# *INFLUENCE OF CASH TRANSFER PROGRAMMES ON HEALTH AND NUTRITION OUTCOMES AMONG* HOUSEHOLDS: A CASE OF MIDDLE SHEBELLE REGION IN SOUTHERN SOMALIA

BY

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This Research Project Report Is Submitted In Partial Fulfillment for the Award of the Degree of Master of Arts in Project Planning and Management of The University of Nairobi

2018

Humanitarian intervention – Somalia
Humanitarian assistance – Somalia
International relief – Somalia

Humanitarian intervention in relation to [illegible] relief
or a medical assistance
Cash transfer in relation to [illegible] (Health and nutrition)

## DECLARATION

This research project report is my original work and has never been presented to any other university.

Signature: ..... Date: 11th Dec 2018

**Nelly Muriithi**

L50/79943/2015

This research project report has been submitted for examination with my approval as the university supervisor.

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## DEDICATION

I dedicate this project report, to my children Nevyn and Naythan for their unwavering support and being there for me during this season of my studies, to my parents for laying down the foundation of success and being a source of inspiration and to my brother and sisters for their prayers and support during my study period at the University of Nairobi. I also dedicate this research project report to all humanitarians who are working tirelessly for a better Somalia. May the Lord bless you all.

## ACKNOWLEDGEMENT

I am greatly indebted to my supervisor Dr. Anne Aseey for her enormous assistance and couching in designing and compiling this research project. I would also like to acknowledge and thank all the lecturers in the department of project planning and management for their contribution in facilitating the sharpening of my skills. I wish to also pass my regards to the University of Nairobi for giving me an opportunity to advance my career.

My heartfelt gratitude also goes to my parents Joseph and Pauline Muriithi; to my siblings; Irene, Tony, Grace and Esther for their cheering on and great encouragement during the two-year course of study. My gratitude also goes to all my friends who we have walked this journey together. Thank you for the moral support.

Last but most importantly, I acknowledge the Almighty God who kept me in good health and provided the resources that I need to carry out this research. Thank you Lord Jesus!

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## ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| **CBOs** | Community Based Organizations |
| **CCTs** | Conditional Cash Transfers |
| **CT-OVC** | Cash Transfers for Orphans and Vulnerable Child |
| **CTPs** | Cash Transfer Programmes |
| **CTs** | Cash Transfers |
| **FAO** | Food and Agriculture Organization |
| **FFE** | Food-for-Education |
| **FSNAU** | Food Security and Nutrition Analysis Unit |
| **INGO** | International Non-Governmental Organizations |
| **LMICs** | Less and Middle Income Countries |
| **NGOs** | Non Governmental Organizations |
| **NRC** | Norwegian Refugee Council |
| **OPCT** | Older Persons Cash Transfer |
| **PWA** | Post-War Average |
| **SCTs** | Social Cash Transfers |
| **SSA** | Sub Saharan Africa |
| **UCTs** | Unconditional Cash Transfers |
| **UN** | United Nations |
| **UNICEF** | United Nations Children's Fund |
| **WFP** | World Food Programme |

## ABSTRACT

This study aimed at examining the influence of Cash Transfer programmes on health and nutrition outcomes among the households in Middle Shebelle Region in Southern Somalia. The study was guided by the following objectives: to establish the influence of conditional cash transfer programmes on health and nutrition outcome in Middle Shebelle Region in Southern Somalia; to examine the influence of unconditional cash transfer programmes on health and nutrition outcome in Middle Shebelle Region in Southern Somalia; to assess the influence of criteria used in cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle Region and to determine the influence of M&E of cash transfer programme on health and nutrition outcomes among households in Middle Shebelle Region. This study employed descriptive research design. The study thus employed qualitative and quantitative methods. To achieve qualitative data, the study used both key informant interviews and focused group discussions. FGDs included groups of people benefitting from cash transfer while KIIs targeted community leaders and officers in charge of cash transfer program. Quantitative methods were used to collect information from beneficiaries, their spouses and head of household in different household levels by use of questionnaires. The study used purposive sampling. The individuals included in the study were household heads, community leaders and program officers. Purposive sampling was used to identify individual and households that were participating in Cash Transfer Programs. Data was collected by use of primary means of data collection. Thus the following instruments were used; questionnaires, key informant interviews (KIIs) and focused group discussions (FGDs). Collected data from all the instruments was thoroughly checked before analysis was done. Quantitative data was coded using SPSS version 21. Data was analyzed using frequencies, percentages, means and standard deviation. Presentation was mainly in form of tables. Qualitative data was analyzed using content analysis. The arising themes from each objective were noted and explanation thereafter done. Findings show that majority of the respondents received conditional cash transfer. The study further concludes that women and old people are more vulnerable to poverty and limited access to alternative empowerment opportunities. The study finally concludes that cash transfer program have played a significant role in improving health and nutrition outcome of the beneficiaries. The study recommends that program owners should consider improving the infrastructure. The government should improve security by encouraging the residents to go in groups when accessing their cash transfer. The NGOs should consider offering counselling program to the cash transfer beneficiaries. The program officers should consider issuing electronic cash as opposed to liquid cash.

# CHAPTER ONE: INTRODUCTION

## 1.1 Background to the Study

In 2012, of 6.6 million kids below five years who died 50% of the deaths were as a result of malnutrition (UNICEF, WHO, WB & UN, 2013). Most cases of under-nutrition are highest in countries whose poverty level is prevalent that is at least 40% (Bryce, Coitinho, Darnton-Hill, Pelletier & Pinstrup, 2008). In order to reduce mortality rate, sources of income among the poorest is key. One of the ways addressing the vice and improving health among the poor is through cash transfer (CT) (Black, Victora, Walker, Bhutta & Uauy, 2013). Cash transfers are cash payment to the poor or group of people in distress with an aim of improving their living standard in terms of health or education (Fiszbein, Schady & Ferreira, 2009). FAO define Cash Transfers as instruments intended for saving lives, restoring livelihoods and increasing resilience through promotion of agriculture production during disaster period (FAO, 2012a).

Humanitarian food have in the past been the most common method of response to food insecurity and has served to keep individuals alive or take them back to their original position (Braun, Hill & Pandya-Lorch, 2009). CTs have turned out to be compelling instruments for enhancing a few parts of food security including access, accessibility, steadiness and use (Fiszbein *et al.*, 2009). There is growing interest for CT programs as a method for reducing destitution and weakness (Arnold, Conway & Greenslade, 2011). The effect of CTs starts with the beneficiary, and afterward grows to the family unit, the society, and finally the nation, implying that numerous individuals can really be said to be recipients of cash transfer than simply those individuals who get them (Bastagli, Hagen-Zanker, Harman & Pellerano, 2016).

Sub-Saharan Africa is home to probably the most nutritiously unstable individuals in the world (Adato & Hoddinott, 2008). Bad infrastructure and constrained resources in addition to strife, HIV and inaccessibility to health services are some of the factors that contribute to food insecurity and malnutrition in the Region (Davis, Handa & Hypher, 2016). In spite of these tremendous difficulties, a few nations in Africa are gaining ground towards nourishment and food security (Fanzo, 2012). However, access to

nutritious food continuous to be a noteworthy challenge in many African countries as most diets in these countries consist of grains or root stable crops with little proteins, vegetables and fruits (Fanzo, 2012). The latter are not easily accessible due to cost, unavailability or little information concerning their importance in diet (Garcia, Moore & Moore, 2012).

In Africa, a few programs plot move estimate in connection to food insecurity and destitute, which is suitable if the program has objectives related to food security. Ethiopia's PSNP-DS family unit transfer is around 10% of the total amount for the poor (World Bank, 2010a). Senegal's cash transfer program is approximately 14% of the total food basket incentive in family units with four grown-ups (World Bank, 2009a). Tanzania's cash transfer gives benefits that equivalent portion of the food neediness line for every tyke and advantages that equivalent the nourishment destitution line for the elderly (Evans, 2008). Lesotho's Old Age Pension was initially set to take care of the expense of meeting 75% of the insignificant caloric needs of a family unit of five (Croome, Nyanguru & Molisana 2007). Zambia's Kalomo cash transfer of roughly US$10 per family was viewed as inadequate to cover the destitution gap however enough to pull individuals from severe poverty (World Bank, 2010a).

Somalia is home to one of the world longest running emergencies and is a standout amongst the most troublesome philanthropic working conditions globally. The UN announced a starvation in parts of Somalia from 20 July 2011 which had affected nearly 3.1 million individuals. Of this, a total of 2.8 million were from South Central Somalia (Jerving, 2018). The reasons for the starvation incorporated a progression of failed downpours and a quick increment in food costs. This convoluted an officially troublesome circumstance described by progressing common war and instability, absence of philanthropic access, politicization of help by Al Shabaab and donor guidelines coupled with the unsuccessful and irresponsible government. Failed government in the Region and attacks by terror groups contributed to the withdrawal of chief food donors thus the discontinuance of the essential methods for tending to food insecurity emergencies in Somalia up to date (Norwegian Refugee Council, 2015).

Since 2011 NRC Somalia has adopted a variety of CTP schemes in order to pilot and learn how best CTP can be used to achieve food security objectives (Manley & Slavchevska, 2016). In 2005 Government of Somalia and UNICEF began executing the pilot CT-OVC (UNICEF, 2012). With regards to high HIV and AIDS rates, the pilot aimed at energizing the reception/cultivating of orphans, decrease poverty and advance family unit investment in education, health and nutrition. The money exchange approach was executed in Somalia as right on time as 2003. As a methodology it is has developed widely particularly since the starvation assertion in southern locales in 2011 (DIM, 2012). Subsequently the degree of the food security emergency, CTs reactions were scaled up by an assortment of philanthropic performers coming to about 1 million individuals inside 2 to 3 months (Save the Children, 2012). This quick scale up at short notice amid the pinnacle of the emergency was conceivable in light of the fact that local and Region al markets kept on working great in spite of the perplexing security progression in Somalia and the entrance challenges these made for helpful associations (WFP, 2011a). In Somalia families either get extra pay for nutrition and health and education costs contingent on kids going to class and individuals going to wellbeing focuses or families get extra pay for these costs. There have been no official conditions requiring the beneficiaries to invest in these vital social services (UNICEF, 2012).

Middle Shebelle Region is the food basket of the Shebelle Valley Region and the country in terms of farming and livestock production (FSNAU, 2011a). It is also one of the preferred region by most humanitarian organization because of the density population which is estimated nearly 2.5 to 3.0 million inhabitants whom most of them are pastoralists' agro pastoralist and farming communities (NRC, 2012). Middle Shabelle is one of the bread baskets of Somalia, and in previous times accounted for 80 per cent of cereal production. However, the nutritional situation in Middle Shabelle is at famine level and still deteriorating (FAO et al., 2012a). Crop production declined to 46 per cent of 1991 post-war average (PWA) (FSNAU, 2011a). Food insecurity is exacerbated by increased food prices, lack of income opportunities, limited humanitarian assistance and the recent ban on some humanitarian agencies from the Region by the Al Shabaab.

## 1.2 Statement of the Problem

For years, policymakers in third world nations and donor agencies such as the global monetary offices expelled the possibility that poverty elimination could be changed through money exchanges (FAO, 2012). This is on the grounds that they depended to a great extent on social protection and means-tried social help for those influenced by specific possibility dangers, for example, joblessness, accidents, old age or handicap, and numerous had confidence in public works. According to Kirera (2012), there is a mounting development for CTs and even all inclusive income donations in nations where it is usually guaranteed that no acceptable plan of social security is fiscally practical.

Cash Transfers as a model of cash aid programming has gained wide popularity in the developing world and more specifically in the Sub-Saharan African (Davis *et al.*, 2016). CTs have turned out to be compelling devices for enhancing a few parts of food security including access, accessibility, steadiness and usage (FSNAU, 2011a). CTs give recipients buying power and promptly increment access to nourishment and in addition to basic farming sources of info, products and enterprises, helping them address essential issues and mirroring their inclinations (FAO, 2012). CTs bolstered by FAO are normally connected to horticultural creation bolster, for example, expanded access to water system, quality seeds, manures or expansion administrations (DFID, 2011). CT projects can empower labour-poor family units to get to contracted work or long periods of motorization. CTs likewise invigorate agricultural information providers and their associations with end clients, for example, those delivering enhanced seeds and high caliber, privately adjusted cultivating devices. Consolidated, these components add to expanded food accessibility through more prominent efficiency (FAO, 2012).

Standing (2008) has noticed that CTs programs is being favored over food relieve in light of the fact that with food help markets are twisted, in a few occurrences it can be an unseemly guide when individuals don't really require food as such. Food encourages a feeling of compassion and much of the time if given food yet wage is required the provisions are sold. Smith (2009) includes that CTs is worthwhile over food and in-kind exchange since they have low exchange costs and with currency markets react adequately. Devereux (2005) contends that CT is an activity that goes past crisis food

relieve, feeding programs and public works. Mhiribidi (2010) contend that CTs are a genius poor way to deal with welfare conveyance that intend to consolidate the socially rejected through revitalizing income capacities.

Somalia remains as one of the countries with the world longest running emergencies and is a standout amongst the most troublesome charitable working conditions globally. Middle Shebelle Region in Southern Somalia continues to be at the center of one of the Somalia's biggest humanitarian emergencies with severe recurrent drought exacerbated by poor long term goals despite the fact that different emergency drought mitigation measures have been put in place with no success. The aid agencies efforts to distribute food and other humanitarian aid have been hampered by unpredictable terror attacks. Many have thus resorted to use of cash transfer as their form of aid. This study seeks significance of conditional cash transfer and unconditional cash transfer on health and nutrition outcomes. The study thus seeks to understand the influence of cash transfer on health and nutrition outcomes.

