

DEDICATION

To my wife **Margaret Kwamboka Sanganyi** whose love, support, encouragement and understanding made this Project paper possible for her inspiration and support.

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ABSTRACT

The aim of this study was to establish the challenges facing implementation of cash transfer for orphans and vulnerable children programme in Kasarani Division Nairobi County. According to (KNBS,2010), Kenya has a total population of about 38.6 million, out of which, almost 80 percent live in the rural areas and 56 percent of them live in poverty. Almost half of Kenya's populations of 38.6 million people live in poverty (KNBS, 2010 Children aged below 18 years are estimated to constitute 50 per cent of the Kenyan population and close to half of them require special care and protection. It is estimated that 1.78 million Kenyan children aged 0-14 are orphans (KDHS, 2003).

The objectives of the study were; to establish how cash is transferred to orphans and vulnerable children and their households, to examine the government policy gaps guiding the cash transfer for orphans and vulnerable children; to assess the governance structures for implementing the cash transfer for orphans and vulnerable children and to find out the challenges facing the cash transfer programme on orphans and vulnerable children (OVC-CT). This study employed an explanatory Focus Group design. An FGD research is a process of collecting data in order to answer questions regarding the current status of the subjects in the study. The collected data was summarized, organized, presented and interpreted using content analysis. In the study, a total of 14 focus group discussions were targeted however, due to insecurity at the time of the study, 9 FGDs were conducted. The main objective of the FGDs was to provide a forum for the groups to discuss in detail what affects them and to explore ideas the cash transfer programme on orphans and vulnerable children (OVC-CT). However, the study was able to organize for 9 Focus Group Discussions.

The findings showed that orphans are more likely to be cared for by households – those that have the means to take on, feed and educate additional members if there is a guarantee of additional support, like the OVC-CT programme. The study recommended that a number of policy initiatives need to be reviewed and clarified, and guidelines for implementation and enforcement need to be drawn up and disseminated to the relevant authorities. Key policy areas that need attention include: inheritance rights; access to education, medical services and accommodation.

LIST OF ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ASAL	Arid and semi-arid lands
DHS	Demographic Health Survey
DFID	Department for International Development (UK)
CT	Cash Transfer
CT-OVC	Cash Transfer Programme for Orphans and Vulnerable Children
DCS	Department of Children Services
DEO	District Education Officer(s)
DFID	Department for International Development
GOK	Government of Kenya
ILO	International Labour Organization
KDHS	Kenya Demographic and Health Survey
LOC	Locational Orphans and Vulnerable Children Committee
KSH	Kenya Shillings
MDG	Millennium Development Goals
MOEST	Ministry of Education, Science and Technology
MOH	Ministry of Health
NGO	Non-government organization/s
OVC	Orphans and vulnerable children
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

According to (KNBS,2010), Kenya has a total population of about 38.6 million, out of which, almost 80 percent live in the rural areas and 56 percent of them live in poverty. Almost half of Kenya's populations of 38.6 million people live in poverty. Nearly 20 percent live in extreme poverty (KNBS, 2010). As a result of the improved economic performance after 2003, it is estimated that poverty declined from 52 percent in 1997 to 47 percent in 2006. However, preliminary calculations suggest that the post election disruption of early 2008 reversed all of the poverty rate reduction gains made over the previous five years. In addition, the KPIA shows that inequality is very high in Kenya. In 2006, the consumption ratios of the top 10 percent to the bottom 10 percent stood at 20:1 in urban areas and 12:1 in rural areas. KNACP, (2009) many households are driven into poverty by shocks, including from food price inflation, droughts and floods, illness and a death in the family. One particular type of "shock" to families is due to illness and death caused by Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS). The preliminary report of the (KAIS, 2008) Kenya AIDS Indicator Survey shows that more than 1.4 million Kenyans are currently living with HIV/AIDS, with an estimated prevalence rate of 7.8 percent. Despite rapidly expanded access to treatment in recent years, over 100,000 adults still die annually due to AIDS related illnesses (and the cumulative number of AIDS deaths in Kenya is nearly 2 million).(KNACP,2009)

Children aged below 18 years are estimated to constitute 50 per cent of the Kenyan population and close to half of them require special care and protection. It is estimated that 1.78 million Kenyan children aged 0-14 are orphans (KDHS, 2003). The largest proportion of orphans, 55%, is aged 10-14 while another estimated 20% fall within the age group of 15-18 years. Nationally, 2% of these children are double orphans after lost both parents. About half of Kenya's orphans lost their parent(s) to HIV/AIDS. By 2010, the number of orphans was expected to grow to more than 2.3 million.

Millions more children live in households with sick parents or other disabled and elderly adults. The Government, Non-governmental, community-based, and faith-based organizations, in their effort to assist these families, have reached a fraction of the country's most vulnerable children. The tragic result has been increasing numbers of children continue

to grow up without adults to provide love, care and protection. Some are passed from household to household within their extended families while others are placed in institutions or find themselves living on the streets, hence increasing the risk of alienation, exploitation and abuse.

In response to the aforementioned crisis, the Department of Children's Services (DCS), with assistance from UNICEF, initiated the pilot Cash Transfer programme to test the possibility of such a welfare system in the country. The Government of Kenya developed the Cash Transfer Programme for Orphans and Vulnerable Children to support the poorest households with the most vulnerable children with a monthly subsidy that would help those families to provide some of the basic essentials of life. The Programme currently provides the households with KSh. 1,500/= per month paid out after every two months through the Post office or district treasuries. Initial indications have shown that the small sum provided to families through the Cash Transfer Programme has made a significant difference by enabling households to put food on the table, provide shelter, and the vulnerable children in school. The aim of the Programme is to encourage the families to take care of orphans and other vulnerable children and enable them to grow up in a family setting.

By December 2004, five hundred households in the districts of Garissa, Kwale and Nairobi were receiving a payment, which at the time was KSh 500 (approximately \$6.50) per OVC per month. This marked Phase 1 of a pilot learning process, with the objective of informing the design of a scale up phase. The programme is currently covering 45,000 households in a few locations in 47 districts country wide and benefits over 150,000 orphans and vulnerable children. The aim is to progressively expand the programme, attract increased resources both internally and externally to enable support to 100,000 households targeting 300,000 OVC nationwide by 2012. (Kenya, 2009),

1.2 Statement of a research problem

For over fifty years, the rich countries of the world have been promoting the social and economic development of the poorer peoples of the world. To stimulate increased attention towards poverty reduction, UN member states agreed at the United Nations Millennium Summit in 2000 that added focus must be given to reducing poverty by half of 2000 levels by 2015 (UNICEF,2007).

The situation of children in Kenya is of great concern. The health status of children has seen significant declines in recent years with infant mortality rates increasing from 30/1000 deaths

in 1989 to 77/1000 in 2003 and under five mortality rates also worsening (KDHS,2003). Only 65.9% of children aged between 12 and 23 months are fully immunized and malaria kills about 26,000 children every year (Kenya, 2007). Nutritional status indicators show that 33 percent of children are stunted, 6.1 percent acutely undernourished (wasted) while 20.2 per cent are underweight. (Kenya, 2007). After Free Primary Education (FPE) was introduced in 2003, the Net Enrolment Ratio increased from 77% in 2002 to nearly 85% in 2004 and the percentage of children dropping out of school fell from 5.4% to just over 2%. Despite FPE, 1.5 million children are still out of school (MOEST, 2007). Majority of these children are OVC who are unable to access school due to the difficult circumstances surrounding them.

Based on the importance of providing social protection to orphans and vulnerable children (OVCs) in Kenya, the Government of Kenya (GOK) decided to conduct a cash transfer pilot project that has become a valid model to be scaled-up nationwide. The initiative began with the first cash disbursements taking place in December 2004 in nine communities, within 3 districts, supporting a total of 500 OVC. According to the strategic plan of the (Ministry of Gender, Children and Social Development,2008) vulnerable persons like Orphans and Vulnerable Children (OVC) are faced with multiple challenges in their daily lives including high level of poverty and various forms of deprivation.

The pilot programme has been scaled up to cover 47 districts around the country. No major study has been carried out to examine the challenges that this innovative programme may be facing in order to mitigate them and render it more relevant and effective. The purpose of this study is therefore to investigate the Cash Transfer programme with a view of establishing and describing the challenges facing the program. The study also intends to establish the possible mitigation measures as seen through the eyes of the beneficiaries. It is expected that the lessons learnt will form a basis for OVC policy formulation in Kenya besides scaling up the Cash transfer project in the country.

1.3 The goal and objectives of Study

The aim of this study was to determine the challenges facing implementation of cash transfer for orphans and vulnerable children programme in Kasarani Division Nairobi County Kenya.

