

UNIVERSITY OF NAIROBI
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
FACULTY OF ARTS
DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

**THE EFFECTS OF CASH TRANSFER PROGRAMMES ON ORPHANS AND
VULNERABLE CHILDREN'S (OVCs) WELLBEING AND SOCIAL RELATIONS: A
CASE STUDY OF NYAMIRA DIVISION, NYAMIRA COUNTY**

BY

MARYGORRET MUMBUA MOGAKA

C50/63432/2010

SUPERVISOR: DR. BENEAH MUTSOTSO

**A Research Project Report submitted in partial fulfillment of the requirements for the
Degree of Master of Arts (Rural Sociology and Community Development) of the University
of Nairobi**

SEPTEMBER 2013

DECLARATION

DECLARATION BY STUDENT

I declare that this Research Project Paper is my original work and has not been submitted for any other degree of this or any other University.

í í í í í í í í í í í í í í í

Marygorret Mumbua Mogaka

REG.NO. C50/63432/2010

í í í í í í í í í í í í í í í

DATE

DECLARATION BY SUPERVISOR

This Research Project Paper has been submitted for examination with my approval as the University Supervisor.

í í í í í í í í í í í í í í í ..

Dr. Beneah Mutsotso

Department of Sociology and Social Work

University of Nairobi

í í í í í í í í í í í í í í í .

DATE

DEDICATION

I dedicate this research work to the Almighty God, whose grace is sufficient and has brought me this far.

To my immediate family, my dear husband, **Lissel Mogaka**, and our children **Eupricia Moraa**, and **Angeline Precious Mocheche** for their love, patience, encouragement and understanding that made this possible. You ensured that I did not become another drop-out statistic by constantly checking on my progress.

To my mother, Petronilla Kavini, and my late father, Joseph Muteti who believed in the education of girls. My brother and sisters for their encouragement and support.

My late sister, Mwikali who passed on before seeing the fruition of my labours, I know you are rejoicing with me.

ACKNOWLEDGEMENTS

I am greatly indebted to many individuals who I interacted with as I undertook this project.

I wish to acknowledge and express my sincere appreciation to my supervisor, Dr. Beneah Mutsotso for his invaluable guidance, patience and availability throughout the course of this project.

My appreciation further goes to all those who provided the necessary facilitation and information. These included Mr. Samuel Masese the District Children's Officer, Nyamira, Mr. Hassan Gele (NCCS); all the beneficiaries in Nyamira who took their time to fill the questionnaires and attend the Focus Group Discussions and opened their homes and lives to me; and the respondents who took part in the Key Informant Interviews despite their busy schedules. Special mention goes to the beneficiary children, for their innocent and straight forward way of looking at things and hence giving a fresh sense to issues.

Thanks also go to the MA, Sociology class of September 2010 whose interaction and comradeship made the course an exciting experience.

I would also like to thank my employer, the Government through the National Council for Children's Services (NCCS) for fully sponsoring my studies and my colleagues at NCCS for their support while undertaking the course.

To my immediate family members, Lissel, Moraa, Mocheche, Anita and Nyabera, thank you for being there and for your understanding.

My friend, Caroline Nalianya, for the encouragement when the going got tough.

TABLE OF CONTENTS

Declaration	i
Dedication	ii
Acknowledgement	iii
List of Tables	viii
List of Figures	ix
Acronyms	x
Abstract	xi

CHAPTER ONE: BACKGROUND AND PROBLEM STATEMENT

1.1	Background	1
1.2	Statement of the Problem í .	2
1.3	Objectives of the Study í ..	5
1.4	Research Questions	5
1.5	Justification of the Study	5
1.6	Scope and Limitations of the Study í .	7
1.7	Operational Definition of Significant Terms í	8

CHAPTER TWO: LITERATURE REVIEW

2.1	Introduction í ..	9
2.2	Poverty and Vulnerability í	9
2.3	The Concept of Cash Transfers í	10
2.3.1	Conditional and Unconditional Cash Transfers í í í í í í í í í í í í í í í í	11
2.4	History of Cash Transfers that target children í í í í í í í í í í í í í í í í .	12
2.5	Kenya Government Policy on OVC í	12
2.6	Overview of Cash Transfers in Kenya í .	13
2.6.1	The Kenya OVC-CT Programme í .	14
2.7	Utilization of the Cash Transfer í	15
2.8	Empirical Review of Effects of Cash Transfers í í í í í í í í í í í í í í í ..	15
2.8.1	Effects on Education í .	16
2.8.2	Effects on Food Consumption í	17

2.8.3	Effects on Health	í ..	19
2.8.4	Effects on Social Relations and Social Status	í .	20
2.9	Theoretical Framework	í .	20
2.9.1	Entitlement Theory	í ..	21
2.9.2	Social Capital Theory	í ..	22
2.10	Conceptual Framework	í í	23
2.11	Summary	í ..	24

CHAPTER THREE: RESEARCH METHODOLOGY

3.1	Introduction	í ..	26
3.2	Site Description	í í	26
3.3	Site Selection	í .	27
3.4	Research Design	í í	27
3.5	Target Population	í .	27
3.5.1	Unit of Analysis	í í	28
3.5.2	Unit of Observation	í .	28
3.6	Sampling Procedure	í .	28
3.7	Methods of Data Collection	í ..	29
3.7.1	Household Interviews	í í	29
3.7.2	Focus Group Discussion (FGD)	í í	29
3.7.3	Key Informant Interviews	í ..	30
3.7.4	Case study	í ..	30
3.7.5	Observation	í í	30
3.7.6	Review of secondary data	í ..	31
3.8	Tools of Data Collection	í .	31
3.9	Ethical Issues Observed	í ..	32
3.10	Validity and Reliability	í ..	33
3.11	Data Analysis	í ..	34

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1	Introduction	35
4.2.	Demographic and Economic Characteristics of Respondents	35
4.2.1	Gender	35
4.2.2	Age	36
4.2.3	Marital Status	36
4.2.4	Level of Education	37
4.2.5	Religion	37
4.2.6	Household size	38
4.2.7	Number of Children	39
4.2.8	Orphans and Vulnerable Children	39
4.2.9	Main source of Income for Respondents	39
4.2.10	Approximate monthly income	40
4.3.	Utilization of the Cash Transfer	40
4.3.1	Awareness of Programme and selection Criteria	40
4.3.2	Length of Receipt of Cash Transfer	40
4.3.3	Decision making on use of the Cash Transfer	41
4.3.4	Expenditure of the Cash Transfer	41
4.3.5	Misuse of the Cash Transfer	43
4.4.	Effects of the Cash Transfer on OVCs Household Status and Quality of Life (Wellbeing)	44
4.4.1	Food Consumption and Food Security	44
4.4.2	Food Consumption Before and After the Cash Transfer Programme	44
4.4.3	Main Source of food for Household	45
4.4.4	Nutritious Food for the Children	46
4.4.5	Food Security throughout the Year	49
4.4.6	Effects on Education	50
4.5	Changes in Social Relationships and Social Status of Beneficiaries	52
4.5.1	Relationships between Beneficiaries and Non-Beneficiaries.....	53
4.5.2	Relationships between the OVCs and Other Children in the Community.....	53
4.5.3	Community Perception concerning the beneficiary status.....	53

4.5.4	Assistance by Community Members Before and After CT Programme.....	54
4.5.5	Participation in Community and Social Functions.....	55
4.5.6	Access to Credit and Investment.....	56
4.5.7	Perceived change in Social Status of the Beneficiaries.....	57
4.6	Conclusion.....	58

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1	Summary of Key Findings.....	59
5.2	Conclusion í .	62
5.3	Recommendationsí .	63
5.4	Suggestions for further study.....	63

REFERENCES	í ..	64
Appendix I: Questionnaire for Beneficiaries	í í	69
Appendix II: Focus Group Discussion Guide for Beneficiaries (caregivers)	í í í í ..	79
Appendix III: Focus Group Discussion Guide for Children	í í í í í í í í í í .	80
Appendix IV: Key Informant Interview Guide	í í í í í í í í í í í í í í í í .	81