### 1.3 Purpose of the Study

Purpose of the study was to investigate the influence of Cash Transfer programmes on health and nutrition outcomes among the households in Middle Shebelle Region in Southern Somalia.

### 1.4 Objectives of the Study

The following objectives guided the study;

i. To establish the influence of conditional cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle Region
ii. To examine the influence of unconditional cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle Region
iii. To assess the influence of criteria used in cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle Region
iv. To determine the influence of monitoring and evaluation (M&E) of cash transfer programme on health and nutrition outcomes among households in Middle Shebelle Region

## 1.5 Research Questions

The study sought to answer the following questions;

i. What is the influence of conditional cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle?
ii. What is the influence of unconditional cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle?
iii. What is the influence of criteria used in cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle?
iv. What is the influence of monitoring and evaluation of cash transfer programme on health and nutrition outcomes among households in Middle Shebelle?

## 1.6 Significance of the Study

The study findings may be of importance to the different donor agencies around the world as they will be able to come up with policies that suit the programs.

The study may also provide information to community leaders in Middle Shebelle Region on ways of improving cash transfer programs in the area.

The study findings may be significant to the Somali government in identifying the individuals in need of cash transfer. The government may therefore come up with relevant policies on how to strategise cash transfer program in the country.

Fellow scholars in this field may benefit from the study as the findings and recommendations for this study may act as a foundation to their future researches.

## 1.7 Limitations of the Study

Some respondents feared disclosing information about the challenges they were facing as they thought their responses might affect their selection in the next round of the target beneficiaries. (The study was conducted in Middle Shebelle Region of South part of Somalia where CTP is being practiced and therefore hard to draw general conclusions. However the researcher selected respondents that were purely engaged in CTPs and with very good understanding of the programme. Therefore the data collected was representative enough to enable the researcher to draw general conclusions.

### 1.8 Delimitations of the Study

The research was conducted in Middle Shebelle Region in South Central zone of Somalia more specifically it targets the elderly, women, poor, orphaned and vulnerable children. The study location is convenient to the researcher in terms of accessibility. Community leaders, local government administration and the various implementing agencies (CBOs, UN Agencies and INGOs) formed part of the study.

### 1.9 Basic Assumptions of the Study

One of the basic assumptions that the study made was that the current conditions in Shebelle Region in Somalia would remain constant and cases of war or terrorist attack would not happen while carrying out the study. The study also assumed that the respondents were comfortable sharing information based on the cash transfer program.

### 1.10 Definition of significant Terms

**Cash transfer:** are direct transfer payments of money to people in need such as victims of accident, refugees and displaced persons

**Conditional cash transfer:** refers to money paid to beneficiaries with specified needs on its utilization such as school fees, medical expenses etc

**Criteria:** is the basis used to determine who to be issued with cash transfers and the amount to be given

**Food insecurity:** refers to the condition where one or group of people fails to access enough food or food that meets nutrition needs

**Health & Nutrition:** this is a state where one is free from any external or internal ailments

**Monitoring and evaluation:** is the state of continuous assessment and examination of an ongoing project to see it progress

**Unconditional cash transfer:** refers to cash issued to a group of persons in need without specifying their utilization

### 1.11 Organization of the Study

This research project was organized into five chapters, the introductory chapter being inclusive. The next chapter reviews both the theoretical and the empirical literature on study topic. The literature review presents the theoretical framework, empirical review and conceptual framework of the area under study. Chapter three comprises research design, population and sampling procedure, research instruments-validity and reliability of the research instruments, data, research collection procedure and analysis procedure. Chapter four is the presentation of data and actual analysis, Chapter five presents a summary of findings, discussions, conclusions and recommendations.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Introduction

This chapter reviews literature on concepts that underpin the influence of cash transfers (CTs) Programmes created assets with the aim of forming a theoretical basis for the research. The literature review encompasses a background on cash transfers (CTs) programmes on health and nutrition outcomes, the concept of CT programmes, criteria of cash transfers, and M&E of cash transfer. The chapter further summarizes the research variables using conceptual framework before finally detailing the research gaps.

## 2.2 Health and Nutrition Outcome

The vast majority of households use their grants on food grains which have led to improvement of health among older people (Uprety, 2010). Similar findings have further been realized in the assessment of Malawi's Food and CT which indicated that 75.5% of the transfer was usually spent on groceries. In a study in Lesotho, Croome & Nyanguru, (2007) noted that the elderly who received OPCT funds never went hungry and their number grew from 19% to 48% after the pension was introduced.

Asfaw *et al.*, (2012), reported that beneficiary households used considerably more dairy/eggs and meat/fish as compared with control households; principally true for smaller households and those that was female-headed. Receipt of CT led to a 15% point raise in the share of small sized households on the accumulation of some productive assets. The impacts are prevalent for small households because the transfers are even across household size. Expenditure effects of the CT lessen with household size, particularly when the CT is even

## 2.3 Conditional Cash Transfer Programmes on Health and Nutrition Outcome

Conditional cash transfer makes pre-determined interests in the human capital of their kids" (Fiszbein & Schady, 2009). Health and nutrition are normally the pre scribed investments for most programmes. CCT programmes focus on two clear objectives namely seeking to provide a 'consumption floor for the vulnerable communities and

encouraging the development and accumulation of human capital in order to break a vicious cycle where poverty and/or vulnerability is transmitted across generations. CCTs initially started on a small scale, for example in Mexico only 300,000 beneficiary households started the programme in 1997 and this has since grown to over five million beneficiary households (Fiszbein & Schady, 2009).

Son (2008) highlights that the primary necessity of CCT programs is that beneficiaries focus on embraced certain conduct changes as an end-result of the exchanges, for example, enlisting youngsters in school and keeping up satisfactory participation levels, getting pre-birth and postnatal social insurance medicines, and urging youthful kids to experience development observing, vaccination and occasional checkups. In Nicaragua according to Rawlings & Rubio (2003), usage in family units accepting conditional CTs were kept up amid a time of low coffee costs and a dry season; families in a control amass encountered a sharp decrease in utilization.

Robertson *et al.*, (2013) indicates that the reason why conditional cash transfers record massive impacts and those were outlined in the evaluation of the project *Red de Proteccion* Social in Nicaragua. *Oportunidades* in Mexico, *Bolsa Escola* and *Bolsa Familia* in Brazil, Food-for-Education (FFE) in Bangladesh, *Programmea de Asistencia Familiar* in Honduras, Program of Advancement in Jamaica and Subsidio Unico Familiar in Chile (Robertson *et al.*, 2013). Fields *et al.* (2007) in Latin America discovered that if these vacillations are adequately serious, they may influence interest for tutoring or health ventures, conceivably with long haul outcomes.

Nicaragua, Maluccio (2010) conducted a research using panel survey with perceptions when program execution. This examination found out that that the profited families from the *Red de Protección* Social program designated huge amount for short term consumption. Past transfers did not have any effect on current usage. Study by Ventura *et al.* (2009) overview of profited families from the program Mi Familia Progresa; 94.5% of the families said that the primary utilization of the exchange was apportioned to food spending then school supplies (65%) and attire (44.5%). Similarly Attanasio & Mesnard (2006) study in Colombia found out that families' allocated money on food spending,

*Familias en Action* recipient families expanded their usage of kids' attire and education came last.

According to Fiszbein and Schady (2009) straightforward redistribution of current assets might have the capacity to decrease the productivity costs. For example a direct transfer of cash to a credit constrained family failing to make a profitable investment in their children's education will empower them to attempt a proficient undertaking that would somehow not have occurred. In so doing the CCTs will have made the poor person better off and efficient.

Leroy, Ruel and Verhofstadt (2009) looked into the verification with respect to the effect of CCT programs on kids' nutritional results, utilizing a program theory framework. They built up a program impact display and orchestrated confirmation with respect to the pathways through which CCTs may enhance kid nourishment. CCT programs essentially enhance children growth yet have next to no effect on micronutrient status. The projects likewise positively affect a few of the results in the pathways to enhanced sustenance. The study found a huge gap in learning about the systems by which CCT programs enhance nourishment.

DIFD (2006) study in sub-Saharan Africa. people reported that cash transfer programs had both positive and negative impacts on the individual, intra-family unit and society level. At the individual level: in all nations, recipients said the CTs programs had expanded their feeling of self-esteem, confidence, self-assurance, pride, and self-assuredness. The program empowered them to address their own issues and add to the family unit wage/costs, and additionally offering more noteworthy security, more control over their lives, more flexibility of use and a level of financial autonomy. The DIFD (2006) study further indicated that a few people had possessed the capacity to fabricate their own particular capital and enhance their jobs, frequently utilizing the move to put resources into gainful exercises or access credit. In conclusion, the cash transfer programs impacts positively on the life of beneficiaries and their families. This study therefore sought to evaluate whether the same applies in Kibera informal settlement in Nairobi.

**2.4 Unconditional Cash Transfer Programmes on Health and Nutrition Outcome**

Unconditional CT programs don't have conditions connected to them, except for extensively characterized qualification classes (Garcia, 2012). UCTs for charity aid are utilized to seek after differing central objectives. One goal can be to forestall lack of nutritional needs among focused people or gatherings by decreasing food instability. Another goal is to encourage access to wellbeing and more extensive social administrations, which are every now and again charge situated in LMICs. Research has affirmed that reliably at any rate some portion of the extra pay from UCTs is spent on wellbeing administrations (Harvey 2006).

UCTs strengthen local creation and sale of local products while direct transfer of such products may affect their production and purchase in the Region. Bailey (2007) showed that beneficiaries of trade out the estimation of such a pre-pressed bundle just spent a little extent on things that are typically part of such bundles. UCTs might be considerably more quickly conveyed for instance, extremely inaccessible geographic Regions since they don't need the manufacture, transport and conveyance of wares. UCTs are less inclined to misfortune from debasement than in kind benefits with regards to calamity (Heltberg 2007).

According to Schubert and Slater (2006), the unconditional use of CTs may cause unwanted expenditure. Muchunje and Mafico (2010), suggest that the value of cash should not be limited to ability to support the achievement of their objectives but should ensure the protection of society most vulnerable. UCTs do not necessitate their beneficiaries to follow with recommended conditions, conceivably making UCTs moderately less deriding; all the more engaging; more transformative separately and socially; and, consequently, more wellbeing advantageous (Popay, 2008). While quality and access of wellbeing significant administrations is essential as far as wellbeing impact for both UCTs and CCTs, molding money exchange on take-up of administrations that are low-quality or out of reach is probably not going to include medical advantages. Correspondingly, building the authoritative and observing structures for a CCT amid a debacle is testing and might be so tedious that it significantly defers the receipt of

fundamental wellbeing administrations. UCTs may likewise be more cost-effective in LMICs (Schubert, 2006).

CTs facilitate breakage of intergenerational destitution interfaces by guaranteeing that 'youngsters are better sustained, are more beneficial and have more training than their folks' (Hanlon et al., 2010). Cash transfer is an investment and not a charity as it enables recipients to take control of their own advancement and end their own neediness. CTs demystify the conventional conviction that the needy individuals are somewhat in charge of their predicament. CTs also allow individuals to take part in the economy and build themselves and their nations (Riddell, 2008)

Samson (2009) has contended that CTs programs successfully handle hazard, weakness and destitute from numerous points of view. The cash given specifically secures utilization, empowering family units to all the more likely adapt to the two stuns and perpetual destitution. The development effects of CTs programs help to break destitution. They especially advance children health, nutrition and education needs thus cutting off intergenerational destitution (Samson, 2009). In a similar version he likewise contends that the monies give a crucial hazard administration instrument for poor people.

A study done in Kenya at Makueni and Busia observed that CT was used to purchase basic household necessities (food, beddings, clothes etc.), buy housing materials (shelter), civil registration, meeting school requirement levies, uniform, extra-tuition and paying health bills (Ouma, 2012). These expenses are greatly related to the strategic health and education goals. Findings indicated that the programs helped in sustaining day to day activities such as small start ups, domestic keeping, merry go rounds and subsistence farming. On many occasions, approximately 75% of the cash transfer was consumed while the rest was invested. The study further found out that the programs was faced by different challenges such as unwanted authority from the male recipient on how to use the cash with majority spending the money on alcohol (Ouma, 2012).

### 2.5 Criteria of Cash Transfer Programmes on Health and Nutrition Outcome

National Gender and Equality Commission (2014) study noted that most beneficiaries of various cash transfer programs are women, perhaps due to their historical vulnerability to

poverty and limited access to alternative empowerment opportunities. The findings of the study pointed out that 13% of the beneficiaries did not have direct dependents in the household. All these respondents were elderly living alone. The majority of the beneficiaries had dependents mainly family members (National Gender and Equality Commission, 2014). Among beneficiaries with dependents, 52% lived in households with dependents of ages 18 and under. Further, the study established that 70% of the households of the beneficiaries were generally from the lowest wealth category (National Gender and Equality Commission, 2014).