1.3.1 Objectives

1. To establish how cash is transferred to orphans and vulnerable children and their households.
2. To examine the government policies guiding the cash transfer for orphans and vulnerable children.
3. To assess the administrative structures for implementing the cash transfer for orphans and vulnerable children.
4. To assess effectiveness of the cash transfer programme on orphans and vulnerable children (OVC-CT).

1.3.2 Research Questions

1. What are the current dynamics of cash transfer for orphans and vulnerable children?
2. What extent are government policies addressing cash transfer for orphans and vulnerable children?
3. What are the challenges to administrative structures for implementing cash transfer for orphans and vulnerable children?
4. How effective is the cash transfer for orphans and vulnerable children?

1.4 Justification of the proposed research

The study will be useful to the Ministry of Gender, Children and Social Development and other organizations of the government in their effort to formulate strategies to reduce challenges facing the implementation of the cash transfer for orphans and vulnerable children. The findings of the study will be useful to the Department of Children's Services in her bid to mitigate the challenges facing guardians/orphans and vulnerable children.

The study's objectives are to provide the Government of Kenya with an improved understanding of existing social protection mechanisms and the opportunities and challenges in developing more effective social protection programmes that reach the poorest and most vulnerable. The ultimate aim is to strengthen Government's capacity to contribute to policy and programme development in this important field. More generally, however, the study has generated a body of knowledge that we are hopeful will be of wide interest to policymakers, specifically, the study intends to provide the findings that will inform scholars, academicians and researchers who may be interested to pursue this subject further.

The study objectives can also strengthen the capacity of families to protect and care for OVC, ensuring that orphans can stay within their communities and be cared for effectively. Transfers are currently directed to vulnerable and poor households selected through a defined targeted system.

1.5 Scope and limitations

The study was conducted in Kasarani Division, Korogocho Location of Kasarani District, Nairobi County. It targeted individual guardians, orphans and vulnerable children and key players from the Location like District Children's Officer, Location OVC Committee members among other representatives from the division.

The main limitation was insecurity in parts of the study area which led to researcher accessing 9 out of 14 focus groups targeted.

1.6 Definitions of terms

Caregiver

A caregiver is a guardian or parent who is charged with the responsibility for the child's welfare and live hood including comfort, upbringing, guidance, provision of basic needs and realizing of human rights.

Cash Transfer

Social cash transfer programs aim to provide basic social protection to those sections of the population who, for reasons beyond their control, are not able to provide for themselves. People in need of basic social protection usually live in labour-constrained households, that is

households with no adult members fit for productive work. Due to their limited self-help capacity, these households cannot access any of the labour-based poverty reduction programs offered by governments or aid organizations.

Child

A child is a person under the age of 18 years as defined by the Children Act No.8 of 2001.

Orphan

An orphan is a child who has lost one or both parents.

Vulnerable Child

A vulnerable child is a child living in a high-risk setting. In the context of HIV/AIDS, children are considered vulnerable when they/or their parents are living with HIV/AIDS, are orphaned, have parents or caregivers who are ill or dying, do not have a home, live in an area with high prevalence or proximity to high risk behaviours, live on the street, have parents or guardians who are in prison, are exploited, are isolated and discriminated against, live on their own in a child headed household, live in an unsupportive or unhealthy environment, have inadequate medical care, and/or are disabled.

Social Protection

The set of public measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence or substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age, and death of the breadwinner)

Social Security

Are ways in which individual people, households and communities protect their livelihood and are protected socially against the threats and stresses that threaten its continuity and stability (Nootboom, 2003)

CHAPTER TWO: REVIEW OF LITERATURE

2.0 Introduction

This chapter provides a review on the range and scale of social protection policies and programs that affect children and their families and offers illustrations from around the world. The focus is on cash benefits for vulnerable children. The chapter also provides an overview of social protection, child and family policies from both of developed and developing countries.

2.1 Background

Social protection is a term used interchangeably in the literature with social policy, social welfare and/or social security, but seems increasingly to be used as a generic term going beyond the alternatives. According to Juan Somavia, the Director General of the International Labor Office (ILO): For the ILO, social protection is about people and families having security in the face of vulnerabilities and contingencies. It is having access to health care, and it is about working in safety. But we are far from realizing the ideal of adequate social protection as a right for all. This is particularly true for the poorest in the informal economy...social protection fosters social inclusion and cohesion... [It] is not optional but a necessary component of strategies for working out of poverty” (Garcia & Gruat, 2003). The highest priority for the ILO is reaching those not covered by any existing system, but the ILO aims at universalism, social security and coverage for all, and inclusive systems of social protection.

2.1.1 Social Protection

A review of how social protection is defined, UNICEF views it as a basic human right: governments have an obligation to provide both economic and social support to the most vulnerable segments of their population. The definition of child conditioned social protection – social protection affecting children – encompasses social assistance and economic support directed at the family or at the individual child and social services including family and community support and alternative care (UNICEF, 2009).

2.1.2 Cash Transfers

Many developing countries, especially the Less Development Countries (LDCs) in sub-Saharan Africa, including Kenya, have to date not made much progress with regard to achieving the Millennium Development Goals (MDGs). This is often cited as one of the reasons a number of international initiatives urge governments and development organizations operating in these countries to prioritize basic social protection. Some of these initiatives argue from a human rights perspective (such as The Voluntary Guidelines to Support the Progressive Realization of the Right to Food adopted by the FAO Council in November 2004) and /or from the perspective of specific vulnerable groups like the elderly or orphans (Help age International,2004). Others focus on the link between social protection and pro-poor growth (World Bank, 2001). However, all these groups conclude that social cash transfers have a positive impact on development and are an underexploited tool for achieving rapid and cost-effective reductions of hunger and critical poverty.

The transfers also complement other forms of assistance by providing basic social protection to households that cannot be reached by mainstream development and poverty reduction programs. (Schubert, 2006) notes that cash transfers improve livelihoods, transform communities and impact communities. Households receiving grants use them for food and health care for the family, for the basic education of their children, and for investments in physical capital that can provide a future source of income. The additional purchasing power transferred to the beneficiaries has a multiplier effect and strengthens the local economy. In this way, basic social protection breaks the vicious circle of poverty and promotes pro-poor growth. In other words, social cash transfers kick-start a virtuous cycle (Schubert, 2006).

2.2 OVC Policies in Kenya

In Kenya, the government together with stakeholders has developed draft National Children Policy which has specifically mentioned OVC protection and care within family, community and larger society. The draft policy specifies interventions for OVCs as support for parents, families and care givers, strengthen and support structures and community system take care of the orphans & vulnerable children (OVC) and provision of treatment, care and support to children including their parents and caregivers (MGCSD,2008).

Additionally, to operationalize the draft policy, cash transfer for orphans and vulnerable children (CT-OVC) programme was initiated to cater for these children. The project development objective of the Cash Transfer for Orphans and Vulnerable Children (CT-OVC)

Project is to increase social safety net access for extremely poor OVC households, through an effective and efficient expansion of the CT-OVC Program. There are two components to the project. The first component of the project is policy development and institutional strengthening. This component will contribute to strengthening the Government's capacity to develop social protection policy, coordinate social protection interventions, and manage the CT-OVC Program at national, provincial, district, and local levels. The project will also improve governance and accountability through the implementation of awareness campaigns, a communication strategy, and enhanced oversight and accountability mechanisms (including spot checks and citizens' score cards). It will also improve information and financial management, and monitoring and evaluation. The second component of the project is program implementation in selected districts. This component aims at using CTs to strengthen the ability of vulnerable households to protect and care for OVC, ensuring that orphans stay within their communities and can be cared for effectively. It also aims to promote investments in human capital of the extreme poor population in the medium-term, while reducing the poverty gap in the short-term (UNICEF, 2009).

Orphans face many problems besides poverty, such as stigma and alienation stemming from ignorance about the causes of HIV/AIDS and the relationship between AIDS and orphan hood.

OVC also often suffer psychosocial effects, due to the chronic illness or death of a parent, as well as being more vulnerable to exploitation and abuse than other children. In addition, divorce, separation and retrenchment of parents often negatively affect the provision of basic services to orphans. For example, the percentage of children who have lost one or both parents and who attend school is only 85 per cent, compared to those 93 percent of other children. OVC tend to start school at a later age and drop out earlier than other children.⁶ Although about 82 percent of children aged 0-4 years have birth registration documents, the majority of the remaining children who are unregistered are orphans.⁷ A survey carried out in 2004 also showed that only about 15 percent of orphans were receiving some kind of health care (UNICEF, 2009).