LIST OF TABLES

Table 3.1	Sampling Procedure	29
Table 3.2	Data Collection Tools Used	32
Table 4.1	Distribution of Respondents by Marital Status	37
Table 4.2	Respondents' Household Size	38
Table 4.3	Usage of the Cash Transfer	42

LIST OF FIGURES

Figure 2.1	Conceptual Framework	í í í í í í í í í í í í í í í í í í í í	25
Figure 4.1	Distribution of Respondents by Gender	í í í í í í í í í í í í í	35
Figure 4.2	Distribution of Respondents by Age	í í í í í í í í í í í í í í .	36
Figure 4.3	Highest Level of Education Attained	í í í í í í í í í í í í í í	37
Figure 4.4	Number of Children in Respondent Household	í í í í í í í í í í	39
Figure 4.5	Approximate Expenditure of the Cash Transfer in One Payment Cycle...		42
Figure 4.6	Number of Meals Before and After the Cash Transfer Programme	í í ..	44
Figure 4.7	Consumption of Milk by OVCs Before and After CT Programme	í í ...	47
Figure 4.8	Consumption of Meat/Fish by OVCs Before and After CT Programme	í	48
Figure 4.9	Consumption of Fruits by OVCs Before and After CT Programme	í í	49
Figure 4.10	Relationship between Length of CT Receipt and Food Security	í í í í	50

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CCT	Conditional Cash Transfer
CSG	Child Support Grant
CT	Cash Transfer
DCO	District Children's Officer
DCS	Department of Children's Services
DFID	Department For International Development
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic and Health Survey
KIHBS	Kenya Integrated Household Budget Survey
KNBS	Kenya National Bureau of Statistics
MGCSD	Ministry of Gender, Children and Social Development
MPND	Ministry of Planning and National Development
NACC	National AIDS Control Council
NCCS	National Council for Children's Services
OPM	Oxford Policy Management
OVC	Orphans and Vulnerable Children
OVC-CT	Orphans and Vulnerable Children Cash Transfer
UCT	Unconditional Cash Transfer
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USD	United States Dollar

ABSTRACT

The study sought to establish the effects of Cash Transfer Programmes on Orphans and Vulnerable Children (OVCs) wellbeing and social relations in Nyamira Division of Nyamira County.

There were three objectives to guide the study: To determine how OVC-CT programme beneficiaries use the Cash Transfer; To establish the perceived effects of the OVC-CT programme on OVCs food consumption, food security and education according to the beneficiaries; and To identify changes in social relationships and social status of beneficiaries of the OVC-CT programme.

The Orphans and Vulnerable Children Cash Transfer Programme is one of the major initiatives by the Government to support vulnerable groups. Cash Transfer Programmes in the country are a new approach and are modeled on the successful Programmes in Latin America which operate in different economic and socio-cultural contexts. Assessing the Programme from the beneficiaries perspective is important in order to determine its effects on the beneficiaries well being including social relations.

Quantitative and Qualitative methods and tools of data collection were used in the collection of primary data. Stratified and Random sampling method was used to identify 72 respondents for the household interviews and Purposive sampling to select participants for the six Focus Group Discussions and seven Key Informant Interviews undertaken.

The study found out that the Cash Transfer Programme was having positive effects on the OVCs wellbeing in terms of food consumption, food security and education. The Cash Transfer is mainly used for the households basic needs of food, education, medical expenses and some beneficiaries have invested in small scale businesses and livestock. The amount was however found to be inadequate to meet all the basic household needs.

The study results for social relations and status were mixed with beneficiaries perceiving their status to have improved as they now had the means to participate in community social events. On the other hand, others felt that some non-beneficiaries were jealousy of them which was affecting their social relations.

The study recommends that the Government up-scales the Programme in the area to cover all deserving Orphans and Vulnerable Children and possibly the whole country. The monthly amount should also be increased in order to cater for most of the households basic needs. Further, there is need for public sensitization on the Programme objectives, criteria for selection and the special needs of orphans and vulnerable children to deal with issues of jealousy and hostility towards beneficiaries. The beneficiaries should as well be trained on income generating activities for subsistence upon exit from the Programme and on child participation.

CHAPTER ONE

1.0 BACKGROUND AND PROBLEM STATEMENT

1.1 Background

The world over, economic growth- centred strategies have been implemented to spur growth and development especially in the least developed countries. Such strategies tend to make the poor more vulnerable and those in marginal poverty to fall below the poverty line. Children are disproportionately represented among the poor and their poverty and vulnerability has long-term consequences as the effects carry on to their adulthood and often leads to intergenerational transmission of poverty. It is estimated that at least 600Million children under the age of 18 struggle to survive on less than one USD a day representing 40% of children in the developing countries (UNICEF, 2006).

According to the 2009 Population and Housing Survey, Kenya has a population of over 38 million, 46% of whom live below the poverty line level of one dollar a day. Among these, 19 percent live in extreme poverty. Of the population 20.6M is below 18 years of age hence children comprise over 53% of the total population (KNBS, 2010). It is estimated that 2.4M children are orphans, with 2% of these children having lost both parents. Many more children live in households with ailing parents especially due to HIV. Due to the high poverty levels, inequalities and the impact of HIV, an increasing number of children grow up without proper care and protection.

Besides poverty, Kenya is also a very unequal country where the gap between the rich and the poor has continued to increase over time. There are also disparities between rural and urban areas and disparities in incomes and access to education, health and other basic needs like water, adequate housing and sanitation (GOK, 2008). HIV/AIDS has claimed the lives of many productive adults leaving many children orphaned and vulnerable. All these factors have compromised the wellbeing of the poor especially children. This has made community-support systems severely constrained in providing supplementary care.

Poverty alleviation and eradication has been a development goal of the country since independence. Efforts to deal with poverty in Kenya can be traced from Independence. The Sessional Paper No 1 of 1965 detailed the Government's commitment to alleviate poverty together with ignorance and disease. This commitment has been propagated in policy through

long-term strategic plans, sessional papers, development plans and currently in the Vision 2030. Despite all these efforts, poverty still remains a major problem indicating that poverty alleviation initiatives have not been successful. More and more Kenyans continue to fall below the poverty line.

Social protection mechanisms are increasingly seen as important policy tools to tackle poverty, vulnerability and social exclusion (Barrientos & DeJong, 2006; Marcus 2006; UNDP 2006). In Europe and North America, poverty reduction efforts through social protection programmes began after the Second World War and subsequently spread to Latin America and lately in the other continents. These programmes aim to improve the health, nutrition, and education of young children in the short term and their income earning potential in the future, ultimately disrupting the intergenerational transmission of poverty. Social protection mechanisms employ a wide range of strategies one among them is the use of Cash Transfer Programmes.

To support poor households taking care of orphans and vulnerable children, and ensure families retain orphans and other vulnerable children in the community, the Government of Kenya initiated a cash transfer programme in 2004 known as the Orphans and Vulnerable Children Cash Transfer Programme (GOK, 2008). It is aimed at the provision of a direct, predictable and regular cash subsidy to poor households caring for Orphans and Vulnerable Children and is implemented by the Department of Children's Services in the Ministry of Gender, Children and Social Development. It started with 500 households in three districts namely Nairobi (320 households), Kwale (130 Households) and Garissa (50 Households) and a cash transfer of Ksh 500 per month per household. Over the years it has expanded to cover 130,000 households as at December 2012 in selected administrative locations spread all over the country and the cash transfer has been increased to Ksh 2000 which is paid every two months (4000 per payment). The cash transfer is given to a guardian of the child or children and enrolment is household-based not particular children.

1.2 Statement of the Problem

There has been a marked increase in the number of poor and vulnerable people in Kenya despite the various poverty reduction strategies the country has employed since independence (Tegemeo, 2009). The hardest hit among these are children and the elderly. Social protection programmes in the form of Cash Transfers to vulnerable groups have emerged as the main social assistance

intervention in developing countries to protect and promote the livelihoods of people in critical levels of poverty. They are currently seen as one of the suitable strategies to deal with immediate consumption needs and future human capital accumulation of poor households. Kenya, like most African countries has embarked on the use of Cash Transfer programmes to deal with risks facing vulnerable groups. One such programme is the Orphans and Vulnerable Children Cash Transfer programme (OVC-CT).

