiaries faced in accessing the services offered and in drawing benefits from the programme. The results are summarized below.

4.4.7.1 Lack of Proper Communication Channels
Respondents noted that proper communication was lacking in the programme covering the notification on availability of funds, lacking proper channels of lodging complains and making enquiries. This was captured in sample responses presented below:

A male caregiver said:

“*There is no formal communication on when to go and collect the payments*”
(Male Caregiver, Semi-structured Interview Participant).

A female caregiver who also noted the lack of notification on when to collect cash indicated:

“*There are no formal ways to lodge complaints and any other issues pertaining to the programme.*”
The impact of improper communication was clearly presented by interviewee 18 as noted below:

“There is no proper communication and this makes some beneficiaries be exited from the programme because they have no knowledge of when the cash is available to be collected. Failures in collection of the cash for three cycles made a beneficiary be exited from the programme.”

Precious studies and evaluations have also revealed communication and awareness raising to be a challenge in the CT-OVC programme. While cognizant of this challenge, Oxford Policy Management (2013) noted that the cash transfer required improved communication and raising of awareness on various issues and processes. Proper communication was noted to be a vital aspect of the CT-OVC programme.

4.4.7.2 Delays in Receipt of the Money

All the beneficiaries complained that the transfer of funds has never been consistent and that they have never been informed of changes in the bi-monthly payment schedules. They noted delays ranging between one month and four months from the expected payment dates. The deviation from the schedule of payment provided for in the guidelines has multiple negative effects among needy populations. For instance, such delays and inconsistencies increase predictable vulnerability of this population and interfere with the planning and budgeting at the household level e.g. some urban beneficiaries are forced out of their rental houses due to arrears in their rent and their inability to pay.

Most interviewees indicated the challenge of delays in cash transfers. In addition to this, the amount remitted even after the delay was noted by a respondent not to cover the entire period of delay. A female caregiver indicated:

“Most of the times, the cash delays and when it is paid after four months, they (beneficiaries) still get Ksh. 4,000 instead of Ksh. 8,000.”
Further, the key informants engaged in the study noted the delays in payments to be a challenge leaving the beneficiaries with no specific time to collect the cash benefits. Timeliness of cash transferred for beneficiaries remains a key challenge also identified by earlier studies. Ward et al., (2010) noted that the late transfers of funds to beneficiaries undermined the CT-OVC programme outcomes including welfare, educational and health and other productive outcomes.

4.4.7.3 Unpredictable Dates of Payments

All beneficiaries noted the lack of information concerning the arrival of funds. The Key Informants also echoed the same sentiments. A female Key Informant stated:

“the beneficiaries have to keep going to the payment points from time to time to enquire if the cash transfer is ready for payment, owing to the lack of a set date of the payments”

4.4.7.4 Inadequacy of the Cash Transferred

Interviewees also noted the inadequacy of the cash transferred to meet all the basic needs of a household as presented below.

“The amount is inadequate to cater for the family needs considering the current cost of living” (Female Caregiver, Semi-structured Interview Participant).

The study established that the funds transferred have not been revised over a period. On recognition of the number of dependants in the programmes’ beneficiary households, it was noted that households received a standard amount of cash transfer irrespective of the number of orphaned or vulnerable children in the household. Earlier studies on the CT-OVC programme in Kenya also revealed inadequacy of the cash transferred as a challenge. Eyase (2015) and Sanganyi (2010) both established that most respondents felt the grant received from the CT-OVC programme was inadequate despite the fact that it boosted food security, education and social relations of the orphan and vulnerable children.
4.4.8 Beneficiaries’ Suggestions on How to Improve the Programme

A final question for the caregiver interviewees was on their perception on what they felt could be done better to enhance the programme. The responses are presented below.

4.4.8.1 Regular Evaluation of the CT-OVC Programme

The study findings revealed that one better way to enhance the CT-OVC programme was to undertake frequent evaluations. Key informants noted that this would rule out the possibility of the programme benefits going to those who do not deserve. The first key informant who was a male indicated:

“Regular evaluation of the programme needs to be done to ensure that the support is serving the right people.”