With OVC representing almost 30 percent of all children living in poverty in Kenya, and with the increasing magnitude of the problem, there is a growing recognition that these children need special attention and support to prevent an "underclass" from developing, and to fully harness Kenya's human development capacity. Kenya's pilot Cash Transfer Scheme for

Orphans and Vulnerable Children in three districts started with a community-based listing process, using community-developed criteria based on broad guidelines from UNICEF. These included poverty, vulnerable children in households, caretakers chronically ill, and other factors, including lack of able-bodied adults. A detailed questionnaire was filled out for each household, entered into a Management Information System, and ranked according to criteria including orphans; not attending school, under 15 years old; households with only income of under KES 2,000; and no other support from an organization. A community discussion followed to finalize the selection (UNICEF, 2007)

The new phase of Kenya's scaled-up cash transfer programme targets households based on poverty, presence of orphans and other vulnerable children (defined as double or single orphans) living without adults (child-headed households), or with a disabled person, defined as someone with a "physical or mental disability that prohibits the individual from carrying out normal daily activities and requires the individual to depend on others." The household also cannot be receiving any other programme benefits. Households are classified into high, medium, and low vulnerability depending on whether they have 1-3 of the following characteristics: (1) at least one orphan below 18; (2) a household head below 18; (3) at least one child, parent, or guardian is chronically ill (easily identifiable illness, like AIDS) (MGCSD,2008).

The UN Convention on the Rights of the Child (CRC) requires state parties to take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. Such protective measures include effective procedures for the establishment of social programmes to provide necessary support for the child and for care givers, as well as for other forms of prevention and for identification of child maltreatment (UNICEF, 2008).

2.3 Empirical Review on Role of Cash Transfers

Cash transfers have a direct impact on monetary poverty simply by virtue of the increase in household income that the transfers provide. The level of income transferred varies widely in different contexts. In middle-income countries such as Mexico, for example, the transfer contributes approximately 25% of monthly household income (Holmes and Slater, 2007). In South Africa, up to US\$75 is transferred to households a month through the pension scheme

and up to US\$30 a month for the child grant (Barrientos and DeJong, 2006). In low-income countries such as Malawi and Zambia, approximately US\$12-15 a month is transferred (Schubert, 2006).

The child support grant in South Africa, which now benefits about eight million children, was found to reduce the incidence of poverty among HIV-affected households by 8% (Booyesen, 2004). Clearly, the programmes transferring smaller amounts will not have the same impact on the poverty headcount, but even small transfers can reduce the poverty gap by raising the incomes of the poorest deciles of the population, and can improve household-level food security and nutrition. The evaluation of a cash transfer programme in Zambia found that, as a result of receiving a transfer, 12% more households consumed proteins every day (GTZ, 2005).

The evidence shows that cash transfers can have positive impacts on reducing children's poverty when the transfers either are targeted directly at children or indirectly affect them by raising household income. (Devereux et al, 2005) reviewed a number of cash transfer programmes in Southern Africa (including cash for work, direct cash transfer and pension schemes) and found that vulnerable children were able to benefit from cash transfers even if they were not targeted directly. In this and other evaluations, as in Zambia (GTZ, 2005)

Cash transfers can contribute directly to household productivity and in some contexts may create multiplier effects at the local level (Barrientos and Scott, 2008). Even small cash transfers can make it possible for poor families to invest in assets, take risks in more productive and remunerative activities and purchase inputs such as seeds, tools and fertilizer Farrington et al., (2007). Evidence supports the view that, if designed and implemented effectively, social transfers are capable of strengthening some micro-level outcomes that are intermediate to growth (Barrientos and Scott, 2008). This is an important argument to be made for implementing social protection in the African context, where governments are increasingly concerned about growth stimulation growth and employment creation.

2.4 Theoretical Framework

Entitlement Theory

The rationale for cash interventions is implicitly based on the entitlement theory and its application to the study of famine. Entitlement theory focuses on the process of famine rather than its outcome. It proposes that famines result not from a lack of food in a region, but rather

when people lose their entitlements, that is, their means of acquiring food (Khogali & Thakar, 2001).

People can lose their entitlements, which is known as entitlement failure, in two ways. A 'pull' failure implies the loss of the means or lack of income to purchase food, which results in a loss of demand. The inability of the market to respond, either due to lack of food supply or due to traders cornering the market, is known as a 'response' failure, and it results in a lowering of supply. Food aid can help to address the 'response' failure by ensuring that people can still consume food when it is in short supply. Cash transfers can help to address the 'pull' failure by giving people the means to purchase food. The added benefit of cash is that it allows recipients to make their own consumption decisions and it stimulates local markets. When a household receives cash, its spending power increases. This boosts the local economy, since traders are encouraged to step up efforts to fulfill the demand, which in turn facilitates the supply and distribution of food from other regions to the affected area. It may further stimulate the production of food. Thus, both food and cash interventions together can help avert famine. (UNICEF, 2006)

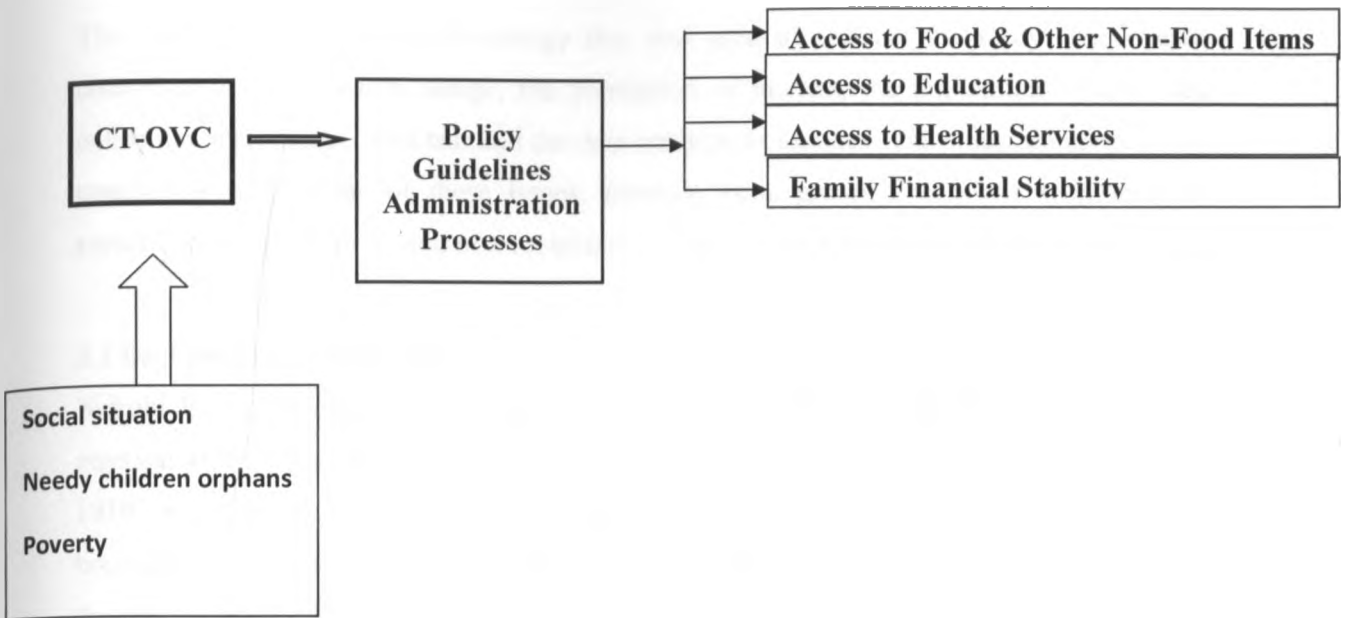
Following this line of thought the government of Kenya commenced the CT-OVC program with a view to assisting affected households to purchase food and other necessary non-food items for OVC and orphaned children besides sending them to school. From an entitlement perspective, the CT-OVC program enables the households and particularly the children to regain their entitlements not just to food but also to education, general financial stability and health services.

Table 2.1 Framework showing the effect of CT-OVC program on OVCs

CONTENT

PROCESS

OUTCOME



Source: Researcher 2010

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This section sets out the methodology that was used to conduct the study. The chapter comprises of the research design, the population of interest, the population sample, data collection instruments, pilot test and the data analysis techniques. The study aimed to collect community perceptions of these issues, through focus group discussions with recipient careers, recipient children, and non-recipients in one programme area.

3.1 Background to study area

Nairobi has experienced a rapid growth both in population and physical extension. The physical area of Nairobi expanded from 3.84 square Kilometers in 1910 to 5 Kilometers in 1919. By 1948, the city boundary covered an area of 83 square Kilometers. In 1963, the boundary was extended to 696 sq. Kilometers which is currently still the official extension of the city, (Kenya, 2008). The rapid boundary expansion can be explained by the high rate of urbanization that has attributed to increased immigration and high natural population increase.