The country has had a long history of implementation of non-cash transfer programmes, such as food relief in the drought stricken areas, emergency and special programmes, school bursaries for needy children, and a wide range of other interventions. However, Cash Transfers are new, mainly in their pilot or early stages and have been in existence for less than ten years (Ikiara, 2009). There is therefore need to determine whether CT Programmes are having the intended effects on the beneficiaries.

In any society, cash is usually the most important means of economic exchange. However, when used as a strategy in a social protection programme, it presents a different kind of risk. The beneficiaries in a Cash Transfer programme determine for themselves what their most important needs are and use the money on them. There is an assumption that the money will be used to meet the basic needs of the household especially those of the children. Transferring cash to poor households does not necessarily mean that it will be spent in the way deemed desirable by the designer of the programme. Households could use part of the transfer payment to consume alcohol, tobacco or other adult commodities, which would generally be considered to be undesirable and not in the interests of the children's wellbeing. Given that the OVC-CT programme implementers have no direct control over how the cash is spent, the risk of misuse or diversion to uses that do not directly benefit the children is very real hence a concern for this study.

Further, children are rarely the direct recipients of cash transfers, though the cash transfer is targeted at improving their wellbeing therefore interrupting the inter-generational transfer of poverty. Decisions on expenditures are usually taken by parents or guardians. These decisions may not be in line with improvement of children's wellbeing.

Most Cash Transfer programmes being implemented in Africa including the OVC-CT programme in Kenya are modeled on the successful programmes in Latin America which operate

in different economic and socio- cultural contexts. Further, the programmes in Latin America are strictly conditional on school attendance and access to health care for the children in the targeted households with stiff penalties for non-compliance. The Kenyan programme (OVC-CT) has soft conditions, meaning that beneficiaries are just encouraged to use the cash for their children's well being but there are no penalties for non-adherence to the conditions. It could be argued that the impact of Cash Transfers can only be tied to the fact that conditions attached to these programmes compel beneficiaries' actions to conform. This difference in programme design raises issues as to whether the same impacts on beneficiaries witnessed in Latin American Countries can be expected in the OVC Cash Transfer programme.

While appreciating the work that has been done so far, it is worth noting that most studies have been commissioned by implementing or funding agencies that could selectively focus on results meant to support particular programme objectives. Programme design and other key considerations may not have reflected the recipients' needs but the implementers' preconceptions. Despite the centrality of beneficiaries in Cash Transfer programmes, few studies have been undertaken to determine the effects of the programmes from the beneficiaries' perspective. Do the cash transfer programmes meet the felt needs of the beneficiaries or are the amounts too little to have any effect on beneficiary households? It is therefore imperative to determine the effects of Cash Transfer programmes from the beneficiaries' perspective, both adults and children, in order to assess what the real impact of the programme is.

Social networks are part of the defining elements of a household's well-being. Social networks of vulnerable families tend to be very weak or fragile and a change in available resources especially cash could affect the social network, positively or negatively (Chambers, 1999). Usually Cash Transfer Programmes are evaluated against their effects on poverty or human capital. However, it has to be recognized that Cash transfers are interventions in a complex system of social relations. The programme is affected and affects the prevailing conditions in the community.

The OVC-CT programme has been implemented progressively from piloting; the evaluations undertaken have concentrated on measuring it against its stated objectives and also operational efficiency. Rigorous evaluations have not been undertaken to determine the social costs of the programme which may lead to further vulnerability of poor OVC households.

This study, therefore, was two-pronged: it sought to find out the effects that the introduction of the OVC Cash Transfer has had in addressing children's wellbeing in terms of their education, food consumption and food security and further, on the social relations and social status of the beneficiary households in Nyamira Division of Nyamira County.

1.3 Objectives of the Study

General Objective

The study sought to determine the effects of Cash Transfer Programmes on Orphans and Vulnerable Children's (OVCs) wellbeing and social relations.

Specific Objectives

The objectives of the study were:

1. To determine how OVC-CT programme beneficiaries use the Cash Transfer
2. To establish the perceived effects of the OVC-CT programme on OVCs food consumption, food security and education according to the beneficiaries
3. To identify changes in social relationships and social status of beneficiaries of the OVC-CT programme

1.4 Research Questions

1. How do the OVC-CT beneficiaries utilize the transfer?
2. Has the Cash Transfer influenced OVCs food consumption, food security and education according to the beneficiaries?
3. Have any changes occurred in social relationships of the beneficiaries?
4. How do the beneficiaries perceive their social status within the community as a result of the Cash Transfer?

1.5 Justification of the Study

Cash transfers as a social protection strategy is a recent development in Kenya. Most of the studies undertaken worldwide are on the programmes in Latin American countries (Attanasio et al. (2005); Borraz & Gonzalez (2009); Cardoso and Portela (2004); Harvey and Marongwe, (2006); among others). The social environment in these countries is different from the Kenyan context. The positive effects that have been established in the programmes may therefore not be applicable to Kenya and other Sub-Saharan African countries. The findings of this study will hence be useful to the various Government departments engaged in the CT programmes and

other developing countries faced with the challenge of implementing successful cash transfer programmes.

Kenya's development blueprint, the Vision 2030 recognizes the plight of vulnerable groups that include orphans and children at risk, and also the poorest of the poor as being faced with multiple challenges such as high poverty levels and various forms of deprivation. The majority of orphans are under the care of elderly grandparents who are themselves destitute (Kenya Vision 2030). Support to orphans and vulnerable children, (that is the OVC Cash Transfer programme) has been identified in Vision 2030 as one of the flagship projects to be enhanced in order to assist these vulnerable groups. This shows the importance of this programme in the country and undertaking a study on it will help build evidence for possible scale up.

The number of the poor and vulnerable has been on a steady increase over the years. 46% of the population lives below the poverty line level of one dollar a day while 19 percent live in extreme poverty. Vulnerabilities arising out of price increases, unemployment, HIV/AIDS and other illnesses have continued to further expose the poor to shocks. This has focused attention on the need to protect income security, both for the chronic poor and the transient poor. Cash Transfer programmes are therefore a key poverty reduction strategy as outlined in the country's Poverty Reduction Strategy Papers (PRSPs) and the Vision 2030, as it addresses immediate economic constraints of the household while at the same time allowing for investment in human capital for future economic growth.

The few studies so far done on the Cash Transfer programmes in Kenya have concentrated on evaluations of programme design and impact assessment based on the objectives (OPM, 2007; OPM, 2010). Other studies have looked at the Cash Transfer in relation to HIV/AIDS limiting its scope on other orphans who are not due to AIDS and vulnerable children. Due to this, studies that take into account the beneficiaries perspectives are not readily available. It is hoped that the findings of this study will be a useful addition to this knowledge base.

Although State-run formal social protection is a rapidly growing field of social policy in developing countries, including Kenya, the complexity of its effect on the social relations of the recipients with the rest of the community members has not received a lot of attention. Does the formal social protection enhance social relations within the community or has it weakened the links that beneficiaries have within the community that act as security in times of vulnerability?

This study will therefore contribute to the knowledge available in the field of cash transfers and social relations which is scanty.

The gaps in knowledge and the findings identified by this study will inform scholars, researchers and others persons who may be interested in pursuing this subject further through research.

1.6 Scope and Limitations of the Study

The study was undertaken in Nyamira Division of Nyamira County in Nyanza region. The population targeted was the beneficiaries of the OVC-CT programme including children in the recipient households. The key informants included government officers involved in the implementation of the programme such as the District Children's Officer, the Divisional Education Officer and the Chief. Other key informants were a religious leader, LOC members and an opinion leader. The study was on the effects of Cash Transfer Programmes on Orphans and Vulnerable Children's (OVCs) wellbeing and social relations: A Case Study of Nyamira Division of Nyamira County.

The study sought to explore the effects of the cash transfer programme from the beneficiaries' perspective. The perspectives of the non-beneficiaries were therefore not explored in this study as the only non-beneficiaries interviewed were those directly involved in the Programme. It also did not handle all the aspects of wellbeing but only dealt with aspects relating to food consumption and food security; education in terms of enrolment and attendance; and social relation and social status. Generalization in different contexts should therefore be done with this limitation in mind.