According to Ressler (2008) older persons are the most impoverished group with the majority of them being trapped in misery through effects of both low income and poor health. The traditional family support is increasingly unable to cope with this problem. In today's world, extended families are tending to break down and children are unable to take care of their parents, and so a majority of older persons face misery. The emerging demographic profile and socioeconomic scenario indicate that matters will worsen significantly in the years to come if measures are not taken (Bachelet, 2011). However, since the inception of OPCTP, value has been added to the socio-economic and political lives of the older persons by meeting some of their needs and those of the dependents, community and the nation at large (Bachelet, 2011).

In Brazil, an International Labor Organization (2009) study noted that, Bolsa Família enabled a participating family achieve basic food security by more than half. In India, ILO noted that, women working in MGNREGS reported less hunger, as well as enhanced ability to buy food in bulk at lower prices. In Mexico, women participating in *Oportunidades* bought more proteins, vegetables, and fruits. In addition, it improved their nutrition, which finally contributed to lower rates of anemia among pregnant and lactating women. CT programs have also been revealed to enhance women's use of health care services in Chile and Mexico.

Eldomold *et al.* (2001), add that smaller households are better than larger household. They argue that increase in household size puts extra burden on the family. The larger the household size, the larger the resources required to meet the basic needs of food and other necessities. The number of children in the household influences spending decisions and

determines how cash transfers are utilized in the household. The amount of money received from cash transfer get in to household purse to increase monetary income of household. McKay, (2001) also posits that large household size experiences poverty relatively to their counterpart. According to Aniceto *et al.* (2005), large family size reduces household saving, lowering the already low national saving. Therefore, vulnerability to poverty increases with family size.

UNICEF (2007) identified the size of the household and the person who controls the cash transfer at household level as significant determinants on the impact of social CTs on the well-being of members of beneficiary households. Apart from imposing conditions on the cash transfer, other motivators within the benefitting households may determine how effective the resources are utilized for the OVC. The study examined possible determinants in the effective utilization of Cash Transfer for OVC such as the level of education of caregivers, the household size, and gender of caregivers and complimentary services to be utilized (UNICEF, 2007).

Diepeveen & Stolk, (2012) indicate that caregivers who have many children in their household have difficulties in getting birth certificate for all children. They state that children have a lot of demands and the CT is insufficient to cover all expenses. Family size might affect the marginal benefit of changing behaviour or influence perspectives on the most appropriate way to spend cash resources. The impact of CTs start with the beneficiary, and then the household, expands to the entire and, ultimately, the nation. This means that many individuals can essentially be termed as beneficiaries of CTs than just those persons who get them (Lund, 2011).

### 2.6 M&E of Cash Transfer Programmes on Health and Nutrition Outcome

WFP (2011a) state that cash programmes increase the volume of circulating money within a short time in communities and this may be inflationary as the traders increase their prices in order to curtail the demand from the programme beneficiaries. This will pose significant challenges for those people outside the programme. Security for the cash will always be a threat for the organization and for the beneficiaries (WFP, 2011a). This will require proper consideration and measures taken to ensure the security of both the cash distribution team and the beneficiaries after receiving the cash.

DIFD (2006) study noted that in all nations, recipients detailed that there were barely any, joins between the CTs program and other feasible vocation choices and salary creating exercises, despite the fact that there was an unmistakable interest for these. In Yemen and the OPCT stores, where business and occupation openings are extremely compelled and there are couples of alternatives for a leave system for the program, individuals remarked that the CT program could inflate reliance. DIFD (2006) noticed that, tensions in community receiving cash transfers were reported. Among the old, the tensions occurred due to a general absence of data and openness about program focusing on criteria.

Bangladesh Rural Advancement Committee (2007) concluded expenditure patterns revealed that nearly all recipients of the OPCT funds used the money for meeting their daily consumption needs. There were higher amounts of improved body-weight indicator for older beneficiaries than non-beneficiaries. According to Devereux (2011) in Namibia pensioners spent 13.8 percent of the cash they receive on health care for themselves and also to cover the other members of the household. Kimosop (2013) on a Makueni study about OPCT funds also noted that a good number of respondents indicated using cash transfer in meeting medical expenses of self and household members.

Todd *et al.* (2010) also note that CT programmes have a tendency to focus on shunning the intergenerational transfer of destitution by investing in the kids of the poor rather than developing the production of poor adults. This is because the cash provided may help alleviate poverty in the short-run but not provide an exit out of poverty. Farrington *et al.* (2007) found that in some countries CTs have had positive socio-economic impact, contributing to poverty reduction. In other nations, Farrington *et al.* (2007) found out that CTs had no impact on poverty alleviation. On their part, Zezza *et al.* (2010) observe that social CT programmes may foster broader economic development impacts through changes in household behaviour and impact on the local economy of the societies. Such economic empowerment may in turn increase beneficiary household's revenue generation capacity and prevent detrimental risk-coping strategies.

A study conducted in the Malawian social cash transfer found evidence that the cash transfer helped influence economic development by enabling the poor to protect themselves against shocks, increasing their productive capacity and encouraging them to

investment, thus reducing the risk of sinking deeper into poverty through the predictability of transfers (Miller, 2009). The study further reported that the CT influenced economic development in the country by stimulating demand for local goods and services and supporting enterprises in rural areas. The same study compared non-recipients and beneficiaries at the same economic level after one year and reported that CT households experienced dramatic improvements in food security, with fewer days without food and more food stores (Miller, 2009).

According to Adato & Hoddinott (2010), social protection helps strengthen access to education, reduce chances of intergenerational transmission of poverty and accelerate economic growth. In the social protection discourse, most CT programmes lay a special emphasis on the education of the OVC yet little is mentioned on the literacy or the education of the caregiver or the household head and the bearing it has on the use of resources at the household level.

## 2.7 Theoretical Framework

### 2.7.1 Systems Theory

Systems theory is the work of Ludwig von Bertalanffy. He states that the changes that occur within a system happen due to the interactions and relationships with its environment and other systems (Friedman & Neuman, 2011). Systems theory is considered to be a comparative study of a wide diversity of systems, which in turn means that it remains very general in its assumption of how systems work (Stichweh, 2011). It studies the interactions between systems and their environment as well as smaller parts of the larger system (Friedman & Neuman, 2011). Von Bertalanffy refers to systems as having boundaries, which serves as distinctions from other systems and makes the system unique and precise. Though the boundaries are distinct, there are ways to interconnect and impact the system. A ways to interconnect with the system of for example the human being is through our five senses, or through microorganisms that can enter through our skin (Friedman & Neuman, 2011).

Like von Bertalanffy refers to the boundaries and interconnectedness, Stichweh (2011) suggests that the features of systems specifically are the interdependency of structures

and processes with its environment. It is described as processes continuously re-adapt to the environment and that the only way to respond to the external environment is self organization. The complexities of the environment hence trigger a "system-formation" (Stichweh, 2011). Stichweh (2011) means that input and output analysis is emphasized in the sense that systems are interconnected through input and output of resources – some as a result and some as the precondition of a process (Stichweh, 2011).

Friedman and Neuman (2011) mean that in its interactions with the external environment, each functioning system has the control over inputs and outputs. It refers to both non-tangible components, such as food or water, and non-tangible components such as information or knowledge that a system takes in. How much of these tangible components that gets through a system depends on the so-called level of permissibility the boundaries of the system has. The higher level of permissibility, the more a system interacts with its environment and thereby also having greater openness (Friedman & Neuman, 2011).

### 2.7.2 Theory of Change

Theory of Change consists of the context for the initiative/project and existing problem which the project is seeking to influence, the long term change an initiative/input is supporting, the process of change that the input will bring about and the assumptions or pre-conditions for the change to happen (Vogel, 2013). The theory emphasizes that the same input in different contexts is not expected to lead to the same outcome, since the process and assumptions might differ. It is assumed that the planning process with all stages included will lead to a questioning of what might influence and bring about change in a certain context, in the same way as it may not bring about change in another (Retolaza Eguren, 2011). The Theory of Change perspective is meant to encourage improvements and make planning and implementation of intervention more feasible and tailored for certain contexts (Vogel, 2012).

The theories used by many international organizations tend to be a mix of tested knowledge coming from research and studies and personal experiences and lessons learned. Guijt & Retolaza (2012) state that theory of change is a combination of believes,

vision and principles that guide actions across different operational and implementation contexts. Even though Theory of Change is a widely applied theory by a wide range of scholars, there is no commonly agreed definition of the theory. Nevertheless, there are at least three common features that seem to be agreed by most scholars, namely; "being explicit about the desired change, the methods to achieve change, and context analysis" (Guijt & Retolaza, 2012).

### 2.8 Conceptual Framework

The conceptual framework for this study is based on casual effect theoretical model. Figure 1 shows the relationship between independent variables and the dependent variable. The independent variables in this study are indicated by conditional cash transfer, unconditional cash transfer, criteria and M&E. The moderating variables are the government policies while the dependent variable is health & nutrition outcome with reduced ailments and low mortality rates as the indicators.

**Figure 1: Conceptual Framework**

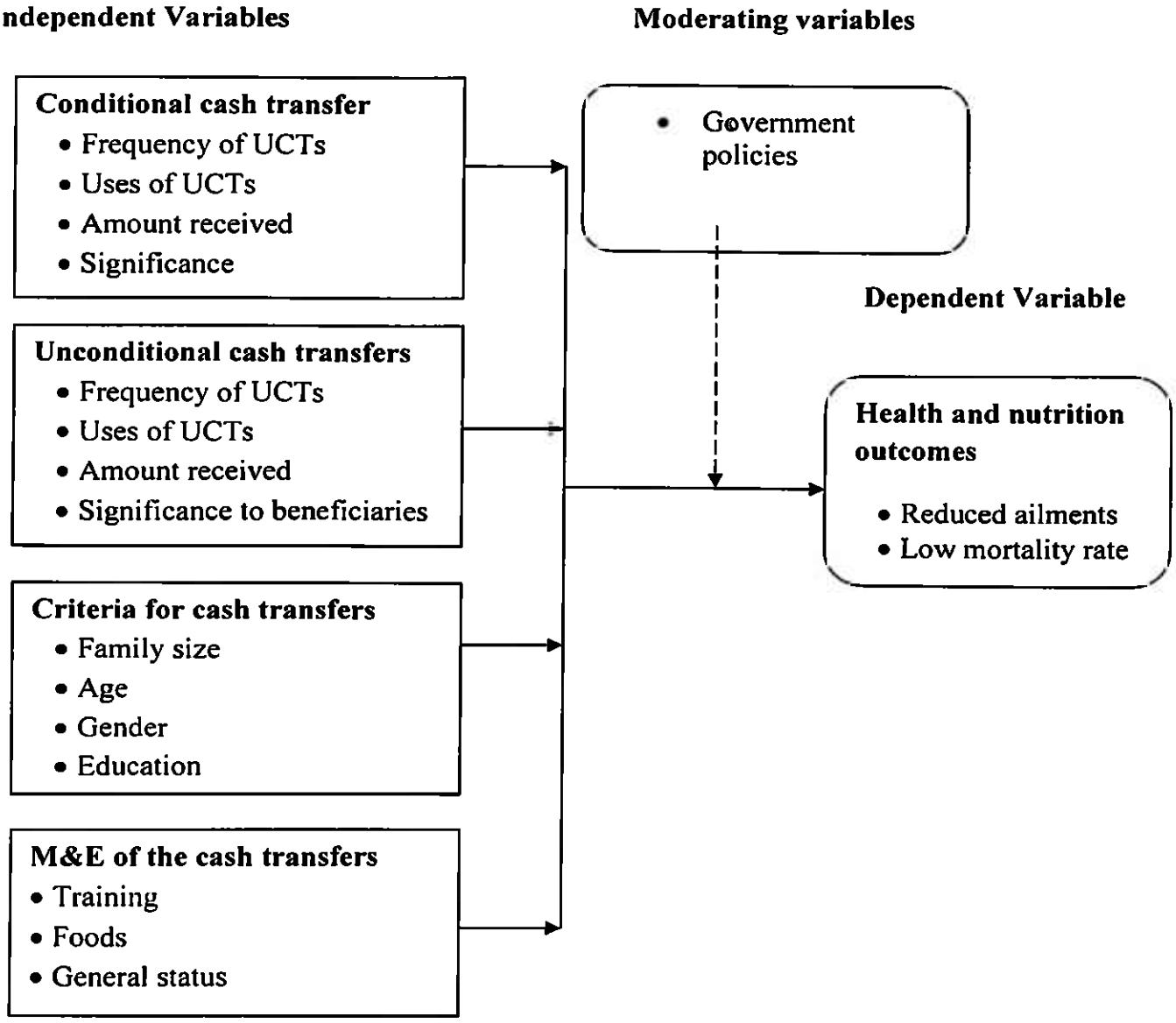


**Figure 1: Conceptual Framework**

### 2.8 Knowledge Gaps

Studies conducted on conditional cash transfer have established that the money is usually meant for drought relief, education and food. A study conducted in Nicaragua indicated that conditional cash transfers were mainly distributed during time of low coffee costs and a dry season (Rawlings and Rubio, 2003). Further study in Nicaragua by Maluccio (2010) found out that that the profited families from the *Red de Protección* Social program designated huge amount for short term consumption. In Columbia Attanasio &

Mesnard (2006) found out that families allocated money on food spending, *Familias en Action* recipient families expanded their usage of kids attire and education came last. Of the investigated studies, none has been conducted in Somali, Middle Shebelle Region. Few studies have carried out on the influence of unconditional cash transfer on health and nutrition income. Studies on criteria of cash programs have mainly pin pointed the women as the main beneficiary (National Gender and Equality Commission (2014). On criteria, number of children (Eldomold *et al.*, 2001; Aniceto *et al.*, 2005), age (Ressler, 2008; Bachelet, 2011).were found to be another criteria used. In considering our case, the study investigated other criteria used by donors in issuing cash transfer in Middle Shebelle Region, Somalia. The study further examined the influence of monitoring and evaluation on health and nutrition outcomes.