Geographic and Demographic Features of Kasarani Division

The selection of the study area was largely purposive, because the stratification was also purposive. Kasarani area is located in Kasarani Constituency, in the northern part of Nairobi County. According to (KNBS, 2010) Kasarani Division is divided into seven locations namely, Korogocho, Kariobangi, Githurai, Kahawa, Ruaraka, Roysambu and Kasarani. Korogocho location is further sub-divided into three sub-locations namely Korogocho, Gitathuru and Nyayo. Kariobangi location is sub-divided into one sub location namely Kariobangi. Githurai location is sub-divided into Githurai, Zimmerman and Kamuthi sub-locations. Kahawa location is sub-divided into Kongo Soweto, Kahawa West and Kiwanja sublocations. Ruaraka location is subdivided into Mathare North, Mathare 4A, Ruaraka and Utalii sub locations. Roysambu location is subdivided into Garden, Njathaini and Roysambu sub locations. Kasarani location is subdivided into Kasarani and Mwiki sub locations

According to the (KNBS, 2010) Kenya Population Census, Kasarani Division occupies an area of 86.4 square kilometres. Korogocho location has 41,946 people, Kariobangi location has 39,342 people, Githurai location had 87,575 people, Ruaraka location had 152,174 people, Roysambu location has 47,678 people and Kasarani location has 100,472 people.

Kasarani Location two Sub-locations have the following population figures: Mwiki Sub location has a total population of 39,156 among them 19,450 males, 19,706 females and 12,213 households. Kasarani Sub location has total population of 61,316 among them 10,357 males, 9,574 females with 5,562 households.

The Korogocho slum is the fourth largest informal settlement in Nairobi, after Kibera, Mathare Valley, and Mukuru Kwa Njenga. It is located in the Kasarani Division, in eastern Nairobi, approximately 11 kilometers from the central business district. It is estimated to house about 10,375 people on 1.5 square kilometers of land owned by the Government of Kenya.

Located 11 kilometres northeast of the Nairobi city centre, Korogocho's 1-1.5 square kilometres were originally on government owned land which was a vacant outskirts when it was founded by rural migrants to the city in the 1960s. It borders one of Nairobi's main rubbish dumps, Dandora. The slum is a "Location" of Kasarani division, Nairobi Province, and is divided into seven "villages": Highridge, Grogan, Ngomongo, Ngunyumu, Githathuru, Kisumu Ndogo/Nyayo and Korogocho.

Conditions in Korogocho are typical of slum settlements in Nairobi. The total number of households has been enumerated at 12,909, with the largest of the seven villages consisting of 3,481 households. Like any of the other slum settlements in Nairobi, it has a large poor population with no access to minimum services, living largely in structures made out of temporary and recycled building materials - or made out of timber, mud walling, and roofing made up of substandard materials such as sacks, carton paper and polythene. There is no proper sanitation and waste management. Water reticulation is limited and the road network is inadequate.

With poor infrastructure, few resources, overcrowding, and proximity to the dump, health in Korogocho is poor. The area has been singled out by officials because of high illegal drug and alcohol abuse, and had an estimated 14% HIV infection rate in 2008. This has led to a rise in the number of orphaned children (KNACP, 2009)

The cash transfer is being implemented in Korogocho location which has two sub locations namely: Githathuru and Nyayo sub locations.

3.2 Research Design

This study employed an explanatory study design. Explanatory study is a process of collecting data in order to answer questions regarding the current status of the subjects in the study. According to (Kothari, 2004) the main purpose of the explanatory study is formulating a problem for more precise investigation. Thus explanatory study has as its primary objective the development of insights into the problem. In order to enrich the research process, the study categorized potential respondents into three major categories; Programme recipients: careers, Programme recipients: children (aged 12/13-17) and Key Players

3.2.1 Issues covered

Six issues were identified for the study. These issues are:

1. Selection process
2. Operations
3. Household decision-making
4. Impacts and effects overall
5. Impacts on OVCs
6. Impacts on children

3.2.2 The Selection process

The study aims to explore the following questions:

- Does the programme reach those most in need?
- Was the process of selection fair and participatory?
- Are any groups excluded from the cash transfer programme?

The study explored the views of both recipients and non-recipients, and considered potential conflict in the community.

3.2.3 Operations

The study aimed at exploring the following questions:

- Is the programme efficient, respectful and helpful?
- Is it responsive to any problems or concerns?
- What are the difficulties in participating, including in complying with conditions where they are operating?

The study on this issue covered selection, payments, case management, condition compliance and monitoring.

3.2.4 Impact and effects

3.2.4.1 General impacts and effects

The study aimed at exploring the following questions

- What is the impact of the programme on beneficiaries and on the wider community?
- Has it had any effect on community relations or other community characteristic

The study on this issue examined both household and community level impacts, considering both recipients and non-recipients.

3.2.4.2 Impacts on household decision-making

The study aimed at exploring the following questions

- Who receives controls and spends the cash transfer and on what and whom it is spent?
- Does it have any effect on intra-household relationships?

3.2.4.3 Impacts on OVCs

The study aimed at exploring the following questions

- Have there been any changes in the way OVCs are treated, and the expectations of them - either positive or negative?
- Have there been improvements in their lives?
- Is there any stigma attached to being an OVC or to being on the programme?
- Have the transfers led to improved schooling or reduced expectations of child work?
- Have there been any changes in the possible exploitation of OVCs, including any sexual exploitation and involvement in the sex industry?

3.3 Target population

The study population comprised an estimated 3,460 OVCs in Kasarani Division. However the study specifically relied on the registered members with the Ministry of Gender, Children and Social Development CT-OVC. Since the cash transfer programme is being implemented in

Korogocho location, which has two sub locations namely: Gitathuru and Nyayo, the sample for the study was drawn from the two sub-locations. There are two hundred and twenty six orphans registered with the programme in Gitathuru and two hundred and sixty eight in Nyayo sub-location as at December 2009. (MGCSO, 2008). The respondents for this study were: carers, Programme recipients children (aged 12/13-17) and Key Players in the Ministry of Gender, Children and Social Development and the Local OVC programme Committee members.

3.4 Focus Group Discussions

The study used Focus Group Discussions (FGDs) as outlined below. The study aimed at conducting FGDs with three different sorts of participants in the study area:

- Programme recipients: carers.
- Programme recipients: children (aged 12/13-17).
- Key Players

Table 3.1 Focus groups discussions to be conducted

Sub-location	Careers	Children	Key Players	Total
Githathuru	Two groups	Four groups	One group	Seven
Nyayo	Two groups	Four groups	one group	Seven
Total	Four groups	Eight groups	Two groups	fourteen

Source: Research Data 2010

Recruitment of Focus Group Discussion participants

Focus group participants were recruited with the collaboration of Locational OVC Committee members, Chiefs and Assistant Chiefs, and village elders. In some cases, the study performed a quasi-random selection of participants in cases where there was more than the target for the group. Each focus group was intended to contain 5-8 participants and last for 1 - 3 hours. The discussions were conducted in the communities visited. The discussions were conducted in privacy. The focus groups were also conducted in the language (English and Swahili), with which the majority of participants felt most comfortable.

3.5 Data Collection Instruments

The researcher ensured appointments were made on time; participants were also informed what the discussions were to focus on – not the details, select participants who are typical of the intended population. The research team usually arrived early enough at the venue and ensured that the meeting place is arranged, review the guide, welcome participants as they arrive, introduce the research team to participants.

At the start of the discussion, participants were asked to introduce themselves and the team leader introduced the research team. He explained to participants why the meeting had been convened (objectives of the study) and assured participants of anonymity and confidentiality. The team leader explained to participants that the study only want to know what they think, and what their observations were. Team leader gave them ground rules for participation like no interruptions when one is contributing and respect for other participants' opinion. During the introductions the note taker made a sketch (with names of participants) of the sitting plan.

Focus group discussions were developed for the Programme recipients: carers, Programme recipients: children (aged 12/13-17) and Key Players.

3.6 Data Analysis Techniques

The data collected from Focus Group Discussions are raw data. The researcher's task was to prepare a statement regarding the collected data. The first step was to transcribe all FGDs and Key Informants' Notes. This provided a complete record of the discussion and facilitated analysis of the data. The next step was to analyze the content of the transcribed notes. The aim of this analysis was to look for trends and patterns that emerge within either a single focus group or among various focus groups. As (Krueger, 1988) suggests that content analysis begins with a comparison of the words used in the answer. Also, the researcher must consider the emphasis or intensity of the participants' comments. Other considerations relate to the consistency of comments and the specificity of responses in follow up probes. Data analysis found out emerging themes and patterns in the data through qualitative data analysis technique.

CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents the findings of the study. The study aimed to establish how cash is transferred to orphans and vulnerable children and their households; to examine the government policies guiding the cash transfer for orphans and vulnerable children; to assess the administrative structures for implementing the cash transfer for orphans and vulnerable children; to assess the effectiveness of the cash transfer programme on orphans and vulnerable children (CT-OVC) and finally to determine if the cash transfer programme is fair and if it reaches those most in need.