Since the OVC-CT programme gives households cash in order to uplift the welfare of children, there was fear that the beneficiaries would not answer truthfully to some of the questions for fear that the programme would be stopped. To guard against this and also minimize the occurrence, the respondents were assured of confidentiality and that the findings of the study would not be used against any beneficiary.

During data collection in the field, several challenges were experienced. The exercise was undertaken when the rainy season was just beginning so most respondents were busy preparing their farms and planting. It was also the time of political campaigns for the 2013 general elections. The researcher was therefore competing with politicians for the respondents' time. To

overcome this challenge, the household interviews had to be done in the late afternoon and evenings when respondents had returned from the farms or political rallies.

1.7 Operational Definition of Significant Terms

Beneficiary: means the recipient of the cash transfer and includes the children in the recipient household.

Cash Transfer Programme: this is a non-contributory scheme implemented by the government that gives a certain amount of money on a regular basis to selected households that meet certain defined criteria, for instance poor households with orphans.

Child: means an individual who has not attained the age of eighteen years (Constitution of Kenya, 2010; Children Act, 2001)

Effects: means both positive and negative results that have occurred due to the programme.

Orphans: is defined as a child who has lost either one or both parents through death.

Orphan and Vulnerable Child (OVC): for the OVC - CT Programme, OVC is defined as:

- a) A single or double orphan
- b) A child who is chronically ill or who has a caregiver who is chronically ill
- c) A child who lives in a child headed household due to orphan hood

Orphans and Vulnerable Children Cash Transfer Programme (OVC-CT): Government of Kenya programme set up to give cash to poor households that have orphans and vulnerable children. This is aimed at retaining these children within the households and also at improving the human capital of the children through education, health and nutrition. Each household is given Kshs. 2000 per month which is paid every two months (Kshs. 4000 per payment cycle), through the Post Office.

Social relations: the way people interact with each other including how they assist each other.

Social status: the honour or prestige attached to one's position in society.

Well-being: is the general condition or welfare of a person or group. It is generally agreed to consist of five main components; the basic materials needed for good life, health, social relations, security and freedom of choice and action. For this study, welfare aspects considered are material in the form of food and education, and social relations.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter presents literature review of cash transfers in general and more specifically those targeted at improving the wellbeing of children as presented by other researchers and scholars. The researcher will, therefore, draw materials from several sources; critically look at the works of others on the topic and at the same time highlight how this study will positively contribute to the subject.

2.2 Poverty and Vulnerability

Poor and near-poor households in low and middle income countries face a wide range of risks that include crop failure, natural disasters, illness and unemployment, which make it harder to improve and sustain their standard of living. The poor are rarely able to insure themselves against such shocks and as a result, they cope with shocks by selling their productive assets, taking children out of school and reducing nutritional intake (Chambers, 1999).

According to the 2009 Kenya National Population and Housing Census estimates, Kenya had a population of 38 million and about 46 percent of the population lived below the poverty line. Those extremely poor were 19.1 percent of the total national population.

Rates of poverty in Kenya are higher for Persons with Disabilities (PWD), at 63% for children with disabilities and 53% for adults; households with orphans and vulnerable children (OVC) at 54% and the elderly at 53%. Other groups that are highly vulnerable to poverty are: the urban poor and street families; people living with HIV/AIDs; victims of natural disasters such as floods and droughts; and internally displaced persons (IDPs) (Republic of Kenya, 2007).

Vulnerability affects both the non-poor who are vulnerable to falling below the poverty line and those already poor who are vulnerable to falling into even deeper destitution and chronic poverty. The primary function of most Cash Transfer programmes is the direct and immediate alleviation of poverty and reduction of vulnerability. Evidence supports the view that if designed and implemented effectively, Cash Transfers are capable of strengthening some micro-level outcomes that are intermediate to growth (Barrientos & Scott, 2008).

There is evidence to show 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 (2006) reviewed a number of Cash Transfer programmes in Southern Africa and found that vulnerable children were able to benefit from Cash Transfers even when they were not targeted directly. At the same time, there is evidence that some Cash Transfer programmes have no positive impact on targeted beneficiaries, especially on education.

2.3 The Concept of Cash Transfers

Whereas in the developed countries more than 90% of the population is covered by various forms of State or market-organised social security systems, in developing countries well over 50% of the population remains uncovered against basic risks. Cash Transfer programmes have gained popularity as an approach in the provision of social protection to the poor and other vulnerable groups.

Cash Transfer programmes are non-contributory schemes usually funded by the State that provide cash on a regular and reliable basis to households or persons who meet certain eligibility criteria. They can be given to households as a unit because they meet poverty or vulnerability criteria, to an individual such as an elderly or disabled person, or to families based on the presence of individuals such as children, girls, or fostered orphans. The key feature of cash transfer programmes that distinguish it from other forms of social assistance is that the recipient is given the choice of how to manage the money, i.e. how to spend the money. The donor is thus not, by way of programme design, concerned with the recipients' usage of the cash (Villanger, 2008).

The introduction of Cash Transfer programmes in Latin America in the 1990s, provided lessons that have been borrowed and replicated in many developing countries to mitigate chronic poverty and vulnerability. Among the countries they are being implemented include Mexico, Honduras, Nicaragua, Brazil, Turkey, Zambia, Malawi, South Africa, Kenya and Mozambique. While the implementation details vary from country to country, many are modeled on the Mexican PROGRESA (Barrientos & De Jong, 2006).

There are many proponents of Cash Transfers though their approaches are different. The World Bank focuses on the link between social protection and pro-poor growth (World Bank, 2001), while other organizations like the FAO (FAO Council, 2004) argue from the human rights perspective. Others argue from the perspective of specific vulnerable groups such as children or

the elderly (Help Age International, 2004). However, all these groups conclude that Cash Transfers have a positive impact on beneficiaries in most of the instances.

Adato & Bassett (2008) in their extensive review of the evidence for the potential impact of CT programmes argued that Cash Transfers have demonstrated a strong potential to reduce poverty and strengthen children's education, health and nutrition. On the other hand, Adato and Hoddinott (2007) argued that though Cash Transfer programmes as currently designed are an important part of poverty reduction strategy especially in dealing with human capital development of children, they require complementary approaches to promote economic development and job creation for persons in the other life cycles.

2.3.1 Conditional and Unconditional Cash Transfers

Cash Transfer Programmes can be Conditional or Unconditional. Conditional Cash Transfers (CCT) are, by design, tied to obligations of recipients to undertake a certain responsibility in order to continue receiving the transfer, for instance to use some services like taking their children to school, health care, improving nutrition or to participate in work. In a typical CCT programme, mothers from poor backgrounds receive cash conditional on their promoting certain activities on behalf of their children. For their youngest children (usually those below the age of 6) the conditionality involves visits to preventive healthcare centres in which their growth is monitored. School attendance is the most common stipulation for receipt of Cash Transfers for older children, usually those between 7 and 17 years old. This targeting of health and education of children is at the essence of the long-term poverty alleviation objective of CCT programmes (Attanasio et al, 2005).

For a CCT conditional on service utilization it is necessary that these public services are actually in place and functioning, have capacity to receive more users, they are within a reasonable distance from the beneficiaries, and that traveling and usage of the service is safe.

An important drawback of applying conditionality is that if it is too difficult for the intended beneficiaries to comply with the requirements, then they will be excluded from the program. As the CCTs are targeted towards the poor, this feature of exclusion of those who are not able to comply with the conditions may hit the poorest and most vulnerable the most (Villanger, 2008).

Unconditional Cash Transfers on the other hand are grants given to persons or households that meet certain eligibility criteria and are not tied to any behaviour on the part of the recipient. They

are premised on the argument that social protection falls under the Declaration of Human Rights and hence the transfer should not be made conditional upon any action that the recipient must take (Freeland 2007). Proponents of UCT argue that it is the duty of the Government to provide a safety net for the poor which should be unconditional.

2.4 History of Cash Transfers that target children

The popularity of CT programmes can be attributed to the success of the Bolsa Escola (later Bolsa Familia) programme in Brazil and the PROGRESA, later renamed OPORTUNIDADES in Mexico in the 1990s. CT programmes are now present in about 45 countries covering 110 Million families in developing countries (Hanlon et al, 2010).