4.4.8.2 Increasing the Amount of Cash Transferred

The respondents perceived that the CT-OVC programme could be enhanced by increasing the amount of cash transfer programme for varied reasons. The first was to cater for at least most of the basic household needs and needs of the OVC.

A female caregiver indicated “the money be increased as it is too little to meet the needs of the children in the household. The amount can be increased to Ksh. 5,000 per month.”

Interviewees, both key informants and caregivers, also perceived that increasing the amount of cash transfer would boost the start-ups and income generating activities that would ensure households are stable.

A female participant indicated “The cash could be increased to at least Ksh. 5,000 every month so that it can help beneficiaries start income generating activities to better meet the needs of the households.”

4.4.8.3 Holding of Forums for Beneficiaries’ Engagement

Participants in the semi-structured interviews also observed that forums for the beneficiaries could be held periodically.
“Forums/meetings for the beneficiaries be held at least once every month”
(Female Caregiver, Semi-structured Interview Participant)

This was an observation also made by the key informant engaged in the study who noted that the beneficiaries needed to be given the opportunity to express their views on the CT-OVC programme. This was only possible through beneficiary forums.

### 4.4.8.4 Timely Payments and Accessibility of the Payment Points

The findings of the study also revealed that regularity of payments and accessibility of the cash payment points was as essential aspect worth considering in a bid to enhance the CT-OVC programme. A female caregiver indicated that “The payments need to be made in a timely manner and the payment points accessible.”

Alternatives to having accessibility to the cash payment points were also provided by the Interviewees. This entailed having convenient modes of payment that were electronically based for example the use of *M-pesa* and other mobile money transfer platforms as indicated by a male caregiver.

### 4.4.8.5 Reaching More Needy Households Not Yet in the Programme

The study findings also revealed that there was a need to reach more needy households having OVCs who had not yet been reached and enrolled in the programme. This was best captured by a female caregiver who indicated “The non-beneficiaries of the programme who are needy also ought to be incorporated into the programme so that they can also benefit from the programme.”

### 4.4.8.6 Developing a Housing Programme for Beneficiaries

Through the key informants, this study established that most households in the programme had challenges in settling their house rent obligations especially when the transfers were done outside the timelines. The study revealed that a possible solution to this was the implementation of housing schemes for the OVC households as indicated by a key informant who said:
“The beneficiaries need to be added to the governments housing programme in order to curb issues of housing” (Female Key Informant)

This finding corresponds to a finding by the National Gender and Equality Commission (2014) which revealed that the delay and inconsistencies in payments of the cash transfers increased vulnerabilities of the beneficiaries by interfering with planning and budgeting at the household level. The study cited an example of urban beneficiary households that were forced out of their rental houses due to arrears in rent and their inability to pay.

4.4.8.7 Saving Part of the Cash Transferred For the OVCs in the Beneficiary Households

It was also suggested that part of the money paid to OVCs can be saved for future use by the beneficiaries. The first key informant interviewed indicated:

“The government should save Ksh. 1,000 every payment cycle for the children’s future instead of giving the caregiver the whole amount (Ksh. 4,000).

4.5 Conclusion

The findings of the study revealed that a majority of the caregivers were aged above 50 years while majority of children in the programme were below 18 years. Majority of caregivers interviewed also indicated that children in their households considered as orphans and vulnerable and those who were above 18 years had been exited from the programme as a requirement except for a few as resented. The study also established that majority of caregivers were females. Further, most households had 3 to 5 orphan and vulnerable children. The findings of the study also indicated that majority of the respondents had been in the CT-OVC programme for a period 3-6 years. The types of OVCs in the households were revealed to include vulnerable children as the most common, followed by paternal orphans, total orphans and maternal orphans. This study also established that the CT-OVC programme did not have a definite timeline. The study established that there were no differences in terms of the programme effects between the households that had orphaned children and those that had vulnerable children.
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The objectives of the study were to establish whether the beneficiaries of the CT-OVC programme in Embakasi Sub-County, Nairobi were aware of the programme’s objectives and to assess how the CT-OVC programme beneficiaries in Embakasi Sub-County, Nairobi perceive the programme in relation to the extent of its success. The chapter covers a summary of the findings in relation to the objectives of study and the conclusions. The chapter further provides key recommendations based on the discussed findings.