4.1 Focus Group Discussions

Upon arrival for the focus group, participants were asked to sign in and to complete a brief information sheet prior to the start of each group. This information sheet allowed reconfirmation of eligibility for the group, provided demographic and behavioral information about the participants, and made it possible for the focus group moderator to avoid asking close-ended questions inappropriate for a focus group setting.

Participants were also asked at this time to review and sign an informed consent form that detailed their rights, the limitations on the use of the data, and the investigators' assurance of maintaining confidentiality. The consent form also informed participants that the session would be audio taped.

After a brief introduction, the moderator began asking questions from the focus group guide. Once the questions from the guide had been covered, the moderator informed the participants that he was going to check with the observers to determine if the assurance of maintaining confidentiality was well catered for.

The focus group discussions were guided by a skilled moderator who had received specific training in moderating focus groups and had extensive experience applying this technique. The role of the moderator was to ask pre-determined questions, guide the group discussion, and ask probing questions about salient, related topics that arose during the focus group session.

A total of 14 focus group discussions were targeted. The main objective of the group discussions was to provide a forum for the groups to discuss in more detail what affects them and to explore ideas the cash transfer programme on orphans and vulnerable children (OVC-

CT). However the study was able to organize for 9 Focus Group Discussions. The table below illustrates the response in terms of Focus Group Discussions.

Table 4.1 Focus Group Discussions

SUB LOCATION	Careers	Children	Key Players	Total
GITHATURU	Two groups	Four groups	One group	Seven
NYAYO	Two groups	Four groups	one group	Seven
TOTAL	Four groups	Eight groups	Two groups	fourteen

From table 4.1 it can be noted that the response rate was 9 out of 14 focus groups targeted. This constituted 65% of the target groups. The 5 other groups were not accessed because there was another study which led to insecurity in parts of Korogocho. The LOC committee and with the advice and guidance of the District Children's Officer Kasarani District who is the Programme Coordinator for OVC-CT felt it was not safe to recruit the groups.

4.2 How the Cash Transfer is implemented

According to the FGDs for Key Players, the programme at Korogocho location, the study location is within the Department of Children's Services, one of the departments of the Ministry of Gender, Children and Social Development. The government representative on site is the District Children's Officer- Kasarani. The location is divided into two Sub-locations –Nyayo and Gitathuru the Sub-locations are divided into 9 Villages namely - Korogocho B, Korogocho A, Ngunyumu, Highridge, Kisumu ndogo, Nyayo, Grogan A, Grogan B and Gitathuru. From each village, there is a representative to the LOC committee that oversees the OVC-cash transfer programme for the recipients in the division. The LOC committee works closely with the District Children's Office. From the 9-committee members this study obtained the first group of Key Informants. A Chairperson and a Secretary head the committee. Subsequently members are a representative of their village. The committee of the Kasarani LOC committee works closely with the office of the DCO Kasarani. The

Government and UNICEF trained them. They already have dealt with the institutes dealing with orphaned children. Their main roles include walking in villages with village elders and finding out problems that some families face. By doing that, they are able to know the problems first hand. They have checklist forms with which they could identify the vulnerable children and orphans. The programme is organized as herebelow:

Central Programme Unit (CPU)

A Central Programme Unit (CPU) is established within MGCSO headquarters within the Department of Children's Services, to coordinate, plan and manage the activities of the CT-OVC Programme nationally including planning, coordinating financing and monitoring and evaluating the performance of the programme.

Advisory Area Council (AAC)

The AAC was created to coordinate and supervise activities and services for children at the district level; it is a replica/reflection of the composition of the National Council for Children's Services (NCCS) as provided for in the Children's Act. The composition of the AAC includes: District Commissioner (Chairperson), District Children Officer (Secretary), District Education Officer, District Labour Officer, District Social Development Officer, District Statistics Officer, District Medical Officer, District Officer Commanding Police Division, District Information Officer, Representative of Non-governmental Organisation, Representative of Faith Based Organisation, Representative of private sector, Children's Magistrate and an officer from local authorities. The AAC creates a District OVC Sub Committee who is in charge of supporting the implementation of the CT-OVC programme.

District Children's Office (DCO)

The District Children Officer (DCO) and a maximum of three assistants (Children Officers) are charge of the administrative aspects of the programme, to coordinate significant logistical processes. They manage the programme at the District level and serve as a link between the headquarters, the entities providing health, education and civil registration services, and the beneficiaries. The DCO is also in charge of monitoring compliance and reporting information back to the headquarters. Location OVC Committee (LOC) members, District OVC Sub Committee (DOSC) members and community elderly members support the DCO in activities related to selection of beneficiaries, enrolment, conditionalities compliance, payments, monitoring and complaints

District OVC SUB Committee (DOSC)

The DOSC is in charge of sensitizing district administrators, opinion leaders and the community on the CT-OVC Programme. They are also in charge of creating, training and supervising Location CT-OVC Committees, whose responsibilities are described below. Finally, the DOSC assists in the programme cycle activities. This includes beneficiary selection, monitoring and direct assistance to beneficiaries in respect to compliance, payments, updating records, appeals and complaints.

Location OVC Committee (LOC)

The general role of LOC is to sensitize the community on the Children's Act and the plight of OVC and HIV/AIDS. The LOC also encourages the community to obtain birth and death certificates and maintains OVC data. Their most important role is to identify OVC within their location, assist to identify enumerators for household surveys, validate selection of beneficiaries through the community, assist with enrolment, coordinate home visits and awareness sessions processes and monitor progress of OVC continuously.

4.3 Description of the orphaned and vulnerable

From the findings of the FGD for Key Informants, the respondents stated that there are single and double orphans. Double orphans were those who have lost both parents especially to HIV orphans and orphans to single mothers. According to the respondents, the mother could be bed ridden and also for single orphans the parents have been exposed to problems for example when one was sent to prison leaving the child not to have a chance to education and food. One of the most tragic consequences of HIV/AIDS is its devastating impact on the well being of children. HIV/AIDS affects both those who are HIV-infected and children orphaned by the disease. For children less than 15 years this is a critical age group for child survival. It is a vulnerable age group and needs parental care and adequate health and other services. Although this age group gets free medical care in most public hospitals and clinics in Kenya, their caregivers may not be keen to facilitate this. Some of them do not know of the existence of this health service at government health facilities.

4.4 Administration of the fund

The Programme targets households with OVCs, who are defined as children who are orphans (one or both parents dead); *or* chronically ill; *or* re looked after by a carer who is chronically ill. The Programme was not intended, primarily, to address poverty this is because OVC

households are somewhat more likely to be poor than the population as a whole, and because the programme's targeting within the OVC population is mildly pro-poor.

According to the key Players, the guardians to the children also known as caregivers receive the money. The care givers spend the money according to the cash transfer committee policy if there are problems arising for example if the caregiver is not using the money wisely and is not taking care of the child there is an alternative and so the orphan is taken care by another person .The expenditure includes the following; hospital, school, food, shelter, rent and clothes. The money is not usually enough but caregivers usually try and use it effectively. The cash transfer is meant to benefit the whole household as the orphan also gets to benefit. According to the key informants the inter- relationships between families usually result in problems occurring. The orphan may stay with a relative but the siblings are sometimes against and usually fight over the right to be taken care. Orphaned children have been dumped by their big brothers or sisters and even other relatives after receiving the cash transfer and sometimes when the mother dies and the husband marries another wife, the husband may have received the benefits leading to the step –mother falsifying or stating false statements about the cash leading to the orphans not being helped.

For every additional orphaned child placed in a household, there are far reaching consequences for both the child and the guardian. Many relatives who turn down requests to host orphans often cite social and economic problems as being the main reasons for refusing.

The interviewees were asked about the main concerns they had for the children taken in. Again, the two main concerns were financial support and educational support mentioned by more than one third of the respondents. A similar trend in response was observed with respect to what the head of household considered to be particular problems the child may have been facing. The most cited constraint is economic changes brought about by spreading out the already limited resources of the household. Similarly, there are social adjustments expected of all in the family, and the consequent emotional changes frequently observed in children when strangers suddenly join the family. Such concerns constrain people and make caregivers shy away from taking in orphans. When both parents die, the child is severely disturbed and often needs some emotionally stable adult to lean on.

4.5 Problems Encountered by the Committee

According to the focus group discussions for Key Players who form part of the village committee for each of the nine villages, the government may not be aware of the problems

faced in villages. The committee members do not have freedom to go to the places or have meetings in the villages. For one, it is cumbersome; secondly the village elders do not give them the freedom to do so. The programme has uplifted the lives of beneficiaries; businesses have grown, children have gone to schools because they are able to pay fees for them in private schools, and the money has been used to establish businesses. The office of the chief and headmen do not appreciate this because they too want to be involved in the programme. Although the money is not enough because they have to cater for many things, the communities are very pleased.