Some of the other programmes that target children include: The Bolsa Escola programme in Brazil that provided cash transfer to households with school going children conditional on the children being enrolled in school and had an attendance record of at least 85%. In 2004, the government consolidated all existing cash transfer programmes into Bolsa Familia (Barrientos & DeJong, 2006). Mexico's PROGRESA was introduced in 1997 to support poor households with children of school going age in marginalized rural communities (Morley & Coady, 2003).

In Africa, The Child Support Grant (CSG), which supports the child directly within the household for her/his development, has become institutionalized in South Africa as a poverty alleviation mechanism replacing the pre-independence Child Maintenance Grant (Triegaardt, 2004). It targets children less than 15 years old and by 2009, had 8.8 Million children enrolled as beneficiaries.

Senegal's Conditional Cash Transfer for Orphans and Vulnerable children targets OVC by addressing education-related vulnerabilities affecting primary and secondary school children.

2.5 Kenya Government Policy on OVC

OVCs face many problems including poverty, discrimination, lack of access to services and abuse. For example, the percentage of children who have lost one or both parents and who attend school is 85% as compared to 93% of those with parents. OVCs tend to start school at a later age and drop out earlier than other children (UNICEF, 2009). OVCs also often suffer psychosocial effects and are more vulnerable to exploitation and abuse than other children.

The United Nations Convention on the Rights of the Child (UNCRC), which Kenya is a signatory, requires State Parties to ensure that every child has a standard of living adequate for

the child's physical, mental, spiritual, moral and social development. The State Party is tasked to assist the parents or other care givers in case of need by providing material assistance and support programmes particularly in regard to nutrition, clothing and housing (UNCRC, 1989).

The national policy documents articulate the issues of OVCs. The Vision 2030 is Kenya's long-term development blueprint for 2008 to 2030 which aims to create a competitive and prosperous country with a high quality of life by 2030. The Vision is anchored on three pillars: economic, social and political (GOK, 2007). The Vision recognizes that economic growth alone is not sufficient to achieve an all round improvement in the quality of life of the poor and vulnerable members of the population. The social pillar therefore has an objective of building a just and cohesive society with social equity in a clean and secure environment. Among the flagship projects undertaken under this pillar is the establishment of a consolidated social protection fund for cash transfers to OVCs and the elderly (GOK, 2007).

To operationalize the Vision 2030 provisions, a National Social Protection Policy was formulated and passed by Parliament in June 2012. It defines the strategies for improvement of the socio-economic status of the poorest and most vulnerable citizens, and to provide guidelines for the design, implementation, monitoring and evaluation of Social Protection programmes as well as establishing an institutional framework for implementation of the national programmes. The focus of the Policy is on three categories of the population; orphans and vulnerable children, older persons and persons with disabilities. The Policy proposes the use of several strategies and instruments to deliver social protection including Cash Transfers, Food distribution, School based feeding programmes, Social Health Insurance and Public works, among others.

Further, the National Children Policy 2010 has specific provisions for OVCs that include protection and care within the family, community and larger society. The Policy outlines interventions for OVCs as support for parents, families and care givers; strengthening support structures and community systems to take care of OVCs; and provision of treatment, care and support to children including their parents and care givers (NCCS, 2010).

2.6 Overview of Cash Transfers in Kenya

The Government has initiated various CT programmes for specific groups. These include Orphans and Vulnerable Children Cash Transfer, the Older Persons Cash Transfer; the Hunger

Safety Net Programme; the Persons with Severe Disability Cash Transfer and the recently introduced Urban Food Subsidy Programme.

2.6.1 The Kenya OVC-CT Programme

The number of orphans and vulnerable children has been on the increase in the last two decades. Traditional social protection mechanisms have been strained. The country has an estimated 2.4 million orphans, half of which have resulted from death of parents due to HIV and AIDS crisis (NACC, 2005). Besides the orphans, there are many more children made vulnerable by a myriad of factors such as disease, disasters and violence.

A large majority of the orphans live in extreme poverty with relatives or guardians who have limited means. Poor, elderly grandparents have become the majority caretakers of the orphans. There are also a number of households which are headed by a child, as a result of death of parents, with no relatives or other guardians willing and able to take care of the orphaned children (Ikiara, 2009). Such orphans and other vulnerable children may have difficulties in accessing necessary services and basic needs like education, health care, proper nutrition, sense of belonging and love amongst other needs. This leaves them vulnerable to the ravages of ill health, social exclusion in society, unemployment in later life, and consequently, intergenerational transfer of poverty (Haveman and Wolfe 1995). This has long term negative impact on the economic growth and development of the country. This has made the Government to put in place initiatives to support households to take care of these orphans and vulnerable children.

In response to the plight of OVCs especially those arising from HIV/AIDS, the Government, with technical and financial support from UNICEF initiated the Orphans and Vulnerable Children Cash Transfer Programme (OVC- CT) as a pilot in 2004. After a successful demonstration period, the OVC-CT programme was formally approved by Cabinet, integrated into the national budget and started being up-scaled rapidly in mid-2007 across Kenya. The objective of the program is to provide regular cash transfers to families living with OVC to encourage fostering and retention of the children within the community and to promote their human capital development. Eligible households, those who are ultra-poor and contain an OVC, receive a flat monthly transfer of Ksh 2000. Beneficiary households are informed that the care and protection of the resident OVC is their responsibility for receiving the cash payment.

Currently there are no punitive sanctions for noncompliance with this responsibility, although several districts are testing punitive measures to see if they enhance the impact of the program (GOK, 2009).

The OVC-CT programme is the government's flagship social protection program, reaching over 130,000 households and 230,000 OVCs across the country as of December 2012 and is currently the largest CT programme in the country. It is implemented by the Government through the Department of Children's Services (DCS) in collaboration with key Development partners like the World Bank, DFID and UNICEF.

2.7 Utilization of Cash Transfers

Schubert, (2006) while evaluating the Kalomo Pilot Cash Transfer in Zambia noted that Cash Transfers improve livelihoods, transform and impact communities. Households receiving grants use them for food and health care for the family, for the basic education of their children, and for investments in physical capital that can provide a future source of income. The additional purchasing power transferred to the beneficiaries has a multiplier effect and strengthens the local economy. In this way, Cash Transfers breaks the vicious circle of poverty and promotes pro-poor growth hence kick-starting a virtuous cycle (Schubert, 2006).

He further stated that some of the beneficiaries held savings accounts where they retained some of the transfer to use in purchasing food when it became scarce. The children in the households had also benefitted through improved nutrition and in meeting school requirements like books, stationery and uniforms.

However, Cash Transfers have been found to have been diverted into activities that do not benefit the beneficiary household. A UNICEF study on the use of Cash Transfers in emergency response found that though the majority of beneficiaries of Cash Transfer Programmes spent the cash on basic needs, there were reported cases of misuse. Part of the money was used to purchase alcohol or cigarettes, for example in Oxfam's programme in Aceh and in Malawi (UNICEF, 2007).

2.8. Empirical Review of Effects of Cash Transfers

Cash Transfer programmes impacts vary by the specifics of programme design, size of transfer, quality of services, enforcement of conditionalities (if any), as well as by the degree to which transfers are invested. According to Bassett (2008), the overall evidence indicates a clear trend in

increased services utilization, that is, school enrolment and healthcare use, but mixed impacts on final outcomes such as test scores, illness prevalence and nutritional status.

2.8.1 Effects on Education

Any loss or change in income may lead to children being pulled out of school as priorities change. Even if children stay in school, a drop in household income may result in worsening of their diet and inadequate nutrition may impede their ability to learn. A study undertaken by UNICEF in selected African countries including Kenya showed that school enrolment rates are lower for double orphaned children than for non orphans (UNICEF, 2009).

The literature reviewed on effect of CT on education shows mixed results for most of the indicators. International evidence suggests that the direct costs of schooling that include fees, uniforms, transport and school supplies are frequently the second largest expenditure for CT beneficiaries after food (DFID,1999). Data from South Africa reveals that the beneficiaries of the Child Support Grant (CSG) reported increased expenditure on food (79%), school fees (26%), school uniforms (25%) and electricity (22%) (Delany et al, 2008).