**Table 1: Summary of the Literature and Research Gaps**

| **Author** | **Area/ location** | **Study** | **Finding** | **Research gap** |
|---|---|---|---|---|
| Rawlings & Rubio (2003) | Nicaragua | Usage in family units accepting conditional CTs | Encountered a sharp decrease in utilization | Study targeted family units |
| Robertson *et al.*, (2013) | Nicaragua | Reason why conditional cash transfers record massive impacts | Conditional cash transfers influence interest for education or health | Targeted a different country from this study |
| Maluccio (2010) | Nicaragua | Perceptions on conditional cash transfers | Families from the *Red de Protección* Social program designated huge amount for short term consumption | Focused on users perception and not influence as per this study |
| Attanasio & Mesnard (2006) | Colombia | Usage of conditional cash transfer | *Familias en Action* recipient families expanded their usage of kids' attire and education came last. | Studied the usage of CCT only while this study focuses on the entire program |
| Leroy, Ruel and Verhofstadt (2009) | Mexico | CCT programs on kids' nutritional results | CCT programs essentially enhance children growth | Studied the usage of CCT only while this study focuses on the entire program |
| Schubert and Slater | LMICs | UCTs effectiveness | Unconditional use of cash transfers may | Study conducted in LMICs |

| | | | | |
|---|---|---|---|---|
| (2006) | | | cause undesirable spending | |
| Bastagli *et al.* (2016) | 19 countries | Impact of UCTs Programs | cash transfers improved both the quantity and the quality of food | Focused on impact of UCT only while this study focuses on the entire program |
| NGEC (2014) | Kenya | Beneficiaries of various cash transfer programs | most beneficiaries are women | Aimed at finding the main beneficiaries |
| ILO (2009) | Brazil | Whether LIC afford basic social security | Bolsa Família enabled a participating family achieve basic food security by more than half | Study conducted in a different country from this study |
| WFP (2011a) | Southern Somalia | Challenges and Opportunities for Market-Based Interventions | cash programmes increase the volume of circulating money within a short time in communities | Conducted long time ago and conditions may have changed hence the update from the current study |

### 2.9 Summary of the Chapter

The chapter has reviewed literature on concepts that underpin the influence of cash transfers (CTs) Programmes created assets with the aim of forming a theoretical basis for the research. The research objectives have been discussed in detail focusing on related literature in the same field. Two theories namely systems theory and theory of change have been linked to the study. Further the chapter has a conceptual framework that shows the relationship between the independent variable and the dependent variable. Finally, a research gap has been developed.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Introduction

Chapter three covers the step by step procedure on how, where, when and from whom data was gathered. The chapter thus covers the research design, target population and sampling procedure. Further the chapter focuses on the data collection instruments, procedures and piloting of the data. Finally in the chapter are the data analysis technique and the ethical considerations for the study.

## 3.2 Research Design

This study employed descriptive research design. The study thus employed qualitative and quantitative methods. To achieve qualitative data, the study used both key informant interviews and focused group discussions. FGDs included groups of people benefitting from cash transfer while KIIs targeted community leaders and officers in charge of cash transfer program. Quantitative methods were used to collect information from beneficiaries, their spouses and head of household in different household levels by use of questionnaires. Secondary data from the implementing partner's documents and records supplemented the findings.

## 3.3 Target Population

Target population refers to individuals or items to which the study will obtain its data (Cooper & Schindler, 2008). The target population was all households in Middle Shebelle Region that benefit from cash transfers. Middle Shebelle Region has over 1,000 households who benefit from CT programs and officers manning the programs. The study also targeted officer in charge of cash transfer programs in Middle Shebelle Region.

## 3.4 Sample Size and Sampling Procedure

In determining the objects or people to include in the study, sample size was used while sampling procedure is the means of sample selection in terms of number and type.

### 3.4.1 Sample Size

Sample size is a way of determining the items or individuals from the entire target population to be part of the study (Creswell, 2013). The study used the following formula to determine the sample size.

$$n = \frac{Z^2 pqN}{e^2(N-1) + Z^2 pq}$$

**Where**

n = sample size

N= target population

p = estimated proportion of an attribute (0.5)

q = 1-p.

Z= level of significance (1.96)

e= Expected Error (0.07)

$$n = \frac{1.96^2 * 0.5 * 0.5 * 1000}{0.07^2(1000-1) + 1.96^2 * 0.5 * 0.5}$$

$$n = \frac{960.4}{4.7} = 204$$

n (sample size) =204 respondents.

**Table 2: Sample Size**

| **Village** | **Sample size** |
|---|---|
| Household heads | 180 |
| Officers | 14 |
| Community leaders | 10 |
| **Total** | **204** |

### 3.4.2 Sample Procedure

The study used purposive sampling. The individuals included in the study were household heads, community leaders and program officers. Purposive sampling was used to identify individual and households that were participating in Cash Transfer Programs.

## 3.5 Data Collection

Data was collected by use of primary means of data collection. Thus the following instruments were used; questionnaires, key informant interviews (KIIs) and focused group discussions (FGDs)

### 3.5.1 Questionnaires

Household survey with the use of structured questionnaires was conducted to get the beneficiaries responses on how the CTPs have contributed towards enhancing health and nutrition. The questionnaires were structured into both open-ended and closed-ended questions. The researcher administered the questionnaires to the households' heads benefiting from cash transfer programme.

### 3.5.2 Key Informant Interviews

KIIs were held with the implementing partner leaders using the Key Informant Interview Guide, to get information on the different types of CTPs, their intervention criteria and how they think/know their services would facilitate household poverty eradication and livelihood improvement. KIIs were also conducted with community leaders and opinion leaders to get information on their perception on how CTPs had improved the livelihoods of the households in their villages and how these had benefited the community as a whole. Key interviews was used in collecting data from implementing partner leaders, CBO leaders, INGO leaders, UN agency leaders, government officials and community leaders.

### 3.5.3 Focused Group Discussions

FGDs was held with the beneficiaries of the Cash transfer programmes with the help of interview Guides to get general views on the benefits, the challenges and limitations of CTP both at the institutional and at household level, and to collect their views on the kind of support needed to address the challenges and the limitations of poverty eradication and

livelihood improvement. The respondents were both male and female and they were equal in numbers. Focus Group Discussions was facilitated to allow the researcher to get information from beneficiaries' head of HH/spouses on their perception of how CTPs have helped fight poverty and livelihood improvement in their households. Focused groups discussions were used to obtain in-depth data on cash transfer program in Middle Shebelle Region. The FGD had a total of 10 members from households benefiting from cash transfer program.

### 3.6 Pilot Study

According to Connelly (2008) a sample size of 10 respondents is a reasonable size for pretesting of a study. A pilot study was done in using 10 respondents in the sample from all the villages in Middle Shebelle Region. The respondents used in the pilot study did not participate in the actual data collection.

#### 3.6.1 Validity of Instruments

An instrument is considered valid if it measures what it was originally meant to measure (Nachmias and Nachmias, 1996). The supervisor helped improve the questionnaires by suggesting areas that needed to be improved. The researcher also developed questionnaires using the Somali language for the respondents to understand better.

#### 3.6.2 Reliability of Instruments

Reliability was measured by split half method where a sample of 10 respondents who were not part of target population in Middle Shebelle Region took part in pilot study. The questionnaire questions were divided into two parts. TEach half of the questions of each of the respondents was scored and a correlation coefficient was determined using SPSS version 21. The reliability of the study was 0.78. this was considered satisfactory for the researcher to undertake the actual data since it exceeded the recommended value of 0.7.

### 3.7 Data Collection Procedure

Before embarking on data collection, the researcher obtained an introduction letter from university of Nairobi. The researcher met with relevant authorities from Middle Shebelle in Somalia who allowed her to conduct the study. The researcher obtained a permit from the ministry of education in Somalia. Dates for carrying out interviews were fixed with

the key informants. The researcher trained five assistants who helped her in data collection.

### 3.8 Data Analysis Methods

Collected data from all the instruments was thoroughly checked before analysis was done. Quantitative data was coded using SPSS version 21. Data was analyzed using frequencies, percentages, means and standard deviation. Presentation was mainly in form of tables. Qualitative data was analyzed using content analysis. The arising themes from each objective were noted and explanation thereafter done.

The first objective was analyzed using descriptive statistics. Data presentation was through tables in form of frequencies, percentages, mean and standard deviations. Qualitative data from FGDs and KIIs will thematically be analyzed using content analysis.

The second objective was analyzed using descriptive statistics. Data presentation was through tables in form of frequencies, percentages, mean and standard deviations. Qualitative data from FGDs and KIIs was thematically analyzed using content analysis.

The third objective was analyzed using descriptive statistics. Data presentation was through tables in form of percentages, mean and standard deviations. Qualitative data from FGDs and KIIs will thematically be analyzed using content analysis.

The fourth objective was analyzed using descriptive statistics. Data presentation was done using tables in form of mean and standard deviations. Qualitative data from FGDs and KIIs was thematically analyzed using content analysis.

### 3.9 Ethical Considerations

The researcher obtained a permit from the ministry of education in Somalia to allow her collect the data. The respondents consent was sought before involving them in the practice. The respondents were informed that the research was entirely academic purposes.

### 3.10 Operational Definition of Variables

Table 3.1 has been used to illustrate the operation of the variables, as they were used in this study. The table captures details that are related to the independent variable as well as the dependent variables. The moderating variables have been left out since it would be difficult to demonstrate their relationship in this particular table however these is well illustrated in the conceptual frame work.

**Table 3: Operational Definition of Variables**

| Objective | Variable | Indicators | Measurements | Type of analysis | Tool of analysis |
|---|---|---|---|---|---|
| To establish the influence of conditional cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle Region | Independent variable-conditional cash transfer | • Frequency of UCTs<br>• Uses of UCTs<br>• Amount received<br>• Significance | Interval<br>Ordinal<br>Nominal | Descriptive | Mean, Percentage, Standard Deviation |
| To examine the influence of unconditional cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle Region | Independent-unconditional cash transfer | • Frequency of UCTs<br>• Uses of UCTs<br>• Amount received<br>• Significance | Interval<br>Ordinal<br>Nominal | Descriptive | Mean, Percentage, Standard Deviation |
| To assess the influence of criteria used in cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle Region | Independent variable-criteria used in cash transfer | • Family size<br>• Age<br>• Gender<br>• Education | Ordinal | Descriptive | Mean and standard deviation. |
| To determine the influence of M&E of cash transfer programme on health and nutrition outcomes among households in Middle Shebelle Region | Independent Variable-M&E of cash transfer | • Training<br>• Foods<br>• General status | Ordinal | Descriptive | Mean and standard deviation. |
| To determine the influence of cash transfer programme on health and nutrition outcomes among households in Middle Shebelle Region | Dependent variable-health and nutrition outcomes | • Reduced ailments<br>• Low mortality rate | Ordinal | Descriptive | Mean and standard deviation. |

# CHAPTER FOUR

# DATA ANALYSIS, PRESENTATION AND INTERPRETATION

## 4.1 Introduction

Chapter four presents the findings of the study as analyzed using SPSS. The findings are based on the study objectives which are; to establish the influence of conditional cash transfer programmes on health and nutrition outcomes, to examine the influence of unconditional cash transfer programmes on health and nutrition outcomes, to assess the influence of criteria used in cash transfer programmes on health and nutrition outcomes and to determine the influence of M&E of cash transfer programme on health and nutrition outcomes among households in Middle Shebelle Region .

## 4.2 Response Rate

The study targeted 204 respondents who were beneficiaries of cash transfer in Middle Shebelle Region. However, a total of 187 questionnaires qualified for data entry as they were returned and fully filled. Thus a response rate of 91.7 was achieved. According to Kothari (2012) a response rate of above 70% is considered excellent for a researcher to come up with valid conclusions.

**Table 4: Response Rate for Respondents**

| Respondents | Frequency | Response Rate (%) |
|---|---|---|
| Actual respondents | 187 | 91.7 |
| Non response | 17 | 8.3 |
| **Total** | **204** | **100** |

## 4.3 Background Information

Background information sought by the study was; gender, age bracket, marital status, level of education and size of the household. The information helped in forming valid conclusions on study findings.

### 4.3.1 Gender of the Respondents

The study sought to understand the gender of the respondents. They responded as shown in Table 5.

**Table 5: Distribution of Respondents by Gender**

| Gender | Frequency | Percent |
|---|---|---|
| Male | 101 | 54.0 |
| Female | 86 | 46.0 |
| **Total** | **187** | **100.0** |

The findings indicate that majority of the respondents (54%) were male while 46% were female. This shows that the number of who were willing and able to participate in the study were male. This could be because of their availability and readiness to participate while women on the other hand could be held up by their tight schedules such as cooking, taking care of young ones and other house chores.

### 4.3.2 Age bracket

The respondents were required to indicate their age bracket. They responded as shown in Table 6.