There are also challenges and problems of participation in the OVC cash transfer programme. According to the focus group discussions, the community has the notion that to be a participant, you need to bribe the committee. The people also assume that one may be recruited even without identity cards. There is also the problem of being exposed to violence from village mates who especially when village elders interfere with the smooth running of the programme. For example they may want to influence the recruitment of beneficiaries and then the LOC members refuse to abide by their instruction. The biggest social challenge is death from HIV/ AIDS related illnesses hence there are many orphans and vulnerable children. This has generally increased incidents of bribery and offer of incentives for recruitment into the programme. Over a period of six months, the respondents had noticed that there had been an increase in the number of orphans in their community. The guardians cited HIV/AIDS as the main reason for orphan hood.

According to the Chairman of the Village Committee, there are many more challenges facing the programme. He had this to say about the challenges and problems:

“As chairman, the project has not been supported. There is generally lack of recognition by the government because what we volunteer our services with no payment. There is no support from the local administration we even do not have an office, stationary and furniture to have regular meetings. Because of these therefore, lack of commitment from our members for example the ID cards of people who have died may need changing and so it proves a lot of commitment. Although we appreciate the co-operation of the recipients, there is need to empower office the DC, the DO and even the DCO Kasarani to be equipped.”

The issues emerging from the above data include the following:

Overstretched capacity of management and implementing structures of various structures come up as an issue. The responsibility-capacity congruency of the DCO, DOSC and LOC has not been achieved. This incongruence is likely to weaken further with the expansion of the programme to cover more districts. The human, physical and financial capacity of these institutions is not adequate. The LOCs are not provided with any resources to carry out their responsibilities. The volunteerism of LOC members may not be sustainable in the long run.

Volunteering comes up as an issue. The LOC members work on voluntary basis. The human, physical and financial capacities of these institutions are not adequate. The volunteerism of LOC members may not be sustainable in the long run. This implies that it is not possible to volunteer services especially because poverty is rampant in the urban area and volunteers must earn a living.

Remuneration for LOC members presents a big challenge to the programme. The LOCs are not provided with any resources to carry out their responsibilities. There is need for a budget to provide some allowances to the committee members to compensate them for their time. This might also deter them from taking bribes. This is important because formalization of their positions will deter them from bribery and make them more accountable both to the community and the DCO.

Positions for LOC members are a challenge to the programme. The idea of holding informal or casual positions in the committee is deepened by the fact that there are no offices. This implies that their decisions are made in informal settings hence may not be taken seriously by the community members. The records they keep are also vulnerable. Clear documentation also enhances transparency by ensuring that records on programme implementation are available at the time of need. Therefore formalizing these positions will safeguard the documents they keep.

Commitment to work by LOC members is another issue. Work requires commitment for one to be able to be vigilant and ensure that identification documents are not used. It appears that this commitment is motivated by remuneration and this is understandable considering the levels of poverty in the community in general including the committee members.

4.6 Impacts of the programme

These findings represent an equity concern that needs to be addressed by the Programme. While no targeting is perfect, the Programme's effective implementation of proxy-based

targeting provides an encouraging basis for improvement, with measures that need not be overly costly or complicated. For this reasons, the study sought to establish the social-economic effects of the OVC programme.

According to the focus group discussions for caregivers, the sour relationship between the community and law enforcement agencies like the police and local administration has been eased. No children are on the streets. The children have gone to school. Bringing up children have eased; the beneficiaries can get food, clothes and birth registration has gone up. The money reaches them between 21 and 23rd of each month via Mathare Post office. Usually the caregivers talk to the committee and explain their problems. Non availability of identification cards, affected beneficiary goes to them and receive the cash .Incase sick, they still get the money even if somebody else is sent who can be identified by the LOC members. When spending the money, the recipients first evaluates the debts however school levies are paid first then food, clothes and other basic needs, hospital and books. Money retained is taken to their businesses. It is worth noting that these savings are recycled into the community and hence sustainability of the programme. Beneficiaries have organized themselves into self help groups and bought goats and chicken to sustain their incomes.

According to the focus group discussions for key informants who form the village committee, those who benefit from these are the orphans and the rest of the siblings in the house. The respondents believed that the cash transfer has helped places like Korogocho to develop and thus eliminate poverty. Subsequently there is no begging on the streets of Korogocho because children have benefited a lot from the programme and are able to get their basic needs. According to the Vice Chairlady of the LOC committee while praising how the programme has helped beneficiaries a lot, she had this to say;

“There is no loitering around by street kids secondly movements of children from village to village have been greatly reduced. The guardians like aunts and cousins have been able to keep the orphans in the family hence strengthening family unit; you see they have now engaged in small businesses. The HIV infected have been given motivation because living for those who were or have been bedridden. Have started small businesses and so can get food and medicine.. Increased nutrition and so live a healthy life.”

The issues emerging from the above data include the following:

Street children are an issue. Children become homeless and end up living on the streets as a result of HIV/AIDS. This may arise from disinheritance which leaves the children with no

fixed abode or may be triggered by the child's quest to make a living where the streets become the only option. Apparently, poverty previously kept the children out of school and home. The children kept out of the streets and crime may go down in the short and long term. This is possible because family is able to provide for the needs of children being supported as a household.

Role of OVC-CT is an important issue. The cash transfer has enabled carers to keep children in the extended family and the institution of the family is strengthened. This implies that poverty destabilized the institution of the family in the urban areas. Orphans who are cared for by relatives is well in line with social norms. Community members expect that a child will stay with his or her grandparents if both parents die. FGD identified the paternal grandparents as the usual carers, in the event that both parents die.

Rise of small businesses is an issue. Due to OVC-CT proceeds, families have started small businesses. The multiplier effect is that they now have money for food and HIV/AIDS management. They are motivated, given them the reason, will to live improve their nutritional status and their general quality of life.

Family relations is another issue According to the focus group discussions family relations have improved. Also community relations are now better and credit facilities have been established and so help each other. Security has greatly increased because the street kids are no longer on the streets. This has led to non-participating areas being interested to participate. There is generally a lot of support for continuation of the program.

4.7 Impact on schooling

According to the focus group discussions the OVC cash transfer programme has had a big impact on schooling. Previously, the children went without shoes, books, school trips, and clothes and even did not attend school although there is not enough to cater for the education. According to the chairman of the LOC committee a pastor who is also involved with rehabilitation of children and is running a school for such children he had this to say:

“The children have now stopped picking up objects like Mandenga in mukuru dump site. They are not chokoraa (street urchins). They are no longer doing casual works, which means there is also no sexual exploitation. Our OVC's committee is trained and made aware of these vices. Evens communities have been aware and so keep an open mind so as to identify the children to be sent back to school”

The issues emerging from the above data include the following:

Reduced scavenging is an issue There is reduced scavenging by the children at the dumpsites implying improved quality of life for children hence there is potential for continued and improved schooling.

Child labour as an issue has decreased as the children have an opportunity to go to school and also have food and other supplies. Children are sometimes forced to engage in child labour. Children living with parents who are living with HIV/AIDS or are deceased as a result of the disease are at times forced to make a living to support their parents, their siblings and themselves. This pushes them to engage in child labour much of which is exploitative. Girls have been known to engage in sexually exploitative activities such as prostitution so as to make a living for their parents or their siblings.

Sexual exploitation as an issue has been curbed sharply because children are provided for in family institutions rather than in the streets where they are vulnerable. The LOC committee members are also vigilant on such cases of sexual exploitation. The committee is thus empowered through the OVC-CT programme to enforce children rights.

4.8 Challenges facing the children

As far as the recruitment of the children was concerned, most of the children thought it was fair. According to the focus group discussions the kind of food the children had eaten the previous day included Ugali and green vegetables, rice and potatoes, Rice and tea, Rice. This was attributed to the majority of the children; however some had not eaten anything. The other problems the children faced were that the money is delayed; most of the money goes to school so the care givers have little money left. Some children are sent home due to lack of fees some said there was lack of food sometimes while others said Lack of money resulted in lack of medical care. The children get sick often. Fewer orphans and vulnerable children therefore have access to healthcare of those orphans and vulnerable children who had been sick in the last three months prior to the data collection; only a handful had received medical treatment. In contrast, most of non-OVC experiencing sickness was able to access treatment. As far as Food Intake was concerned most children were having two meals per day. However, some children indicated not having eaten anything the previous day.

4.9 Communication and Household Relationships

Whenever the children had problems, they would typically talk to their guardians. Some of the orphans said, what bothered them the most was the fact that they missed their deceased parents/guardians. As far as the Orphans' Perceptions and Family Personal life's were concerned, different types of feelings were aroused when looking at these things, one of which was sadness, mentioned by a majority of respondents. The death of a parent was a trying experience for the orphans. Even the lifestyle quite often changed. Significantly, fewer orphans and vulnerable children have their basic needs fully met.