Cardoso and Portela (2004) and Bourguignon et al. (2003) found a strong effect of the Brazilian Bolsa Escola program on school attendance. Behrman et al. (2005), Schultz (2004), and Skoufias and Parker (2001) concluded that the Mexican program PROGRESA increased the enrolment and attendance rate of poor children.

On the other hand, a study on the impact of the Ingreso Ciudadano programme in Uruguay undertaken by Borraz & Gonzalez in 2009 found no positive effects on children's school attendance. Attanasio et al. (2005) found that though the Colombian programme Familias en Acción increased the attendance of children aged 12-17 years old it had no effect on school attendance of children between 8 and 11 years old pointing to the possibility that impacts may not be uniform across the age groups.

In Ethiopia, the Social Protection programme, though not tied to children's development, has also resulted in improved schooling but the impact for boys and girls is different, though there is some evidence that the work demands on children may have increased.

The South African CSG programme is associated with increase in school enrolment. CSG receipt raised school enrolment by 8.1% for six year olds and school attendance for six, seven and eight year olds to 83, 97 and 98 per cent respectively (Budlender & Woodlard, 2006). However,

school enrolment figures drop off after 15 years which coincides with the end of the compulsory school-going age and cut off age for CSG receipt.

The OVC-CT programme evaluation undertaken in 2010 did not find any evidence of increased enrolment or attendance in basic schooling (primary education) (OPM, 2010). The results indicated a uniform attendance rate of 88% in both Programme and control areas for children aged 6 to 13 years. There was also no impact noted on class repetition. However, there appeared to be an impact on secondary school enrolment in older children, with an increase of 6-7% larger than in the control areas. This is an interesting impact given that secondary school attendance is neither an objective nor a condition of the Programme. The impact was more significant for poorer households and for boys than girls. Further, no impact was noted on the proportion of children attending nursery school which increased for both Programme and control areas.

On a study of the OVC-CT programme in Korogocho location of Nairobi, Sanganyi (2010) found that the most felt impact of the programme in the area was in education. He reported that caregivers were able to pay school fees and other school utilities like books, uniform and cater for school trips. The OVCs did not feel isolated as they previously did when they were unable to take part in the trips due to lack of money. However, it also emerged from his findings that the amount was not adequate to cater for the children in secondary school.

2.8.2 Effects on Food Consumption

Food is typically the largest category of expenditure for the poor. Cash Transfers have been shown to enable people and families to avoid destitution and have a marked positive effect on consumption and welfare. CTs are associated with improvements in the quantity and quality of food, which improves nutritional status of beneficiaries (Devereux, 2006).

CTs protect recipients against various livelihood shocks such as illness and drought by providing a buffer. Without such a buffer, households facing livelihood threatening insecurity trade away long term economic viability for short-term consumption (Devereux, 2001). CTs therefore help the impoverished households avoid selling off their productive assets such as tools, livestock or land.

Attanasio and others, (2005) found that the Familia en Accion (FA) programme in Colombia increased total household consumption considerably by 19.5% in rural areas and by 9.3% in urban areas. Most of the increase in consumption due to the FA was dedicated to food, with

consumption of protein-rich foods (meat, chicken and milk) increasing in both rural and urban areas. The programme was also found to have a significant effect on the consumption of clothes and footwear for children but none for adults meaning the programme benefits children more than other members of the household.

Comparative studies between the CSG programme of South Africa recipients and matched households that have CSG-eligible but non-receiving individuals clearly showed differential levels of food expenditure (Delany, et al, 2008). However, although evidence points to improvement in levels of wellbeing with transfer receipt, these effects are not uniformly experienced across all contexts and recipients. They depend on factors such as the extent to which income is pooled within the household and the gender of the transfer recipient. There is evidence that cash transfers given to women benefitted the children more than those that are given to men (Thakur, Arnold & Johnson, 2009 among others).

Attanasio et al (2005) found that the Familia en Accion CT programme in Colombia improved the nutritional status of the youngest children but seemed not to have any effect on the nutritional status of older children.

The evaluation undertaken on the OVC-CT programme in 2010 targeting seven districts (OPM, 2010), showed that the programme increased the real household consumption levels of recipient households substantially by some 13% points. The benefits were however concentrated in smaller households. The programme was also found to have increased food expenditure and dietary diversity, significantly increasing the frequency of consumption of meat, fish, milk, sugar and fats.

MacAuslan & Schofield (2011) observed that food consumption of the beneficiaries of a Concern Worldwide Cash Transfer programme in Korogocho informal settlement increased by at least one meal per day during the transfer period, while dietary diversity also improved. However, this was more noticeable for small households since the transfer was uniform.

Bassett(2008), however, argues that despite some evidence that Cash Transfer programmes impacts positively on nutritional status of beneficiaries especially children, the full potential of CTs to improve nutritional status has not been met.

2.8.3 Effects on Health

The poor and rural families are less likely to use health services and usually have lower birth and child nutritional outcomes. The improvements in nutritional status associated with CT receipt are a significant developmental outcome for many programmes. Inadequate nourishment, particularly in preschool children, leads to lower levels of physical growth and impaired cognitive development. Further, not only are the effects of malnourishment largely irreversible, they also perpetuate poverty in the next generation (Neves et al, 2009).

Health-seeking behavior is one of the major conditions in almost all Conditional Cash Transfer programmes. For instance the FA programme in Colombia expects beneficiaries to keep their children up-to-date with the schedule of preventive healthcare visits. A study by Attanasio et al (2005) shows that for children less than 24months old, the percentage with up-to-date schedules increased from 17.2% to 40.0% due to FA Programme while that of children between 24 and 48months, rose from 33.6% to 66.8%. However, for older children, the influence of FA is almost negligible, probably because these children require preventive healthcare visits much less often than younger children.

The Kenya OVC-CT programme has one of its aims as reduction of mortality and morbidity in children aged less than five years through immunization, growth monitoring and Vitamin A supplementation. The impact evaluation showed mixed outcomes; Vitamin A supplementation increased significantly in Programme areas by 10% while the proportion of children fully immunized was found to be in decline in both Programme and control areas. Despite growth monitoring being a stipulation in the Programme, there was no evidence of any impact on its uptake in the Programme areas. There was also no noted impact on the nutritional status of children (OPM, 2010). Generally there was no evidence that the Programme had any impact on child health indicators.

2.8.4 Effects on Social Relations and Social Status

No family survives completely alone. Social networks are fundamental to survival and wellbeing and at no time are social relations more critical than in situations of distress. The livelihoods of the poor are often complex and varied, usually incorporating different activities and actors across several areas which allow impoverished households to capture opportunities and mitigate shocks. Key to these is inter- and intra-household reciprocity and exchange.

The poor face constraints in gift exchange and systems of exchange because they have weak social networks. There is some evidence that CTs, because they are paid regularly and in cash, provide bargaining power to the poor within these systems of reciprocity. The beneficiaries are able to borrow and pay their debts once they receive their cash transfers. Cash Transfers strengthen the position of the marginalized within these systems of social reciprocity, without which they would be disempowered (Neves, et al, 2009).

Sagner (2000) and Barrientos & Lloyd-Sherlock (2002) document how the State Old Age Grant (SOAG) in South Africa allows otherwise marginalized elderly people to acquire social capital and transact within these informal networks. Further, in a study of the Kalomo CT project in Zambia, Wietler (2007) noted that the social status of beneficiaries had changed in regard of their possibility to deal with personal crises and risks. They were no longer exclusively dependent on other people to cope with shocks such as illness or the loss of livestock but were able to draw back on a reliable monthly income. Beneficiaries were seen to be trustworthy enough to borrow money from community members suggesting a revaluation of their social position. Some non-beneficiaries even stated that they now go and ask for help from beneficiaries when they need something.

Regarding the OVC-CT programme, an evaluation undertaken in 2010 by OPM showed both positive and negative changes in relationships with other members of the community. Some beneficiaries felt that they now were full members of the community and that OVCs were treated more equally by other children after receiving the transfer. On the other hand, some recipients felt that non-recipients were jealous and this worsened their relationships.