**Table 6: Distribution of Respondents by Age**

| Age bracket | Frequency | Percent |
|---|---|---|
| Between 18-25 years | 22 | 11.8 |
| Between 26-35 years | 58 | 31.0 |
| Between 36-45 years | 31 | 16.6 |
| Between 46-55 years | 37 | 19.8 |
| Over 55 years | 39 | 20.9 |
| **Total** | **187** | **100.0** |

As shown in Table 6, majority of the respondents were between 26-35 years (31%) followed by those over 55 years (20.9%). Respondents between 46-55 years were 19.8% while those between 36-45 years were 16.6%. The remaining 11.8% were between the ages of 18-25 years.

### 4.3.3 Marital Status

The study further needed the respondents to indicate their marital status. Their response is summarized in Table 7.

**Table 7: Distribution of Respondents by Marital Status**

| Marital status | Frequency | Percent |
|---|---|---|
| Single | 12 | 6.4 |
| Married | 135 | 72.2 |
| Divorced | 18 | 9.6 |
| Widowed | 22 | 11.8 |
| **Total** | **187** | **100.0** |

Findings in Table 7 shows that majority of the respondents were married (72.2%). The widowed, divorced and single were 11.8%, 9.6% and 6.4% respectively.

### 4.3.4 Highest Level of Education

The study sought to understand the highest level of education of the respondents. They responded as shown in Table 8.

**Table 8: Distribution of Respondents by Level of Education**

| Highest level of education | Frequency | Percent |
|---|---|---|
| No education | 79 | 42.2 |
| Primary education | 47 | 25.1 |
| Secondary education | 34 | 18.2 |
| Others | 27 | 14.4 |
| **Total** | **187** | **100.0** |

Highest number of the respondents had no formal education (42.2%). This was followed by 25.1% who had primary education and 18.2% indicated secondary education. The remaining 14.4% indicated others specifying college education. This shows that majority of beneficiaries of cash transfer have low education. This would explain why majority

need assistance as they are not able to get formal employment from government and other agencies.

### 4.3.5 Size of Your Household

Eldomold *et al.* (2001), states that smaller households are better than larger household. Increase in household size puts extra burden on the family. The study also sought to find out the size of the respondents household. They answered as indicated in Table 9.

**Table 9: Distribution of Respondents by Size of Household**

| Size of household | Frequency | Percent |
|---|---|---|
| Less than 5 | 37 | 19.8 |
| Between 6-10 | 98 | 49.7 |
| Between 11-15 | 51 | 27.3 |
| Over 15 | 6 | 3.2 |
| **Total** | **187** | **100.0** |

A total of 49.7% had a household size of between 6-10 people followed by 27.3% with between 11-15 people. Households with less than 5 people were 19.8% while over 15 people were 3.2%. This shows that majority of households in Middle Shebelle Region had big households. The number of children in the household influences spending decisions and determines how cash transfers are utilized in the household.

## 4.4 Influence of Conditional Cash Transfer on Health and Nutrition Outcome

According to the first research objective, the study aimed at establishing the influence of conditional cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle Region. Son (2008) highlights that the primary necessity of CCT programs is that beneficiaries focus on embraced certain conduct changes as an end-result of the exchanges.

### 4.4.1 Do You Get Conditional Cash Transfer?

The study required the respondents to answer whether they got conditional cash transfer. They responded as shown in Table 10.

**Table 10: Do You Get Conditional Cash Transfer?**

| Do you get CCT? | Frequency | Percent |
|---|---|---|
| Yes | 163 | 90.6 |
| No | 17 | 9.4 |
| **Total** | **180** | **100.0** |

Majority (90.6%) indicated that they received conditional cash transfer while the remaining 9.4% said they did not get the CCT. This implies that many households in Middle Shebelle benefited from conditional cash transfer. Fiszbein & Schady, (2009) found that in Mexico only 300,000 beneficiary households started the programme in 1997 and this has since grown to over five million beneficiary households.

### 4.4.2 How Often Do You Get Conditional Cash Transfer?

The respondents were to reveal how often they received CCT. Their response is outline in Table 11.

**Table 11: How Often Do You Get Conditional Cash Transfer?**

| How often do you get CCT | Frequency | Percent |
|---|---|---|
| Always | 25 | 13.9 |
| Very often | 64 | 35.6 |
| Frequently | 74 | 41.1 |
| Never | 17 | 9.4 |
| **Total** | **180** | **100.0** |

Many respondents (41.1%) indicated that they received cash frequently, 35.6% very often, 13.9% always and 9.4% never received. This implies that issuance of conditional cash transfer happened from time to time. In Nicaragua Rawlings & Rubio (2003) found out that conditional CTs were kept up during a time of low coffee costs and a dry season.

### 4.4.3 What Conditions are Put in Place?

The respondents were asked to indicate the conditions that were put in place. They responded as shown in Table 12.

**Table 12: Conditions Put in Place**

| Conditions | Frequency | Percent |
|---|---|---|
| Work on community projects | 52 | 28.9 |
| Keep away from terror groups | 40 | 22.2 |
| Take care of specific needs eg taking kids to school, buy food | 88 | 48.9 |
| **Total** | **180** | **100.0** |

Majority of the respondents (48.9%) indicated that they were required to take care of specific needs such as taking kids to school and buying food. The remaining 28.9% and 22.2% revealed that the conditions were to work of community projects and keep away from terror groups.

Through the FGDs one of the conditions put in place for the respondents to be given conditional cash transfer was that they had to work. They were also forbidden for giving the money to militia groups and were supposed to buy food for the family.

The KIIs with officers in charge highlighted further the conditions put in place as; ability and manpower to undertake casual activities, being affected by disaster and in dire need of humanitarian assistance, to work on productive communal infrastructures such as catchments and canals and having lost key livelihood assets.

### 4.4.4 Do You Prefer Cash Transfer?

Further, the study sought to understand whether the respondents preferred cash transfer. Their response is summarized in Table 13.

**Table 13: Do You Prefer Cash Transfer?**

| Do you prefer CCT | Frequency | Percent |
|---|---|---|
| Yes | 116 | 62.0 |
| No | 71 | 38.0 |
| **Total** | **187** | **100.0** |

Findings indicate that majority of the respondents (62%) preferred cash transfer. The remaining 38% indicated otherwise. This shows that conditional cash transfer was quite popular among the households in Middle Shebelle Region in Somalia.

### 4.4.5 If Yes to Question (4.4.3) Above, What are your Reasons

The respondents were asked to state the reasons why they preferred conditional cash transfer. Their response is summarized in Table 14.

**Table 14: Reasons**

| Reasons | Frequency | Percent |
|---|---|---|
| Ensures I spend wisely | 29 | 15.5 |
| Helps me take care of essential needs | 66 | 35.3 |
| Keeps my family intact | 11 | 5.9 |
| Benefical to my children | 27 | 14.3 |
| Brings no conflict between me and my spouse | 19 | 10.2 |
| It brings development in the community | 35 | 18.7 |
| **Total** | **187** | **100.0** |

Many respondents (35.3%) indicated that the reason they preferred conditional cash transfer was because it helped them take care of essential needs. Other reasons were; it brought development in the community (18.7%), ensuring they spent wisely (15.5%), beneficial to children (14.3%), brought no conflict between them and their spouses (10.2%) and kept their family intact (5.9%).

From the FGDs one of the reasons why the respondents preferred conditional cash transfer was because it was able to take care of the family. One responded called Abdi said that "I believe conditional cash is most suited to people in crises because unconditional cash transfer promotes dependence"

The officers through the KIIs indicated that the reasons why they preferred conditional cash transfer was because it improved communal social infrastructure and enhanced community project ownership and sustainability. Abdimajid added that "More vulnerable beneficiaries are always targeted under the conditional cash transfer program". The

program was also seen to have a multiplier positive effects and benefits to the local community.

### 4.4.6 Influence of Conditional Cash Transfer on Health and Nutrition Outcome

The study asked the respondents to indicate their level of agreement with the given statements on how conditional cash transfer influenced health and nutrition outcome. They responded as shown in Table 15.

**Table 15: Influence of Conditional Cash Transfer on Health and Nutrition Outcome**

| Conditional cash transfer | Mean | Std. Dev |
|---|---|---|
| Conditional cash transfer requires beneficiaries to access proper diet | 4.12 | .868 |
| Conditional cash transfer has helped us investing in small scale farming | 3.41 | 1.143 |
| Due to conditional cash transfer prevalence of acute malnutrition in children have reduced | 4.24 | .712 |
| Women are able to breastfeed children well and for longer | 3.77 | .936 |
| Conditional cash transfer requires beneficiaries to take children to health centres for screening | 3.25 | 1.354 |
| Through conditional cash transfer we are able to access proper health services | 4.07 | .922 |
| Through conditional cash transfer we are able to access proper nutrition services | 4.06 | .850 |

The respondents agreed that due to conditional cash transfer prevalence of acute malnutrition in children had reduced (Mean=4.24, SD=0.712), conditional cash transfer required beneficiaries to access proper diet (Mean=4.12, SD=0.868) and that through conditional cash transfer they were able to access proper health services (Mean=4.07, SD=0.922). The respondents further agreed that through conditional cash transfer they were able to access proper nutrition services (Mean=4.06, SD=0.85), women were able to breastfeed children well and for longer (Mean=3.77, SD=0.936). They were undecided as to whether conditional cash transfer had helped us investing in small scale farming (Mean=3.41, SD=1.143) and whether conditional cash transfer required beneficiaries to take children to health centres for screening (Mean=3.25, SD=1.354).

From the KIIs, the officers added "Conditional cash transfer limits target beneficiaries health and nutrition as more manpower and energy is used to rehabilitate infrastructure to get paid."

The findings are in line with Maluccio (2010) that the profited families from the *Red de Protección* Social program designated huge amount for short term consumption. Ventura *et al.* (2009) found out that the primary utilization of the cash was apportioned to food spending then school supplies.

### 4.5 Influence of Unconditional Cash Transfer on Health and Nutrition Outcome

According to the second research objective, the study aimed at examining the influence of unconditional cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle Region. Garcia, (2012) indicates that unconditional CT programs don't have conditions connected to them, except for extensively characterized qualification classes.

#### 4.5.1 How Often Do You Get Unconditional Cash Transfer?

The respondents were to reveal how often they received UCT. Their response is outline in Table 16.

**Table 16: How Often Do You Get Unconditional Cash Transfer?**

| How often do you get UCT | Frequency | Percent |
|---|---|---|
| Always | 22 | 11.8 |
| Very often | 75 | 40.1 |
| Frequently | 59 | 31.6 |
| Never | 31 | 16.6 |
| **Total** | **187** | **100.0** |

The respondents who received unconditional cash very often were 40.1%, frequently were 31.6%, never 16.6% and always 11.8%.

#### 4.5.2 How Much Money Do You Get Per Month?

The respondents were asked to indicate the amount they received per month. They responded as shown in Table 17.

**Table 17: How Much Money Do You Get Per Month?**

| How much money do you get per month? | Frequency | Percent |
|---|---|---|
| Less than $10 | 12 | 7.1 |
| Between $21-$50 | 43 | 25.6 |
| Over $50 | 113 | 67.3 |
| **Total** | **168** | **100.0** |

A total of 67.3% received over $50, 25.6% received between $21-$50 and only 7.1% received less than $10 in a month.

### 4.5.3 Influence of Unconditional Cash Transfer on Health and Nutrition Outcome

The study asked the respondents to indicate their level of agreement with the given statements on how unconditional cash transfer influence health and nutrition outcome.

**Table 18: Influence of Unconditional Cash Transfer on Health and Nutrition Outcome**

| Unconditional cash transfer | Mean | Std. Dev |
|---|---|---|
| We have cases of reduced food insecurity in the area | 4.21 | .799 |
| We are able to spend most of the cash on food items | 4.26 | .665 |
| It has become possible to visit local health centres since cash transfer program was started | 4.04 | .828 |
| Using unconditional cash our children receive treatment on time | 3.75 | .959 |
| Since unconditional cash does not specify what to do, we spend it on essential needs | 4.36 | .652 |

The respondents agreed that since unconditional cash did not specify what to do, they spent it on essential needs (Mean=4.36, SD=0.652), they were able to spend most of the cash on food items (Mean=4.26, SD=0.665) and they had cases of reduced food insecurity in the area (Mean=4.21, SD=0.799). They further agreed that it had become possible to visit local health centres since cash transfer program was started (Mean=4.04, SD=0.828) and that using unconditional cash their children received treatment on time (Mean=3.75, SD=0.959). The findings agree with Hanlon et al. (2010) that CTs facilitate breakage of intergenerational destitution interfaces by guaranteeing that children are better sustained, are more beneficial and have more training than their folks.

### 4.6 Influence of Criteria of Cash Transfer on Health and Nutrition Outcome

As per the third research objective, the study aimed at assessing the influence of criteria used in cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle Region.

#### 4.6.1 Type of Beneficiaries

The respondents were asked to indicate who the main beneficiaries of the cash transfer were. They responded as shown in Table 19.

**Table 19: Type of Beneficiaries**

| | Frequency | | Percent | |
|---|---|---|---|---|
| Type of beneficiaries | Yes | No | Yes | No |
| Women | 147 | 40 | 78.6% | 21.4% |
| Orphans | 90 | 97 | 48.1% | 51.9% |
| Old people | 145 | 42 | 77.5% | 22.5% |
| Others | 67 | 120 | 35.8% | 64.2% |
| **Total** | **187** | | **100.0** | |

As shown in Table 19, the main beneficiaries were women (78.6%) followed by old people (77.5%). The orphans had 48.1%. The others included people with disability and the less privileged. Findings are in line with National Gender and Equality Commission (2014) that most beneficiaries of various cash transfer programs are women, perhaps due to their historical vulnerability to poverty and limited access to alternative empowerment opportunities.