The basic needs identified locally were clothing, bedding, recreation and adequate shelter. According to the study findings, a handful of orphans and vulnerable children hardly had these basic needs met. According to one of the LOC committee member also involved with rehabilitation of the children had this to say about the challenges facing the children:

“My neighbor’s wife was bitten by the husband and hard to go to hospital the reason is that they have a child who is not the man’s. Those are the kind of challenges the children experience! For example everybody took breakfast except Susan and James here (not their real names. The children are now aware of the programme that pays school fees. The children didn’t know about that at an early age. The children also know each other; if they fall sick the children are taken to hospital that is if that money (cash transfer) is enough, if it’s not, some children go by foot to the hospital”

The issues emerging from the above data include the following:

Family quarrels The findings indicate that the children face challenges under caregivers especially when they are not related, by blood.

Amount of CT-OVC is main challenge to beneficiaries especially when the amount of cash transfer cannot meet all the basic needs of the vulnerable children and their foster families. A major policy and programmatic intervention is needed to increase the amount so that needs of the beneficiaries are met.

Discrimination Children are discriminated against especially those born out of wedlock. Such a child may be denied access to health care as evidenced in the case above. Discrimination is an attribute that singles out an individual or a specific group of individuals as different. They are regarded in a negative and judgmental way because of their infection by HIV/AIDS or just being an orphan or/ and vulnerable child. Discrimination is one way in which stigma is

shown. It occurs when a person or group of people are treated unfairly or unjustly on the basis of their belonging, to a particularly group. Stigmatized people are often discriminated against in laws, policies and social relations. HIV/AIDS social effects are as dangerous and debilitating as the physical effects. Until the stigma and discrimination suffered by people living with AIDS within families is addressed, the pandemic will continue to grow. Prejudice and fear prevents people seeking proper care. For those infected with HIV/AIDS, there is little incentive to be open about their condition if it results in isolation and hostility; ignorance prejudice and fear help HIV/AIDS to spread. Openness, acceptance and support are essential for its containment.

Jeff (not his real name) had a lot to put forward in form of recommendations on behalf of the other children:

Recommendation by Jeff;

“I am 17 years old and I am living with ‘shuzt’ (corroquial for grandmother) am in form two. The fees in schools should be reduced, the teachers also should be increased , things like balls, ropes should be bought very few teachers are employed by government some projects want lots of money from these families for example government projects should generate lots of money. There are far too many unnecessary government projects some teachers also harass the children by asking after their parents who are dead. Food should be changed for more nutritious food”

The issue emerging from the above data includes the following:

Amount of CT is as an issue emerging here is the practical use of the CT- OVC money which seems not to meet the day to day challenges facing the orphans and vulnerable children. However, it was noted that the real value of the transfer has declined substantially with the general price inflation in Kenya.

Inadequate numbers of teachers in schools where OVC attend is a worrying trend. Jeff implies that this compromises quality of education for OVCs.

4.10 OVC policies

From the study findings most participants were not aware of government policy on OVC. However, some acknowledged attending sessions organized by DCO where a mention about

it was made but did not have a copy of the draft policy. This major gap in relation to policy is that it may not be fully implemented, monitored or evaluated.

4.11 Conclusion

This chapter presented the findings of the FGDs. According to the key informants, the guardians to the children also known as caregivers receive the money. The care givers spend the money according to the cash transfer committee policy if there's problems arising for example if the caregiver is not using the money wisely and is not taking care of the child there is an alternative and so the orphan is taken care by another person .The expenditure includes the following; hospital, school, food, shelter, rent and clothes. The money is not usually enough but the caregivers try and use it effectively. The cash transfer is meant to benefit the whole household as the orphan also gets to benefit. According to the findings, the key individuals at the village level are volunteers, in the sense that they are not remunerated for their work and, like many volunteers, lack clear terms of reference. The absence of formal remuneration probably means that volunteers seek – and are given – informal remuneration, which is probably less efficient than formal pay because it diverts resources from other intended recipients of the Programme. In some cases, the absence of payment for these individuals limits what they can achieve for the Programme. Expending their own money for communication and transport, they are unable to follow up as quickly as they might on issues with the DCO or in villages, and cannot inform many recipients about payments, updates, or changes, having instead to rely on their networks.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

This chapter presents the conclusions and recommendations of the study based on the analysis and interpretation in Chapter Four. The chapter is guided by the study objectives. These were to establish how cash is transferred to orphans and vulnerable children and their households; to examine the government policies guiding the cash transfer for orphans and vulnerable children; the next one was to assess the administrative structures for implementing the cash transfer for orphans and vulnerable children; to assess effectiveness of the cash transfer programme on orphans and vulnerable children (OVC-CT) and finally to determine if the cash transfer programme is fair and if it reaches those most in need.

How cash is transferred to OVCs

In general, orphans and vulnerable children are reported to lack care, food, educational opportunities and adult role models raise social, economic and public health concerns. From a public health perspective, the coping strategies used by these children, such as early school dropout and child labor, combined with poor adult support, make them susceptible to risk of early onset of sex and to sexual and reproductive health problems, including HIV infection. In this study prioritized needs of these children were identified to be food, clothing, health and education support. Limited resources within households in the community and poor coverage by support services was felt to lead children to expose themselves to health risks such as commercial sex in trying to address these needs.

In Korogocho, almost all of the vulnerable household characteristics (chronically ill, recent death of member) were prevalent. However, after enrolment to the OVC-CT programme, the beneficiary households had significantly better food consumption, school enrolment and clothing. These findings therefore indicate that food assistance through OVC-CT programme was making a difference in terms of expenditure by freeing up scarce funds to meet non-food expenditure needs. However, it cannot conclude that households hosting orphans are able to sustain these levels of support to orphans without jeopardizing their own families. This study is the beginning of a learning process on the longer-term impact of hosting orphans on a household's food and livelihood security. From the above outcomes, it appears that the programme is having a positive impact on food and livelihood security at the household level as measured by the children and caregivers satisfaction.

The administrative structures

From the study findings, the government representative on site is the District Children's officer- Kasarani. From each village there is a representative to the LOC committee that oversees the OVC-cash transfer programme for the recipients in the division. The LOC committee works closely with the District Children's Office. From the 9-committee members this study obtained the first group of key informants. A Chairperson and a Secretary head the committee.. Subsequently, LOC members are a representative of their village. The committee of the Kasarani OVC Committee works closely with the office of the DCO Kasarani. The Government and UNICEF trained them. They already have dealt with the institutes dealing with orphaned children. Their main role includes walking in villages with village elders and finding out problems that some families face etc. By doing that they are able to know the problems first hand. They have checklist forms with which they could identify the vulnerable children and orphans

From the study findings there is conflict of interest as far as recruitment into the OVC-CT program is concerned. While the committee members do not have freedom to go to the places or have meetings in the villages. for one, it is cumbersome, secondary the village elders do not give them the freedom to do so, there is substantial reason to believe that many Korogocho residents want to be incorporated in the OVC-CT program In addition, while a significant number of orphans have been targeted for assistance, the analysis shows that there is a need to identify and assist vulnerable children who are not orphans. The well being of children appears to be primarily influenced by the relative wealth of the household (health and access to education) which directly determines their access to food. Therefore targeting on orphan status alone will exclude a significant number of vulnerable children in need of assistance.

The study has provided much needed empirical evidence to answer questions about the characteristics of households hosting orphans and vulnerable children. The findings show that orphans are more likely to be cared for by households – those that have the means to take on, feed and educate additional members if there is a guarantee of additional support, like the OVC-CT programme. However, many of these households are headed by the elderly indicating that despite the current situation being adequate, if the head dies ,the children and other family members could become vulnerable.

Effectiveness of CT

Although the respondents believed that the cash transfer has helped places like Korogocho to develop and thus reduce poverty. And that there is no begging on the streets of Korogocho because children have benefited a lot from the programme and are able to get their basic needs, these data will help to identify some problems in targeting of beneficiary households, namely of reaching all of those in need. The data indicate that there are instances where it appears that beneficiary children are living in households that would not qualify for the food assistance based on the targeting checklist but they are few.

A community based approach, combined with systematic data collection and analysis that allows for verification, is used for targeting *eligible households*. The targeting mechanism for identifying *eligible households* at the location level uses a two step approach which makes the process transparent and effective. The Location OVC Committees are in charge of identifying households based on the eligibility criteria.

Then, the enumerators collect systematic information on households identified by the LOC members and verified as eligible by the Management Information Systems (MIS). This allows the headquarters to verify whether the households identified by the community actually meet the following eligibility criteria:

Households:

1. That are hardcore poor;
2. Having permanent members aged 0 to 17 years as orphans or vulnerable children (OVC) ; and,
3. Not beneficiaries of other cash transfer programmes (applies direct to OVC beneficiaries only, not other household members).