5.2 Summary

The study findings revealed that beneficiaries had knowledge of the CT-OVC programme objectives that entailed helping the orphaned and vulnerable children who lived with needy or chronically ill caregivers by availing cash to their households. The study also established that other targeted beneficiaries included vulnerable children, where vulnerability arose from parents and caregivers of such children being physically disabled, chronically ill or widowed. The study also established that the objective of having the cash transfer was to fund the schooling of OVCs, enable access to healthcare services, and the purchase of other basic needs such as food and clothing.

The study findings revealed that most beneficiaries in the CT-OVC programme merited the benefit by virtue of hosting orphans and vulnerable children and equally being vulnerable households. Nevertheless, the study also found out that a few of the beneficiaries did not merit receiving the support since they were perceived by key informants not to be vulnerable.
Further, the study established that the CT-OVC programme beneficiaries were entitled to a standard amount of transfer of Ksh. 2,000 every month for every household that was paid in a cycle of two months. This also came with the additional benefit of NHIF medical cover. Nevertheless, the study established that the cash transfer was inconsistent with delays lasting between three months to three years.

The study findings showed that most respondents had their lives improved by the CT-OVC programme from previously low status to better status. The areas that were perceived to be impacted by the CT-OVC programme included the schooling of the orphan and vulnerable children, although to a smaller and variant extent given the limiting amount of cash transferred. The findings of this study also showed that the CT-OVC programme had a significant impact on the ability beneficiaries to access food. It was revealed that most households were able to get at least an additional meal in a day after their enrolment in the programme. Households benefitting from the CT-OVC programme were able to diversify on their diet given that the cash transfer boosted their purchasing power. There was also improved access to healthcare among beneficiaries as a result of the enrolment into the CV-OVC programme as all beneficiaries in the programme were entitled to NHIF medical cover thus ensuring that the OVC and caregivers had access to basic healthcare services.

The key informants noted other benefits from the programme to include improved self-esteem among beneficiaries who once felt isolated, food security and retention of the OVC in school to have resulted from the CT-OVC programme. Other benefits that were attributed to the programme included the caregivers being able to start businesses to generate earnings for supporting families as well as the improved social wellbeing and self-esteem of beneficiaries.

CT-OVC programme was also noted to be very important owing to the support on beneficiaries’ health, education and well-being. The study revealed that cash transfers compared to non-cash hand-outs were more preferred by beneficiaries. This was because given the cash hand-outs gave freedom to choose the immediate need to spend on such as food, house rent, debts, purchase of drugs among other needs.
Some of the challenges that were established to be affecting the programme and that had not been solved included lack of proper communication channels especially on availability of payments or delays thereof. Lacking proper communication was noted to result in premature exiting of beneficiaries from the programme. The other challenge was delays in cash transfer as payments were commonly made months after the stipulated duration of two months. Inadequacy of the cash transferred was also outlined as a challenge, given that only a few needs could be accessed or serviced by the meagre amounts.

This study finally established the following to be the way forward concerning how to enhance the programme: regular evaluation of the CT-OVC programme to ensure that only the rightful beneficiaries were maintained in the programme at all times, increasing the amount of cash transferred to enable beneficiaries invest and support the basic needs of households, adoption of beneficiary forums to allow beneficiaries to express their views on the CT-OVC programme. Other suggestions included timely payments and accessibility of the payment points, development of a housing programme for beneficiaries, reaching more needy households not yet in the programme and saving part of the cash transferred for the beneficiaries.

5.3 Conclusion

Based on the objectives of the study, the following concussions were made: the beneficiaries of the CT-OVC Programme in Embakasi Sub-County, Nairobi were aware of the programme’s objectives; the CT-OVC Programme beneficiaries in Embakasi Sub-County, Nairobi has been perceived to be greatly important with benefits touching on the health, education, nutrition and social aspects of the beneficiaries despite challenges.