#### 4.6.2 Influence of Criteria of Cash Transfer on Health and Nutrition Outcome

The study asked the respondents to indicate their level of agreement with the given statements on how criteria of cash transfer influence health and nutrition outcome.

**Table 20: Influence of Criteria of Cash Transfer on Health and Nutrition Outcome**

| Criteria of cash transfer | Mean | Std. Dev |
|---|---|---|
| The smaller the household, the more effectively cash transfer grants are utilized in the household | 3.87 | 1.055 |
| The size of the household adversely impacts on the utilization of cash transfer | 4.36 | .482 |
| Orphans and widows are prioritized when issuing cash transfers | 3.86 | 1.318 |
| Gender of caregivers has a positive effect on effective utilization of cash transfer in the household | 3.56 | .984 |
| Gender is factored in when deciding who to issue with cash transfer | 3.68 | 1.237 |
| The age of the beneficiary determines the amount they receive | 2.28 | 1.290 |
| More educated caregivers are able to use cash transfer more effectively | 2.93 | 1.584 |
| Education level of the caregiver increases the uptake of health, education and nutrition | 3.21 | 1.454 |

The respondents agreed that the size of the household adversely impacted on the utilization of cash transfer (Mean=4.36, SD=0.482) and that the smaller the household, the more effectively cash transfer grants were utilized in the household (Mean=3.87, SD=1.055). They also agreed that orphans and widows were prioritized when issuing cash transfers (Mean=3.86, SD=1.318), gender was factored in when deciding who to issue with cash transfer (Mean=3.68, SD=1.237) and gender of caregivers had a positive effect on effective utilization of cash transfer in the household (Mean=3.56, SD=0.984). According to Diepeveen & Stolk, (2012) family size might affect the marginal benefit of changing behaviour or influence perspectives on the most appropriate way to spend cash resources. The findings are in line with UNICEF (2007) that the size of the household and the person who controls the cash transfer at household level as significant determinants on the impact of social cash transfers.

They were undecided whether education level of the caregiver increased the uptake of health, education and nutrition (Mean=3.21, SD=1.454), more educated caregivers were able to use cash transfer more effectively (Mean=2.93, SD=1.584). They disagreed that the age of the beneficiary determined the amount they received (Mean=2.28, SD=1.29). The KIIs pointed out that, criteria for cash transfer had an influence on health and nutrition. One officer categorically stated that "The cash injections provided sometimes is

limited especially where family size is large and hence household spending is based on essential family needs rather than nutrition food and dietary needs and intake of family members". According to Ressler (2008) older persons are the most impoverished group with the majority of them being trapped in misery through effects of both low income and poor health.

### 4.7 Influence of Monitoring and Evaluation of Cash Transfer on Health and Nutrition Outcome

According to the fourth research objective, the study aimed at determining the influence of M&E of cash transfer programme on health and nutrition outcomes among households in Middle Shebelle Region. WFP (2011a) state that cash programmes increase the volume of circulating money within a short time in communities and this may be inflationary as the traders increase their prices in order to curtail the demand from the programme beneficiaries. The study asked the respondents to indicate their level of agreement with the given statements on how M&E of cash transfer influence health and nutrition outcome.

**Table 21: Influence of Monitoring and Evaluation of Cash Transfer on Health and Nutrition Outcome**

| Monitoring and evaluation | Mean | Std. Dev |
|---|---|---|
| Beneficiaries ensure everyone in the family have access to food | 3.98 | .800 |
| Beneficiaries engage in farming practices that increase food production | 3.94 | .919 |
| Beneficiaries attend training on health and nutrition conducted by NGO officials | 4.03 | .947 |
| The agencies visit the beneficiaries to see their progress | 3.66 | 1.145 |
| The beneficiaries are required to state their health condition | 3.37 | 1.230 |
| The education level of the beneficiary is taken into consideration when issuing cash transfer | 2.20 | 1.379 |
| The amount given is able to cover for the basic needs of our children | 2.86 | 1.407 |

The respondents agreed that beneficiaries attended training on health and nutrition conducted by NGO officials (Mean=4.03, SD=0.947) and that beneficiaries ensured everyone in the family had access to food (Mean=3.98, SD=0.8). They further agreed that beneficiaries engaged in farming practices that increased food production (Mean=3.94, SD=0.919), the agencies visited the beneficiaries to see their progress (Mean=3.66, SD=1.145). They were undecided whether the beneficiaries were required to state their health condition (Mean=3.37, SD=1.23) and whether the amount given was able to cover for the basic needs of our children (Mean=2.86, SD=1.407). They disagreed that the education level of the beneficiary was taken into consideration when issuing cash transfer (Mean=2.2, SD=1.379).

The officers through the KIIs considered M&E to be important in determining the health and nutrition outcome of the beneficiaries. Ali an officer at one of the donor agencies said that "Delayed beneficiary payment or late payment compromises family health and nutrition aspect as target families do not have something to spend at the time of need." According to Kimosop (2013) on a Makueni study about OPCT funds also noted that a good number of respondents indicated using cash transfer in meeting medical expenses of self and household members.

### 4.7.1 Challenges Facing Cash Transfer Program

The respondents were asked to respond to the above question. Majority indicated that infrastructure was the major problem. Other challenges were insecurity. The respondents said that during the period when cash transfer was issued, cases of robbery and theft increased significantly.

The respondents through FGDs and KIIs pointed out that the program was faced with a lot of challenged which impended positive health and nutrition outcome. One common challenge was poor infrastructure.

"The money lender is very far and transport given is too little. I use more and left with little to have proper nutrition and health" lamented one beneficiary.

Ali added that "Far remote areas always suffer due to poor network coverage and inability of the MV to make payment in those areas".

Other challenges were insecurity, delays and domestic issues. Abdi omar one of the officers in charge of the program revealed that

"Security remains number one challenge facing cash transfer programs and this creates significant access limitation to service providers in reaching those in need of the assistance targeting cold sometimes be major problem in terms of both geographical targeting and beneficiaries targeting and this causes exclusion of those who mostly need the assistance".

### 4.8: Health and Nutrition Outcome

The respondents were asked to indicate the extent to which they consumed the listed foods in their household.

**Table 22: Health and Nutrition Outcome**

| Health and nutrition outcome | Mean | Std. Dev |
|---|---|---|
| My household is able to have balanced diet | 3.50 | 1.511 |
| We prioritize healthy foods | 3.11 | 1.224 |
| My household visits the health centre when one is sick | 4.03 | 1.057 |
| Our health comes first before anything | 4.31 | .962 |
| Health and nutrition outcome has improved | 3.75 | 1.199 |

The respondents indicated that to a great extent their health came first before anything (mean=4.31, SD=.962), their household visited the health centre when one was sick (mean=4.03, SD=1.057). they also indicated that to a great extent health and nutrition outcome had improved (mean=3.75, SD=1.199) and their household was able to have balanced diet (mean=3.50, SD=1.511). They indicated that to a moderate extent they prioritized healthy foods (mean=3.11, SD=1.224). Uprety (2010) found out that, the vast majority of households use their grants on food grains which have led to improvement of health among older people.

# CHAPTER FIVE

# SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Introduction

This chapter presented the discussion of key data findings, conclusion drawn from the findings highlighted and recommendation made there-to. The conclusions and recommendations drawn were focused on addressing the objective of the study.

## 5.2 Summary of Findings

### 5.2.1 Influence of Conditional Cash Transfer on Health and Nutrition Outcome

Findings show that majority of the respondents received conditional cash transfer. One of the conditions put in place for the respondents to be given conditional cash transfer was that they had to work. They were also forbidden for giving the money to militia groups and were supposed to buy food for the family. Many respondents received cash frequently and they preferred it. One of the reasons why the respondents preferred conditional cash transfer was because it was able to take care of the family. Due to conditional cash transfer prevalence of acute malnutrition in children had reduced. Conditional cash transfer required beneficiaries to access proper diet. Through conditional cash transfer they were able to access proper health services. Through conditional cash transfer they were able to access proper nutrition services. Women were able to breastfeed children well and for longer.

### 5.2.2 Influence of Unconditional Cash Transfer on Health and Nutrition Outcome

Study findings indicate that many beneficiaries received over $50 in a month. Since unconditional cash did not specify what to do, they spent it on essential needs. They were able to spend most of the cash on food items. They had cases of reduced food insecurity in the area. It had become possible to visit local health centres since cash transfer program was started and that using unconditional cash their children received treatment on time.

### 5.2.3 Influence of Criteria of Cash Transfer on Health and Nutrition Outcome

Findings indicate that the main beneficiaries were women followed by old people. The size of the household adversely impacted on the utilization of cash transfer. The smaller the household, the more effectively cash transfer grants were utilized in the household. Orphans and widows were prioritized when issuing cash transfers. Gender was factored in when deciding who to issue with cash transfer. Gender of caregivers had a positive effect on effective utilization of cash transfer in the household.

### 5.2.4 Influence of Monitoring and Evaluation Of Cash Transfer on Health and Nutrition Outcome

From the findings beneficiaries attended training on health and nutrition conducted by NGO officials. Beneficiaries ensured everyone in the family had access to food. Beneficiaries engaged in farming practices that increased food production. The agencies visited the beneficiaries to see their progress. The beneficiaries were not required to state their health condition. The amount given was not able to cover for the basic needs of our children. Education level of the beneficiary was not taken into consideration when issuing cash transfer.

## 5.3 Discussions of Findings

### 5.3.1 Influence of Conditional Cash Transfer on Health and Nutrition Outcome

Son (2008) highlights that the primary necessity of CCT programs is that beneficiaries focus on embraced certain conduct changes as an end-result of the exchanges. Conditional cash transfer is a common program in many disaster faced Region s. In Nicaragua Rawlings & Rubio (2003) found out that conditional CTs were kept up during a time of low coffee costs and a dry season. One of the conditions put in place for one to be given conditional cash transfer is that they have to work. They are also forbidden for giving the money to militia groups and were supposed to buy food for the family. One of the reasons why beneficiaries prefer conditional cash transfer is because it is able to take care of the family. Maluccio (2010) found out that the families getting cash transfers designated huge amount for short term consumption. Due to conditional cash transfer prevalence of acute malnutrition in children reduced. Conditional cash transfer requires beneficiaries to access proper diet. Through conditional cash transfer they are able to

access proper health services. Through conditional cash transfer they are able to access proper nutrition services. Women are able to breastfeed children well and for longer. Ventura *et al.* (2009) found out that the primary utilization of the cash was apportioned to food spending then school supplies.

### 5.3.2 Influence of Unconditional Cash Transfer on Health and Nutrition Outcome

Garcia, (2012) indicates that unconditional CT programs don't have conditions connected to them, except for extensively characterized qualification classes. Beneficiaries of cash transfer receive good money to help them cater for their needs. Since unconditional cash does not specify what to do, beneficiaries spend it on essential needs especially food items. Unconditional cash transfer helps reduce food insecurity in the area. Bastagli *et al.* (2016) indicates that cash transfers improve both the quantity and the quality of food. Beneficiaries are able to visit local health centres and children are able to received treatment on time. Hanlon et al., (2010) that CTs facilitate breakage of intergenerational destitution interfaces by guaranteeing that children are better sustained, are more beneficial and have more training than their folks.

### 5.3.3 Influence of Criteria of Cash Transfer on Health and Nutrition Outcome

National Gender and Equality Commission (2014) points out that most beneficiaries of various cash transfer programs are women. Women and old people are more vulnerable to poverty and limited access to alternative empowerment opportunities. According to Ressler (2008) older persons are the most impoverished group with the majority of them being trapped in misery through effects of both low income and poor health. The size of the household adversely impacted on the utilization of cash transfer. The smaller the household, the more effectively cash transfer grants were utilized in the household. According to Diepeveen & Stolk, (2012) family size might affect the marginal benefit of changing behaviour or influence perspectives on the most appropriate way to spend cash resources. Orphans and widows were prioritized when issuing cash transfers. Gender was factored in when deciding who to issue with cash transfer. Gender of caregivers had a positive effect on effective utilization of cash transfer in the household. UNICEF (2007) reveal that the size of the household and the person who controls the cash transfer at household level as significant determinants on the impact of social cash transfers.

Eldomold *et al.* (2001), states that smaller households are better than larger household. Increase in household size puts extra burden on the family.

### 5.3.4 Influence of M&E of Cash Transfer on Health and Nutrition Outcome

WFP (2011a) state that cash programmes increase the volume of circulating money within a short time in communities and this may be inflationary as the traders increase their prices in order to curtail the demand from the programme beneficiaries. Beneficiaries attend training on health and nutrition conducted by NGO officials. Beneficiaries ensure everyone in the family had access to food. Beneficiaries engage in farming practices that increased food production. The agencies visit the beneficiaries to see their progress. Visiting the beneficiaries helps them stick to the necessities as opposed to luxuries. The beneficiaries are not required to state their health condition. The amount given is not able to cover for the basic needs of our children. Kimosop (2013) noted that a good number of respondents indicated using cash transfer in meeting medical expenses of self and household members. Education level of the beneficiary is not taken into consideration when issuing cash transfer.