Wietler (2007) further found out that monetarization of relationships had taken place, for example members of the same family were paid for working on a relative's field which never used to happen before the CT project. Devereux (2006) asserts that while CT programmes may contribute to the wellbeing of the household, the impact of cash on local markets, gender relations and social networks of the households is not fully understood and therefore the total and long-term well being of households could be under threat.

2.9 Theoretical Framework

A theory is a set of interrelated constructs, definitions and propositions that present a systematic view of phenomena by specifying relations among variables, with the purpose of explaining and

predicting the phenomena (Kerlinger, 1973). Francis Abraham observed that a theory is a logical explanation or a testable model of the manner of interaction of a set of natural phenomena, capable of predicting future occurrences or observations of the same kind and capable of being tested through experiment or otherwise falsified through empirical observation. Odegi-Awuondo (1993) views a theory as a general statement of fact couched in a way that it is refutable. It is a mental picture of how society is structured, works and changes.

This study was guided by the following theories to explain the effects of Cash Transfer programmes on OVCs well being and social relations.

2.9.1 Entitlement Theory

The rationale for social Cash Transfer interventions can be based on the Entitlement Theory and its application to the study of famine and poverty as espoused by Amartya Sen. Entitlement Theory is based on three concepts: Endowment Set, Entitlement Set and Entitlement Mapping. Sen (1984) defined Endowment Set as the combination of all legally owned resources by a person. These include land, equipment, animals, knowledge and skills, labour and membership to a particular community. Entitlement Set is defined as the set of all possible combinations of goods and services that a person can legally obtain by using the resources of his Endowment set. Entitlement Mapping is the relationship between Endowment Set and Entitlement Set.

The Entitlement Theory describes four legal sources of food, -production-based entitlement- (growing own food); -trade-based entitlement- (buying food); -own-labour entitlement- (working for food) and -inheritance and transfer entitlement- (being given food by others).

Entitlement theory posits that famine and poverty are often caused not by lack of food, but by individuals' inability to get access to whatever food exists through loss of entitlement (the means of acquiring food). This loss, also known as entitlement failure, can occur in two ways. There is -pull failure- indicating loss of the means of acquiring food or lack of an income to purchase food. On the other hand, -response failure- refers to the inability of the market to respond, either due to lack of food supply or due to traders hoarding and it results in lowering of supply (Khogali & Thakar, 2001).

Food aid can help to address the -response- failure by ensuring people are able to consume food even when it is in short supply. Cash Transfers on the other hand help to deal with -pull- failure by giving people the means to purchase food. It is therefore logical to conclude that if famine and

income poverty results from a lack of purchasing power, it can be addressed through Cash Transfers. Further, CTs allow recipients to make their own consumption decisions and also stimulate local economy. CTs can at the same time stimulate the production of food as there is a ready market with the power to purchase. Therefore, both food and cash interventions can help avert famine (UNICEF, 2006).

The OVC-CT programme enables beneficiary households to purchase food and other essential non-food items and also assist the households to take their children to school. From an Entitlement perspective, the OVC-CT programme enables households and especially the OVC to regain their lost entitlements of food, education, health care and prevent them from inheriting poverty through their human capital development.

2.9.2 Social Capital Theory

The theory was propagated by Pierre Bourdieu, James Coleman and Robert Putman though each emphasized a different aspect. Bourdieu uses social capital in order to explain the reproduction of social class divisions and inequalities of power, while Coleman and Putman focus on the virtues of network membership and the assets individuals can access through their associations with others (Kawachi, 1999).

Bourdieu identified three dimensions of capital: Economic, Cultural and Social which he saw as the main components of social resources whose control defines the social position of actors. He equates capital with power. Bourdieu argued that just as access to economic capital brings certain privileges to a group or individual, and cultural capital sets a group or individual apart from their less privileged peers, so does social capital supply the networks and connections which allow continued and future access to privileges. He therefore provides a causal mechanism for access to power and privilege and the inability to access power that results in social exclusion (Bourdieu, 1986).

Social capital is traditionally construed to include two factors: one, the networks of affiliation to which people belong - family groups, friendship ties, networks of professional colleagues and business contacts, membership of formal and informal associations and groups; and two, informal behavioral norms individuals and groups rely upon in establishing, maintaining and using those networks, which include reciprocity and trust (Coleman, 1988).

It can be deciphered from the theory that, individuals endowed with a diverse stock of social networks and associations will be in a stronger position to confront poverty and vulnerability, resolve disputes and take advantage of new opportunities. Conversely, the absence of social capital can have an equally important impact.

According to Wilson (1996), a defining feature of being poor is that one is not a member of or is excluded from certain social networks and institutions. There is evidence that as the diversity of the social networks of the poor expands so too does their welfare. Cash Transfers on the one hand can foster interpersonal trust, improve social bonds and raise the self esteem of the beneficiaries. Being selected as a beneficiary of a Cash Transfer Programme can make a certain individual or household more confident about the future and can strengthen their links with other community members and the State. Among those who do not receive the Transfer the opposite feeling can develop and may lead to stigmatization of Programme beneficiaries and widening of social gaps.

Further, Social Capital allows individuals to establish and continue social relations on the basis of their expectations that such relations will be mutually advantageous. The poor and marginal people face constraints in systems of exchange because they have low social capital, hence have weak social networks and lack tradable assets (Devereux, 2001). Cash Transfers, because they are paid regularly and in cash, provide bargaining power within these systems of reciprocity. They give recipients something valuable to trade socially, in the form of resources. Therefore Cash Transfers strengthen the position of the poor within networks of social reciprocity, without which they would be disempowered.

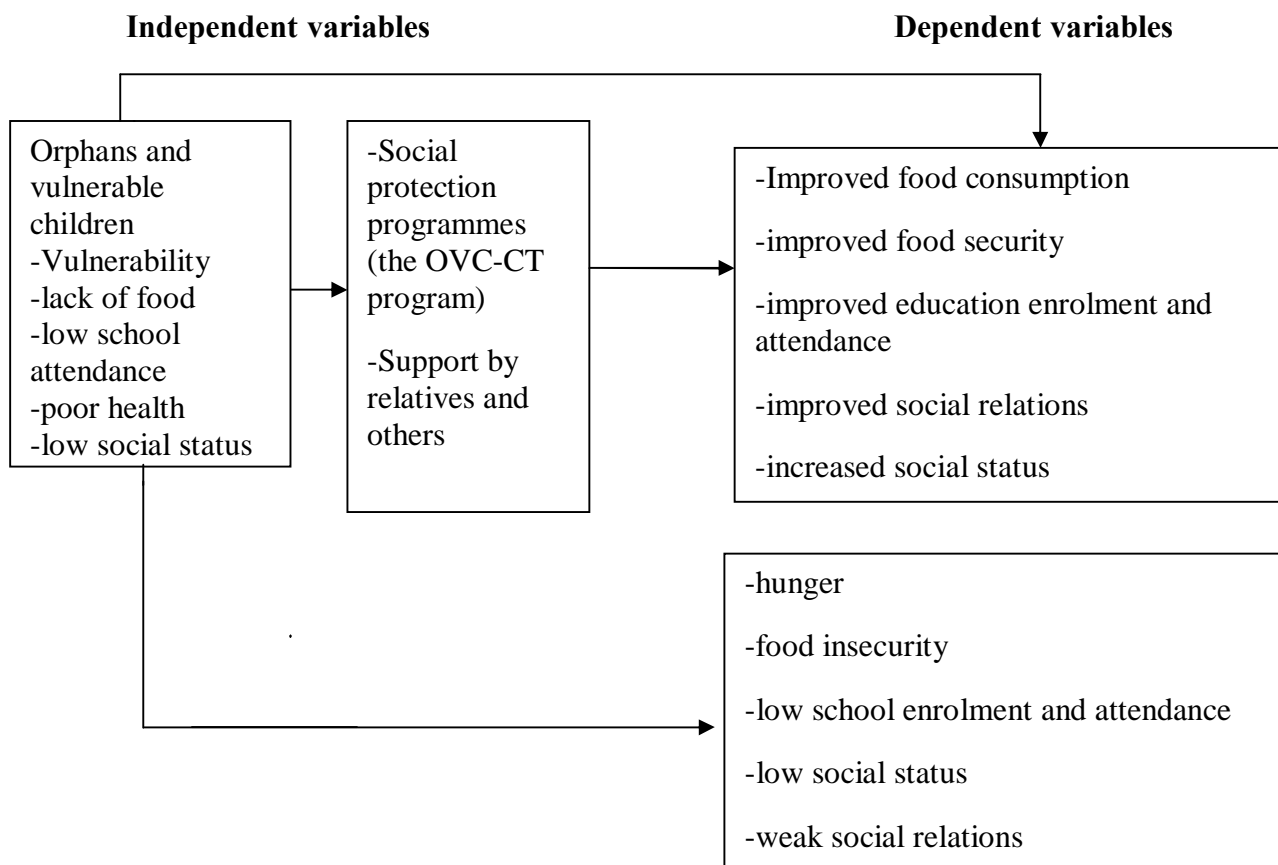
2.10 Conceptual Framework

The conceptual framework is based on the variables identified to show the effects of the OVC-CT programme on OVCs wellbeing and social relations.