The results of this study show that a majority of the beneficiaries are women. The level of beneficiaries’ participation in the programme activities was noted to be significantly low. Almost all the beneficiaries reported facing similar challenges in accessing the benefits of the programme. These challenges included; irregularity of the payments, lack of information about the programme and more so on the schedule of payments, the
amount being insufficient compared to the needs of the recipients households, the amount being standard for all households regardless of the number of orphaned and vulnerable children in the households and lack of monitoring progress of the programme by the implementers.

Based on the beneficiaries’ assessment of the programme, the CT-OVC programme has not been efficient. This is due to the issues identified by the beneficiaries such as the delays in the cash transfer payments, lack of communication about the programme activities and the lack of regular monitoring to track the beneficiaries who are to be exited from the programme in order to rule out any undeserving cases benefitting from the programme. The programme has however been effective with the assessment results indicating effects on the health, education and food consumption by the beneficiary households attributed to the programme.

5.4 Recommendations

Based on the evaluations done by respondents, the highlighted challenges of the CT-OVC programme and the suggested way forward for the programme, the researcher made the following recommendations.

5.4.1 Recommendations for Programme and Policy

Based on the findings of the beneficiaries, the researcher recommends the following that the budgetary allocation for the CT-OVC programme be reviewed to increase coverage of the intervention and ultimately, the amount of cash transferred to the beneficiaries so as to increase the impact of the programme. The researcher also recommends that the programme maximises on information, communication and technology (ICT) for instance through the use of mobile money transfers to increase efficiency of the programme.

5.4.2 Recommendations for Monitoring and Evaluation

Based on the beneficiaries’ evaluation of the programme and the conclusion of this study, the researcher recommends that the programme implementers and policy makers ensure that a comprehensive, practical participatory framework is in place in order to provide
beneficiaries with platforms for participating in the programme for instance through coming up with a mechanism for public engagement in the designing, implementation, monitoring and benefits evaluation of the intervention. The researcher further recommends that the programme has institutionalized, scheduled and systematic monitoring system at all levels e.g. conducting community-based monitoring activities on a routine basis. The researcher also recommends that the programme beneficiaries be actively involved in all the activities of the intervention and most importantly in the M&E of activities of the programme and hence ensuring their participation. This will ensure that the beneficiaries who are undeserving are exited from the programme. It will also help in determining the eligibility of those who are enrolled into the programme and those who are to be exited from the programme based on the CT-OVC programme’s eligibility criteria.
References


APPENDICES

APPENDIX I: LETTER OF INTRODUCTION
Dear Participant,

My name is Hilda Wavinya Mbatha, a postgraduate student at University of Nairobi. I am carrying out a research in order to get the beneficiaries’ perceptions on the extent of success of the Cash Transfer for Orphans and Vulnerable Children Programme in Embakasi Sub-County, Nairobi. I would like to gather some information from you which will assist in this study. The information you will provide will be treated with utmost confidentiality and shall only be used for research purposes. Your responses will not in any way be used against you as far as the programme is concerned. Your assistance in giving the much-needed information for this study will be of great value to this research.

Thank you in advance.

APPENDIX II: PARTICIPANT’S CONSENT
I have clearly understood the objectives of this study as made known to me by the researcher. All my concerns about my involvement in the study have been well answered. I hereby consent to take part in the study.

(Please select appropriately). Yes [ ] No [ ]

Signature____________________
APPENDIX III: SEMI-STRUCTURED INTERVIEW GUIDE FOR PARTICIPANTS (CAREGIVERS)

My name is Hilda Wavinya Mbatha, a postgraduate student at University of Nairobi. I am conducting a research on the performance of Cash Transfer for Orphans and Vulnerable Children Programme in Embakasi Sub-County, Nairobi for my Master of Arts Degree in Monitoring & Evaluation of Population and Development Programmes. I kindly request you to allow me to ask you some questions on this subject. All information provided will be treated with utmost confidentiality and used for research purposes only. Your participation in the study will not affect any benefits/services you are getting from this programme.