## 5.4 Conclusions

The study concludes that conditional cash transfer is a common program in many disaster faced regions. One of the conditions put in place for one to be given conditional cash transfer is that they have to work. Beneficiaries are also forbidden for giving the money to militia groups and are supposed to buy food for the family. Beneficiaries prefer conditional cash transfer because it is able to take care of the family. The study further concludes that due to conditional cash transfer prevalence of acute malnutrition in children reduced. Conditional cash transfer requires beneficiaries to access proper diet and beneficiaries are able to access proper health services. Through conditional cash transfer they are able to access proper nutrition services. Women are able to breastfeed children well and for longer.

The study also concludes that beneficiaries of cash transfer receive good money to help them cater for their needs. Since unconditional cash does not specify what to do, beneficiaries spend it on essential needs especially food items. Unconditional cash

transfer helps reduce food insecurity in the area. Beneficiaries are able to visit local health centres and children are able to received treatment on time.

The study further concludes that women and old people are more vulnerable to poverty and limited access to alternative empowerment opportunities. The size of the household adversely impact on the utilization of cash transfer. The smaller the household, the more effectively cash transfer grants were utilized in the household. Orphans and widows are prioritized when issuing cash transfers. Gender is factored in when deciding who to issue with cash transfer and it has a positive effect on effective utilization of cash transfer in the household. Increase in household size puts extra burden on the family.

The study concludes that beneficiaries attend training on health and nutrition conducted by NGO officials. Beneficiaries ensure everyone in the family have access to food. Beneficiaries engage in farming practices that increased food production. The agencies visit the beneficiaries to see their progress. Visiting the beneficiaries helps them stick to the necessities as opposed to luxuries. The beneficiaries are not required to state their health condition. The amount given is not able to cover for the basic needs of our children. Education level of the beneficiary is not taken into consideration when issuing cash transfer. The study finally concludes that cash transfer program have played a significant role in improving health and nutrition outcome of the beneficiaries.

### 5.5 Recommendations

The study makes the following recommendations;

1. The program owners should first consider improving the infrastructure in disaster prone areas. Since the residents have to travel a long distance to access the cash, a lot of money is wasted in the process. More money is wasted in acquiring foodstuff as well as visits to the doctor in case one of the members falls ill.

2. The government should improve security by encouraging the residents to go in groups when accessing their cash transfer. This will scare away bandits who rob the people immediately after payment.

3. The NGOs should consider offering counseling program to the cash transfer beneficiaries. Although conditions may be given on how to utilize the cash given, at times they are not followed. Families tend to break when one party considers himself/herself as the sole decision maker.

4. The program officers should consider issuing electronic cash such as mobile money cash transfer as opposed to liquid cash. This way businesses around the area are likely to grow faster due to the withdrawal service offered. It is also likely to attract other investors in the area hence positive health and nutrition outcome.

### 5.6 Suggestions for Further Studies

Research should be conducted in other Regions to see the significance on cash transfer programs. Additionally, related studies should be carried out to investigate the challenges facing issuance of cash transfer in disaster prone Regions in Africa.

## REFERENCES


Adato, M and Hoddinott, J. (2008). Lessons from cash transfers in Africa and elsewhere: Impacts on Vulnerability, Human Capital Development and Food Insecurity. International food policy research institute, USA

Adato, M. and L. Bassett. (2008). *What is the potential of cash transfers to strengthen families affected by HIV and AIDS? A review of the evidence on impacts and key policy debates*. International Food Policy Research Institute (IFPRI), Washington, D.C.

Adato, M., & Hoddinott, J. (2010). Conditional cash transfers in Latin America. Baltimore, Maryland: Johns Hopkins University Press.

Arnold, C., Conway, T and Greenslade, M (2011). DFID Cash Transfer Literature review, DFID, London,UK

Attanasio, O., & Mesnard, A. (2006). *The Impact of a Conditional Cash Transfer Programme on Consumption in Colombia.* London: Fiscal Studies, 27, no.4.

Barrientos, A., S. Lloyd and M. Peter (2008). Non Contributory Pensions and Social Protection: Issues in Social Protection. Geneva: ILO.

Bastagli, F., J. Hagen-Zanker, L. Harman, V. Barca, G. Sturge, T. Schmidt, and L. Pellerano. (2016). *Cash Transfers: What Does the Evidence Say? A Rigorous Review of Programme Impact and the Role of Design and Implementation Features*. London: Overseas Development Institute.

Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., De Onis, M., and Uauy, R. (2013). Maternal and child undernutrition and overweight in low-income and Middle -income countries. The Lancet, 382(9890), 427-451.

Braun, V. J, Hill, V.R and Pandya-Lorch, R (2009). The poorest and the hungry: a synthesis of analyses and actions. The poorest and hungry: assessments, analyses, and actions 1-61. International Food Policy Research Institute, Washington, DC

Bryce, J., Coitinho, D., Darnton-Hill, I., Pelletier, D., and Pinstrup-Andersen, P. (2008). Maternal and child undernutrition: effective action at national level. The Lancet, 371(9611), 510-526.

Chastre, D., Duffield, A., Kindness, H., LeJeune, S. and Taylor, A., (2007). The Minimum Cost of a Healthy Diet: Findings from Piloting a New Methodology in Four Study Locations, Save the Children: London UK.

Christensen, S., Fischer, M., & Giacobbe, E. (2013). Improving humanitarian action: The impact of organizational change methodologies. London School of Economics and Political Science (LSE).

Cochran, W. G. (1963). *Sampling Techniques*, 2nd Ed., New York: John Wiley and Sons, Inc.

Cooper, D. R., & Schindler, P. S. (2008). *Business research methods*. Boston: McGraw-Hill Irwin.

Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods*

Croome, D. and Nyanguru, A. (2007). *The impact of the old age pension on hunger and vulnerability in a mountain area of Lesotho*. Report written for the Region al Evidence Building Agenda (REBA) of the Region al Hunger and Vulnerability Programme (RHVP), Johannesburg.

Dako-gyeke, M., & Ph, D. (2013). Effects of Household Size on Cash Transfer Utilization for Orphans and Vulnerable Children in Rural Ghana, Accra: University of Ghana.

Davis B, Handa S, Hypher N. et al. (2016). From Evidence to Action: The Story of Cash Transfers and Impact Evaluation in Sub Saharan Africa. New York: Oxford University Press.

Del Carpio, X., Loayza, N., & Wada, T. (2016). The Impact of Conditional Cash Transfers on the Amount and Type of Child Labor. *World Development, 80*, 33.

Devereux, S. (2011). *Social pensions in Namibia and South Africa.* IDS Discussion Paper 379,Falmer: IDS.

Devereux, S. et al, (2005). Making Cash Count: Lessons from Cash Transfer Schemes in East and Southern Africa for Supporting the Most Vulnerable Children and Households, Institute of Development Studies, University of Sussex, Brighton

DFID (2006). *Social transfers and chronic poverty: Emerging evidence and the challenge ahead.* A DFID Practice Paper, DFID, London.

DFID (2011).*Cash transfers: evidence paper.* London: Policy Division, DFID.

Diepeveen, S.,& Van Stolk, C. (2012) How effective are CCTs in low income settings? A review exploring factors impacting on programme outcomes in Honduras and Nicaragua, United Kingdom: DFID, Cambridge.

DIM (2012). Security and Human Rights Issues in South-Central Somalia including Mogadishu; a report of the fact-finding mission by the Danish Immigration Service, 30 January to 19 February 2012.

European University Institute. (2010). Social Protection for Inclusive Development: A New Perspective in EU Cooperation with Africa. San Domenico di Fiesole, Italy: Robert Schuman Centre for Advanced Studies, European University Institute.

Fanzo, J. (2012). The nutrition challenge in sub-Saharan Africa. Bioversity International, Rome, Italy.

FAO et al (2012a). "Building Resilience – rethinking aid strategy for Somalia" A FAO – WFP – UNICEF Joint Strategy on building resilience against shocks for Somalia, 14 March 2012

Farrington, J., J. Harvey, R. Holmes and R. Slater (2007). Cash Transfers and their Role in Social Protection. Available at http://www.odi.org.uk/resources/docs/5733.pdf. Retrieved on 12th July, 2018.

Fiszbein, A., Schady, N. R., and Ferreira, F. H. (2009). Conditional cash transfers: reducing present and future poverty. World Bank Publications.

Friedman, B., & Neuman, K. (2011). System Theory. In J. R. Brandell, Theory & Practice in Clinical Social Work. SAGE Publications, Inc.

FSNAU (2011a). How to increase food access in Southern Somalia: Cash Interventions 0and Local Market Responses in Somalia. A presentation by the FSNAU on 4 March 2011, Nairobi.

Garcia, M and Moore C (2012). The cash dividend: the rise of cash transfer programs in Sub-Saharan Africa, Washington, DC: The World Bank

Guijt, I., & Retolaza, I. (2012). Defining 'Theory of Change'.

Hanlon J, Barrientos A and Hulme D (2010). Just Give Money to the Poor: The Development Revolution from the Global South, Sterling, VA, USA: Kumarian Press.

ILO (2009). *Can low-income countries afford basic social security?* Social security policy briefings, Paper 3.Geneva: ILO, Social Security Department.

Jerving S. (2018). How cash transfers in Somalia could evolve into a national social safety net.https://www.devex.com/news/how-cash-transfers-in-somalia-could-evolve-into-a-national-social-safety-net-91873

Kimosop, J. (2013). *Cash transfer and its impact on the welfare of the elderly in Kenya: A case of the Government of Kenya's older person's cash transfer Program in Makueni County.* Nairobi University

Knox Clarke, P., & Darcy, J. (2014). Insufficient Evidence? The quality and use of evidence in humanitarian action. ALNAP : ALNAP Study.

Leisering, L (2009) Extending Social Security to the Excluded Are Social Cash Transfers to the Poor an Appropriate Way of Fighting Poverty in Developing Countries

Leroy, J.L Ruel, M. & Verhofstadt E. (2009). The impact of conditional cash transfer programmes on child nutrition: a review of evidence using a programme theory framework, Journal of Development Effectiveness, 1:2, 103-129,

Lomeli, E.V. (2008). *Conditional cash transfers as social policy in Latin America: An assessment of their contributions and limitations*

Lund, F. (2011). A Step in the Wrong Direction: Linking the South Africa Child Support Grant to School Attendance. Journal of Poverty and Social Justice. 19(1): 5-14.

Lund, F., M. Noble, H. Barnes and G. Wright (2008). Is There a Rationale for Conditional Cash Transfers for Children in South Africa? Available at http://sds.ukzn.ac.za/files/WP%2053%20web.pdf. Retrieved on 15th July, 2018.

Majid N. and S. McDowell (2012). "Hidden Dimensions of the Somalia Famine." *Global Food Security*, Vol. 1(1), pp. 36-42.

Maluccio, J. (2010). "The Impact of Conditional Cash Transfers on Consumption and Investment in Nicaragua," *The Journal of Development Studies, Taylor and Francis Journals, 46(1)*, pages 14-38.

Manley, J., and V. Slavchevska. (2016). *Are Cash Transfers the Answer for Children in Sub-Saharan Africa? A Literature Review.* Towson University Working Paper 2016-12.

Masset, E., L. Haddad, A. Cornelius, and J. Isaza-Castro. 2011. *A Systematic Review of Agricultural Interventions That Aim to Improve Nutritional Status of Children.* London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

Mhiribidi S.T.W (2010). Promoting the developmental social welfare in Zimbabwe: Challenges and prospects. Journal of Social Development in Africa 25(2) December. Harare

Miller, C. (2009). Economic Impact Report of the Mchinji Social Cash Transfer Pilot. Available at http://childresearchpolicy.org/images/Economic_Impact_Report_Draft.pdf.Retrieved on 5th July, 2018.

Mtetwa E and Muchacha M. (2013). Towards A National Social Protection Policy: Knowledge and Lessons from a Comparative Analysis of the Design and Implementation of Public Assistance and Harmonized Social Cash Transfer Programmes in Zimbabwe.

Mugenda, A. G. (2008). Social Science Research: Theory and Principles, Nairobi: Arts press

Mugenda, O. M. and Mugenda, A. G. (2003). Research Methods: Quantitative Approaches, Nairobi: Arts Press

Mushunje T.M and Mafico, M, (2010). Social Protection for orphan and vulnerable children Zimbabwe: The case for cash transfer, International Social work

Mutangadura, G. (2009). A review of social protection experiences in Africa. Johannesburg: Wahenga.www.wahenga.net/taxonomy/term/5.

National Gender and Equality Commission (2014). *Participation of vulnerable population in their own programs: Cash transfers in Kenya*, Ministry of Labor Social Security and Services.

Nepal Central Bureau of Statistics (2004). *Nepal living standards survey*. UK Department for International Development (DFID)

NRC (2012). "Final Evaluation of the NRC Famine Response in Benadir, Bay and Lower Shabelle, Somalia. Oslo: Norwegian Refugee Council

Ouma W.et al (2012).Transforming Cash transfer: Beneficiary and Community the Cash Transfer for Orphans and Vulnerable Children Programme in Kenya. UKaid

Ressler, P. (2008). The Social Impact of Cash Transfers: A Study of the Impact of Cash Transfers on Social Networks of Kenyan Households Participating in Cash Transfer Programme. Available at http://www.ifpri.org/sites/def.ault/files/publications/kenyacashtransfers.pdf. Retrieved on 22nd July,2018.