OVC for the programme are defined as follows:

- Single/double orphans.
- Children or caregivers that are chronically ill
- Child headed household.

Considering the suspicion that abounds about fairness in recruiting new OVC-CT participants, the study concludes that the local communities should to be involved in the identification of orphans and their degree of need of care and caregivers. Every community should be mobilized to find its own locally accepted and appropriate set of responses to the

orphan problem. Multi-sectoral Child Welfare Forums at national, county and district level are the proposed mechanisms for spearheading implementation of this policy. A situation analysis of orphans and other vulnerable children is necessary before you plan for meaningful interventions to solve their problems and restore their hope for a meaningful future. It articulates the magnitude and the impact of the orphan situation in a given society and brings out all the ramifications and complexities compounding the problem. It provides clarity on what the real issues are and a basis for appropriate responses to these issues. A number of obstacles were found to children accessing the social support they need: Although their needs were seen to be understood by communities, the available services for vulnerable children were not well known to community members Local CBOs better known to communities and children obtained very limited resources for their interventions, including from outside sources.

OVC policies

From the study findings it can be concluded that the project development objective of the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) Project for Kenya is to increase social safety net access for extremely poor OVC households, through an effective and efficient expansion of the CT-OVC Program. There are two components to the project. The first component of the project is policy development and institutional strengthening. This component will contribute to strengthening the Government's capacity to develop social protection policy, coordinate social protection interventions, and manage the CT-OVC Program at national, provincial, district, and local levels. The project will also improve governance and accountability through the implementation of awareness campaigns, a communication strategy, and enhanced oversight and accountability mechanisms (including spot checks and citizens' score cards). It will also improve information and financial management, and monitoring and evaluation. The second component of the project is program implementation in selected districts. This component aims at using CTs to strengthen the ability of vulnerable households to protect and care for OVC, ensuring that orphans stay within their communities and can be cared for effectively. It also aims to promote investments in human capital of the extreme poor population in the medium-term, while reducing the poverty gap in the short-term

5.2 Recommendations

This study suggests that a Primary Health Care approach to AIDS should be embedded within the households and reinforces a wider social protection strategy that addresses life course needs, such as those of vulnerable children. Strengthening uptake of services and linking them to community resources for prioritized needs is the key to lasting improvement in the lives of orphans and vulnerable children. This sustains care for all OVC by their families and communities. Sustainability is best achieved through strengthening the capacity of OVC-focused community initiatives.

It is recommended that a sector-wide training approach for those involved in the care of orphans be developed by government in collaboration with stakeholders. This training should also include representatives of Local Authorities and community leaders like representatives of social development committees and children themselves. This training should be designed to develop a clear and standardized understanding of issues relating to orphans. Individuals involved in the provision of care to orphans and vulnerable children should receive training on social work, child development and psychosocial issues affecting children. The combination of basic social work training combined with psychosocial skills would help improve the quality of care being offered to orphans. These skills would also help caregivers and social workers to increase awareness of the problems facing orphans and to develop community-based support systems. It is critical that the social workers have the right skill set required to address the needs of the child and his or her family, at the family level.

Many countries are using models of community-based care in order to deal with increasing numbers of orphans as a result of poverty and the effects of the HIV/AIDS pandemic. Community mobilization programs need to explore the everyday concerns and priorities of communities before they can organize people to help themselves and the most vulnerable groups. For example, programs could include elements of trust rebuilding/reconciliation as well as more sustainable income-generation strategies.

A number of policy initiatives need to be reviewed and clarified, and guidelines for implementation and enforcement need to be drawn up and disseminated to the relevant authorities. Key policy areas that need to be explored include: inheritance rights; access to education, medical services and accommodation. The key issues facing orphans should be explored in terms of their legal ramifications and this information should be disseminated in a user-friendly format to both children and adults. For example, a guide to orphans' rights and

entitlements should be developed and used as the basis for an education or awareness-raising program. However, such a guide will be limited by the constraints of national law and existing policy.

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APPENDICES

Appendix 1

Key Players Interview Guide for Locational Orphans and vulnerable Committee members (LOC)

Focus group number-----

Number of participants-----

1. Who does the programme reach out to?
2. How is the process of selection done to ensure fairness?
3. Which are the groups covered?
4. What are the difficulties in participating, including in complying with conditions where they are operating?
5. What is the impact of the programme on beneficiaries and on the wider community?
6. Has it had any effect on community relations or other community characteristics?
7. Who receives the cash transfer?
8. Who spends the cash transfer?
9. What is cash transfer spent on?
10. Who benefits from the expenditure of the cash transfer?
11. Does it have any effect on intra-household relationships?
12. Is there any OVC despised or looked down upon on the programme?
13. How have the transfers led to improved improved schooling?
14. How has cash transfer reduced child labour?
15. Have there been any changes in the possible exploitation of OVCs, including any sexual exploitation and involvement in the sex industry?

Appendix 2

Focus Group Discussion Guide for Programme Recipients: Carers

Focus group number-----

Number of participants-----

1. Who does the programme reach out to?
2. How is the process of selection done to ensure fairness?
3. Which are the groups covered?
4. What are the difficulties in participating, including in complying with conditions where they are operating?
5. What is the impact of the programme on beneficiaries and on the wider community?
6. Has it had any effect on community relations or other community characteristics?
7. How is the cash transfer availed to you?
8. Who receives the cash transfer?
9. Who spends the cash transfer?
10. What is cash transfer spent on?
11. Who benefits from the expenditure of the cash transfer?
12. Does it have any effect on intra-household relationships?
13. Is there any OVC despised or looked down upon on the programme?
14. How have the transfers led to improved improved schooling?
15. How has cash transfer reduced child labour?
16. Have there been any changes in the possible exploitation of OVCs, including any sexual exploitation and involvement in the sex industry?
17. What are the problems associated with orphans and vulnerable children in this community?
18. How could you rate the magnitude of the problem of orphans in this community?
19. Who are the orphan caretakers? What problems do they face?
20. What is the experience of this community in OVC's care and support?
21. What in your opinion is the best way of handling orphans and vulnerable children?
22. What form of help is the community giving orphans and vulnerable children?
23. What is the role of Government especially Department of Children's Services in OVC –cash transfer for orphans and vulnerable children programme?

24. What are some of the activities in the community in supporting OVC?
25. Are there any criteria that can be used to identify orphans and vulnerable children in the community? Name them.
26. Do orphans and vulnerable children attend school regularly? What problems do they encounter?
27. Which are some of the organizations (NGOs, CBOs etc) working in this community in the care and support of orphans and vulnerable children?
28. What is the impact of the programme on beneficiaries and on the wider community?
29. What is the level of participation by the community?
30. What are the possible ways of improving orphans welfare? What would the role of the community be?
31. What are the major successes of your OVC programme?

Appendix 3

Focus Group Discussion Guide for Programme Recipients: Children (aged 12/13-17)

Focus group number-----

Number of participants-----

1. What is your name?
2. How old are you?
3. Who takes care of you?
4. Do you stay with the one who takes care of you?
5. Do you go to school? If not why?
6. Who pays for your school requirements?
7. What class are you now?
8. Can you remember your father/mother?
9. When did your father/mother die?
10. How old were you then?
11. What problems do you face in school?
12. What problems do you face at home?
13. Who do you share your problems with?
14. How many meals did you have yesterday? Which ones?
15. Did you have breakfast today? What did you eat?
16. Have you ever heard of Cash transfer for orphans and vulnerable children programme? Who told you, and what were you told?
17. How were you selected to join the cash transfer programme?.
18. Do you know of any children who are in the list of this programme in this community?
19. Have you ever fallen sick? Who takes care of you when sick? Are you taken to hospital or kept at home?
20. Is the cash transfer programme directly beneficial to you? Explain
21. What should the government do to improve on cash transfer for orphans and vulnerable children?

Appendix 4

Focus Group Discussion Guide for Key Players

Focus group number-----

Number of participants-----

1. Do you know about cash transfer for orphans and vulnerable? If yes explain.
2. Who does the programme reach out to?
3. How is the process of selection done to ensure fairness?
4. Which are the groups covered?
5. What are the difficulties in participating, including in complying with conditions where they are operating?
6. What is the impact of the programme on beneficiaries and on the wider community?
7. Has it had any effect on community relations or other community characteristics?
8. How is the cash transfer availed to the beneficiaries?
9. Who receives the cash transfer?
10. Who spends the cash transfer?
11. What is cash transfer spent on?
12. Who benefits from the expenditure of the cash transfer?
13. Is there any OVC despised or looked down upon on the programme?
14. How have the transfers led to improved improved schooling?
15. How has cash transfer reduced child labour?
16. What should the government do to improve on cash transfer for orphans and vulnerable children?