Date of the interview: ______________________

Gender: _______________________________

Age range: [20-29 years] [30-39 years] [40-49 years] [50-59 years] [60-69 years] [> 70 years]

1. How did you know about the CT-OVC programme? ______________________________

2. How long have you been in the programme? ____________________________________

3. What does the CT-OVC programme aim to achieve? Please explain__________________

4. How many orphans and vulnerable children [0-17 years] are living in this household? ______________________________________________________

5. What is the relationship between you and these children? _______________________

6. What is the sex of these orphans and vulnerable children? ______________________

7. What is the age range of these orphans and vulnerable children? __________________

8. What kind of orphans are you taking care of? Please explain______________________

9. Is any child or member of this household chronically ill? If yes, state the ailment______________
10. Is any child or member of this household living with disability? If yes, please explain their status of disability______________________

11. What benefits do you get from the programme? Elaborate on this?
______________________________________________________________________________

12. Are these benefits regular? Please elaborate on your response
______________________________________________________________________________

13. In your opinion, has the programme had an effect in your children’s schooling? If “Yes”, What are these effects? ________________________________

14. Has the programme brought about any changes in regard to access to food in your household? If “Yes” please elaborate ________________________________

15. Has the programme led to any changes in regard to the health of your household members? Give a reason for your response
______________________________________________________________________________

16. How do you perceive the cash transfer support?


Please give a reason for your rating? _______________________________________________

17. Do you prefer this kind of support? Why?
______________________________________________________________________________

18. Do you think that the right people are benefitting from the programme? Why?
______________________________________________________________________________

19. Are there any challenges you have experienced in relation to this support? If yes, please state and explain____________________________________________________________

______________________________________________________________________________

20. What do you think can be done differently? Give suggestions
______________________________________________________________________________

______________________________________________________________________________

21. Is there anything you would like to add? _________________________________

Thank you for your time.
APPENDIX IV: SEMI-STRUCTURED INTERVIEW GUIDE FOR KEY INFORMANTS

My name is Hilda Wavinya Mbatha, a postgraduate student at University of Nairobi. I am conducting a research on the performance of Cash Transfer for Orphans and Vulnerable Children Programme in Embakasi Sub-County, Nairobi, for my Master of Arts Degree in Monitoring & Evaluation of Population and Development Programmes. I kindly request you to allow me to ask you some questions on this subject. All information provided will be treated with utmost confidentiality and used for research purposes only.

Date of the interview: ________________

Gender: ________________________________

1. Are the beneficiaries of the CT-OVC programme within Embakasi Sub-County, Nairobi aware of the programme’s objectives? ____________________________________________

2. Do you feel that the beneficiaries fully understand these objectives? Please give a reason for your answer ____________________________________________

3. How were the beneficiaries informed about the programme and its objectives? Elaborate ___________________________________________________________________________

4. Do you feel that the CT-OVC programme is on track to meet its objectives? Why? _________________________________________________________________

5. In your opinion, are the right people benefitting from the programme? Why? _________________________________________________________________

6. In your opinion, has the programme led to any changes in the beneficiary children’s schooling? Why? _________________________________________________________________

7. Are there any changes realized in regard to the health of the beneficiary households since they started benefitting from the programme? Elaborate ________________________________________________________________

8. Are there any changes realized in terms of food consumption and nutrition in the beneficiary households? If “Yes” please state these changes ________________________________________________________________

68
9. Are there any other changes (positive or negative) that have been realized in the community as a result of this programme?

10. What is the evidence that this programme is responsible for these changes?

11. How do you feel the beneficiaries perceive this kind of support?

|-------------------|------------------------|---------------------------|---------------|-------------------|

Give a reason(s) for your rating

12. What challenges are the beneficiaries facing in regard to this support? State and explain

13. Do the beneficiaries feel that something more could be done about the support? Why?

14. If more could be done, does the programme design cater for these changes?

15. In your opinion, what do you think can be done to improve the programme?

16. Is there anything you would like to add?

Thank you for your time