Retolaza Eguren, I. (2011). Theory of Change: A thinking and action approach to navigate in the complexity of social change processes. Hivos/UNDP.

Riddell, R. C. (2007). Does Foreign Aid Really Work? Oxford university press

Robertson L, Mushati P, Eaton JW, et al., (2013). Effects of unconditional and conditional cash transfers on child health and development in Zimbabwe: a cluster-randomized trial, *The Lancet*, Vol:381, ISSN:0140- 6736, Pages:1283-1292

Sakun, P. and Suwanrada, W. (2011).Poverty and financial security of the elderly in Thailand. *Ageing International*, vol. 33.

Samson, M. (2009). Social Cash Transfers and Pro-Poor Growthll, in *Promoting Pro-Poor Growth*: *Social Protection*, OECD, Paris

Save the Children (2012). Evaluation of Humanitarian Action: Somalia Crisis Response, April 2011-April 2012.

Schubert B (2005). Reaching the Poorest- Experience from Zambia, GTZ

Schubert. & Slater, R, (2006) Social Cash transfer in Low –income African countries: conditional or unconditional Development Policy Review

Smith, J., (2009). Cash Transfers as a Humanitarian and development Programming Tool in Zimbabwe. Recommendations for Non-State Actors from the 1-2 December 2009 Conference in Harare. NGO Joint for Urban Zimbabwe

Standing, G (2008). How Cash Transfers Boost Work and Economic Security *(Revised)*, United Nations Department of Economic and Social Affairs, DESA Working Paper No. 58 New York

Stichweh, R. (2011). Systems Theory. In B. Badie, International Encyclopedia of Political Science.

Tirivayi, N., Davis, B. and M. Knowles. (2013). The Interaction between Social Protection and Agriculture: A Review of Evidence. FAO, Rome.

Todd, J.E., P. C. Winters and T. Hertz (2010). Conditional Cash Transfers and Agricultural Production: Lessons from the Oportunidades Experience in Mexico, Journal of Development Studies. Available at http://www.tandfonline.com/doi/pdf/10.1080/00220380903197945. 9(3): 5-7 Retrieved 24th June, 2018.

UNDP (2012). Somalia Human Development Report 2012: Empowering youth for peace and development. United Nations Development Programme, New York, NY.

UNICEF (2012). Final Evaluation of the Unconditional Cash and Voucher Response to the 2011–12 Crisis in Somalia

UNICEF, WHO, WB, and UN. (2013). Levels and Trends in Child Mortality. UN Inter-agency Group for Child Mortality Estimation.

Ventura, W., Romero, S., & Pineda, E. ( 2009). *Evaluacion Programa Mi Familia Progresa.* Guatemala City: Instituto de Investigaciones Economicas y Sociales.

Vogel A, I. (2013). ESPA guide to working with Theory of Change for research projects. ESPA - Ecosystem services for poverty alleviation.

Vogel B, I. (2012). Review of the use of 'Theory of Change' in International Development. DFID.

WFP (2011a). Challenges and Opportunities for Market-Based Interventions in Southern Somalia, Issa Sanogo, presentation to FAC, 28 September 2011.

WFP (2011b). Standard Project Report EMOP 200281, Tackling Hunger and Food Insecurity in Somalia, Single Country EMOP, 1 January - 31 December 2011, Rome, Italy.

Zezza, A., B. de la Briere, and B. Davis (2010). The Impact of Social Cash Transfers on Household Economic Decision Making and Development in Eastern and Southern Africa. Available at http://www.afdb.org/en/aec/past-aecs/aec-2010/papers/the-impact-of-social-cash-transfers-onhouseholdeconomic-decision-making-and-development-in-eastern-and-southernafrica/. Retrieved on 5th July, 2018.

Zezza, A., Briere., B & Davis, B. (2010).The impact of social cash transfers on household economic decision making and development in Eastern and Southern Africa. UNICEF Eastern and Southern Africa Region al Office, Rome, Italy.

# APPENDICES

## Appendix I: Letter of Introduction

Nelly Muriithi

Dear Sir/Madam,

**RE: REQUEST FOR YOUR PARTICIPATION**

My study focuses on influence of cash transfer programmes on health and nutrition outcomes among households in Somalia: a case of Middle Shebelle Region in Southern Somalia. You are hereby requested to participate in this study to help me achieve this objective. Your participation will be highly appreciated.

Yours faithfully,

Nelly Muriithi
REG NO: L50/79943/2015

**Appendix II: Questionnaire For Cash Transfer Beneficiaries**

**Instructions**

You are invited to participate in this study by filling the following questionnaire to the best of your knowledge. Anonymity and your confidentiality that of your organization as well as the volunteering project participant will be maintained. Please tick where appropriate and also provide your opinion by filling the spaces left.

| | | DD | MM | YY | |
|---|---|---|---|---|---|
| DATE | | | | | |
| Location | | | | | |
| Enumerators name | | | | Signature | |
| **SECTION ONE: DEMOGRAPHIC CHARACTERISTICS** | | | | | |
| 1 | Please indicate your gender | 1) Male [ ] | | 2) Female [ ] | |
| 2 | Kindly indicate your age | 1) 18-25 years [ ]<br>2) 26-35 years [ ]<br>3) 36-45 years [ ] | | 4) 46-55 years [ ]<br>5) Over 55 years [ ] | |
| 3 | Kindly indicate your Marital status | 1) Single [ ]<br>2) Married [ ] | | 3) Divorced [ ]<br>4) Widowed [ ] | |
| 4 | Please state your highest level of education | 1) No education [ ]<br>2) Primary education [ ] | | 3) Secondary education [ ]<br>4) Others (specify)..... | |
| 5 | Kindly indicate the size of your household | | | | |

| SECTION TWO: INFLUENCE OF CASH TRANSFER PROGRAM ON HEALTH AND NUTRITION OUTCOME | | | |
|---|---|---|---|
| **PART I: CONDITIONAL CASH TRANSFER PROGRAM** | | | |
| 6 | Do you get conditional cash transfer? | 1)YES [ ] | 2)NO [ ] |
| 7 | How often do you get conditional cash transfer? | 1) Always [ ] | |
| | | 2) Very Often [ ] | |
| | | 3) Frequently [ ] | |
| | | 4) Never [ ] | |
| 8 | What conditions are put in place | | |
| | | | |
| | | | |
| 9a | Do you prefer conditional cash transfer? | 1) YES [ ] | 2) NO [ ] |
| b | If yes to question( 8a) above, what are your reasons | | |
| | | | |
| | | | |

10 To what extent do you agree with the following statements on influence of conditional cash transfer on health and nutrition?

**Key:** 1=strongly disagree, 2=disagree, 3=unsure, 4=agree and 5=strongly agree.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Conditional cash transfer requires beneficiaries to access proper diet | | | | | |
| Conditional cash transfer has helped us investing in small scale farming | | | | | |
| Due to conditional cash transfer prevalence of acute malnutrition in children have reduced | | | | | |
| Women are able to breastfeed children well and for longer | | | | | |
| Conditional cash transfer requires beneficiaries to take children to health centres for screening | | | | | |
| Through conditional cash transfer we are able to access proper health services | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Through conditional cash transfer we are able to access proper nutrition services | | | | | |

**PART II: UNCONDITIONAL CASH TRANSFER PROGRAM**

| | | |
|---|---|---|
| 11 | How often do you get unconditional cash transfer? | Always |
| | | Very often |
| | | Frequently |
| | | Never |
| 12 | How much money do you get per month | Less than $10 |
| | | $10-$20 |
| | | $21-$50 |
| | | Over $50 |

13 To what extent do you agree with the following statements on influence of conditional cash transfer on health and nutrition? Use a scale of 1-5 where 1=strongly disagree, 2=disagree, 3=unsure, 4=agree and 5=strongly agree.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| We have cases of reduced food insecurity in the area | | | | | |
| We are able to spend most of the cash on food items | | | | | |
| It has become possible to visit local health centres since cash transfer program was started | | | | | |
| Using unconditional cash our children receive treatment on time | | | | | |
| Since unconditional cash does not specify what to do, we spend it on essential needs | | | | | |

## PART III: CRITERIA OF CASH TRANSFER PROGRAM

14 Who mainly benefits from cash transfer in this region?

a) Women [ ]

b) Orphans [ ]

c) Old people [ ]

d) Others (specify).....

15 To what extent do you agree with the following statements on influence of criteria of cash transfer on health and nutrition outcome? Use a scale of 1-5 where 1=strongly disagree, 2=disagree, 3=unsure, 4=agree and 5=strongly agree.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| The smaller the household, the more effectively cash transfer grants are utilized in the household | | | | | |
| The size of the household adversely impacts on the utilization of cash transfer | | | | | |
| Orphans and widows are prioritized when issuing cash transfers | | | | | |
| Gender of caregivers has a positive effect on effective utilization of cash transfer in the household | | | | | |
| Gender is factored in when deciding who to issue with cash transfer | | | | | |
| The age of the beneficiary determines the amount they receive | | | | | |
| More educated caregivers are able to use cash transfer more effectively | | | | | |
| Education level of the caregiver increases the uptake of health, education and nutrition | | | | | |

## PART IV: M&E OF CASH TRANSFER PROGRAM

16 To what extent do the following challenges occur as a result of cash transfer program in the area? Use a scale of 1-5 where 1=strongly disagree, 2=disagree, 3=unsure, 4=agree and 5=strongly agree.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Beneficiaries ensure everyone in the family have access to food | | | | | |
| Beneficiaries engage in farming practices that increase food production | | | | | |
| Beneficiaries attend training on health and nutrition conducted by NGO officials | | | | | |
| The agencies visit the beneficiaries to see their progress | | | | | |
| The beneficiaries are required to state their health condition | | | | | |
| The education level of the beneficiary is taken into consideration when issuing cash transfer | | | | | |
| The amount given is able to cover for the basic needs of our children | | | | | |

17 What are the other challenges facing cash transfer program and how do they limit access to health and nutrition in Middle Shebelle region?

.....

.....

.....

## PART V: HEALTH AND NUTRITION OUTCOME

Describe your health and nutrition outcome using the following statements? Rate using 1=no extent, 2=little extent, 3=moderate extent, 4=great extent, 5=very great extent.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| My household is able to have balanced diet | | | | | |
| We prioritize healthy foods | | | | | |
| My household visits the health centre when one is sick | | | | | |
| Our health comes first before anything | | | | | |
| Health and nutrition outcome has improved | | | | | |

## Appendix III: Interview Guide for Program Officers

1. Is the cash program conditional or unconditional? Explain
2. What are the key influences of conditional cash transfer program on health and nutrition?
3. What are the beneficiaries' reactions towards conditional cash transfer program?
4. What are the main influences of unconditional cash transfer program on health and nutrition?
5. What are the beneficiaries' reactions towards unconditional cash transfer program?
6. What is the most effective program towards realizing health and nutrition needs in the Region? Explain
7. Who are the criteria used in issuing of cash transfer program?
8. Who are the most appropriate beneficiary to ensure that health and nutrition needs are met?
9. Do you have trust in cash transfer projects committee's ability in targeting beneficiaries for cash transfer projects?
10. How does the donor ensure that the cash given does not cause chaos in the family?
11. What other monitoring and evaluation techniques have been put in place?

## Appendix IV: Introduction Letter

**UNIVERSITY OF NAIROBI**
**OPEN, DISTANCE AND e-LEARNING CAMPUS**
**SCHOOL OF OPEN AND DISTANCE LEARNING**
**DEPARTMENT OF OPEN LEARNING**
**NAIROBI LEARNING CAMPUS**

Your Ref:
Our Ref:
Telephone: 318262 Ext. 120

Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
NAIROBI

REF: UON/ODeL/NLC/29/451

13th November, 2018

TO WHOM IT MAY CONCERN

RE: NELLY MURIITHI - REG NO: L50/79943/2015

This is to confirm that the above named is a student at the University of Nairobi, Open Distance and e-Learning Campus, School of Open and Distance Learning , Department of Open Learning pursuing Masters of Art in Project Planning and Management.

She is proceeding for research entitled **"Influence of Cash Transfer Programmes on Health and Nutrition Outcomes Among Households in Somalia: A Case of Middle Shebelle Region in Southern Somalia."**

Any assistance given to her will be highly appreciated.

13 NOV 2018

CAREN AWILLY
CENTRE ORGANIZER
NAIROBI LEARNING CENTRE

## Appendix V: Authorization letter

DOWLADDA KOONFUR
GALBEED EE SOOMAALIYA
WASAARADDA BEERAHA &
WARAABKA

ولاية جنوب غرب
الصومال
وزارة الزراعة والري

SOUTHWEST STATE OF SOMALIA
MINISTRY OF AGRICULTURE & IRRIGATION

Ref: MOA-0245/2018 Date:16/11/2018

To : Nelly Mumbi Muriithi
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Dear Nelly

Following your application for authority to carry out research on " Influence of Cash transfer programmes on health and nutrition outcomes among households in Somalia: a case of Middle Shebelle region in Southern Somalia" I am pleased to inform you that you have been authorized to undertake research in Middle Shebelle region for the period ending 30th November, 2018.

You are advised to report to the Minister – Ministry of Agriculture and Irrigation of Southwest State Somalia hereby embarking on the research project.

Kindly, Process appreciated for your efforts.

Yours truly,

Mohamed Hassan Taqi
Minister of Agriculture and Irrigation
Southwest State of Somalia

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