A household should ideally be able to cater for all its members' basic needs which include food, shelter, clothing, education and medical care. Poor households with OVCs who are unable to cater for this should be supported through various means. This may be by social protection interventions including Cash Transfers, and assistance by relatives to ensure that they are able to meet the basic needs of the OVCs. These are aimed at ensuring that the basic needs of the OVCs and their households are met in the short term and their future earning potential is enhanced in

the long term. In the event that these interventions are not put in place, the wellbeing of the OVCs is affected in that they are unable to get enough and nutritious food, do not enroll in school or they drop out, and their health is compromised. Their income earning potential in future is also affected hence perpetuating intergenerational transmission of poverty.

Figure 2.1 Conceptual Framework



2.11 Summary

Given the literature on what scholars had to say about the role and potential of Cash Transfers in the wellbeing of children, it is indicative that the findings are mixed on the various variables. Some studies show positive results while others show there is no effect at all. For instance, while Bourguignon et al. (2003) and Cardoso and Portela (2004) find a strong effect of the Brazilian Bolsa Escola program on school attendance, Borraz & Gonzalez (2009) found no positive effects on children's school attendance arising from the Ingreso Ciudadano programme in Uruguay though the programmes had similar designs and expected outcomes.

Even though there is evidence from most of the literature reviewed that CTs are beneficial to children in the targeted households, there is also considerable evidence that no positive effects were realized in some of the Programmes. Most of the literature available had no beneficiary perspective on the effects of the Cash Transfer Programmes. It is therefore imperative to understand how the beneficiaries view the programme and whether from their perspective the programme has had any effects on the wellbeing of children hence the contribution of this study.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter sets out the methodology used to conduct the study. It deals with site description and selection; research design, methods and tools of data collection, sampling techniques, ethical issues, validity, reliability and data analysis.

3.2 Site Description

The study area was Nyamira Division of Nyamira District in Nyamira County. Nyamira County covers a surface area of 899km⁽²⁾ with a population of 598,252 (KNBS, 2010) and has one of the highest population densities in the country at 665 people per square kilometre. The County's topography is mostly hilly "*Gusii highlands*" with a series of ridges. There are two rainy seasons; the long rains typically in March to May and the short rains from October to November without a distinct dry spell. Administratively, the County comprises of five districts namely, Nyamira, Nyamira North, Manga, Masaba North and Borabu. The County headquarter is Nyamira Town.

Nyamira district covers an area of 179 km². According to KIHBS of 20005/06, the poverty level for Nyamira district was 48.1%. This is compounded by the largely youthful population with children and youth below 20 years constituting more than half of the total population.

Land is the most important means of livelihood for many people in the district. Due to reliable rainfall and rich nitro soils, the district has a high potential for agricultural production. The district has mainly small scale farmers with mean land holding size of 0.7Ha. The number of land holdings is increasing fast due to the continued sub-division of land (MPND, 2005). The major cash crops include tea, coffee, pyrethrum, bananas and horticulture while the main food crops grown are maize, beans, millet, sweet potatoes, cassava, vegetables and sorghum.

Nyamira district comprises the whole of West Mugirango Constituency and is administratively divided into two divisions, seven locations and nineteen sub-locations. The OVC-CT programme is implemented in the District in two locations, which are Bonyamatuta Chache in Nyamira Division and Keera in Nyamaiya Division. The study site, Nyamira Division, is peri-urban, and is divided into five locations namely Bonyamatuta Chache, Bonyamatuta Masaba, Bosamaro Chache, Bosamaro Masaba and Bogichora. According to the Kenya Population Census of 2009

(KNBS, 2010), Nyamira Division occupies an area of 66.0 square kilometres with a population of 53,999. Bonyamatuta Chache location has a population of 25,476, with 5899 in Siamani Sub-location and 19,577 in Township sub-location.

This study dealt with the beneficiaries in Bonyamatuta Chache location of Nyamira Division in the two sub-locations of Township and Siamani.

3.3 Site Selection

The study was undertaken in Bonyamatuta Chache location of Nyamira Division in the two sub-locations where the OVC-CT programme is being implemented. Nyamira was selected since it is a high potential area where you do not expect to find poor and destitute persons. However, despite the area having high agricultural potential, KIBHS 2005/2006 stated that 48.1% of the population in Nyamira district was living below the poverty line. 51.9% were food poor while 1.9% were hardcore poor meaning they could not meet their basic minimum food requirements even if they spent all their income on food alone. The selected area is a rural town and thus has unique issues as concerns OVC care. The population is cosmopolitan as the Division houses the County headquarters though the Kisii community is predominant.

3.4 Research Design

This study used both a quantitative and qualitative study design. It had both descriptive and explanatory characteristics. Descriptive design allowed for the collection of information from a variety of beneficiaries. It also made it possible for the use of questionnaires that enabled the data to be analyzed and presented quantitatively.

At the same time this being a social research in the community, qualitative data was collected to get the community perspectives and opinions on the Cash Transfer Programme. Primary and secondary data sources were utilized to collect data. The researcher undertook 72 household interviews, six Focus Group Discussions, Seven Key Informant Interviews, review of secondary data and observation. Random and purposive sampling was used for identification of respondents.

3.5 Target Population

The study mainly targeted the beneficiaries of the OVC- CT programme, and children in the beneficiary households especially those aged 12-17 years since they are able to articulate issues.

It also targeted the District Children's Officer who is in-charge of implementation of the programme and selected Locational OVC Committee members and community opinion leaders.

3.5.1 Unit of Analysis

The unit of analysis for the study was the households with orphans and vulnerable children that were enrolled in the OVC-CT Programme in Nyamira Division of Nyamira County.

3.5.2 Unit of Observation

The units of observation were the enrolled beneficiaries of the OVC-CT programme in Nyamira Division who are caregivers of the orphans and vulnerable children, the children in the beneficiary households aged between 12 and 17 years and key informants. The key informants included the District Children's Officer, the Divisional Education Officer, the Chief, the chairperson and one member of the Locational OVC Committee, a church pastor and a community opinion leader.

3.6 Sampling Procedure

A sample consists of the cases (units or elements) that will be examined and are selected from a defined research population. The study employed both probability and non-probability sampling procedures. The population for this study was all the enrolled beneficiaries of the OVC-CT programme in Nyamira division. The programme is being implemented in the division in Bonyamatuta Chache Location, which has two sub-locations namely, Township and Siamani.

The study used stratified random sampling with the two sub-locations forming the strata from which the sample was drawn from. There are two hundred and thirty three (233) registered beneficiaries in Township Sub-location and one hundred and twenty six (126) in Siamani Sub-location totaling to three hundred and fifty nine (359) beneficiaries. This formed the sampling frame for the study.

To ensure representation from both administrative areas, Stratified random sampling was used to select 20% of beneficiaries from each of the two sub-locations. Using the sampling frame, the starting point was randomly set as 2 and every 5th homestead was selected until the sample size was reached. Using this systematic sampling method 47 beneficiaries from Township sub-location and 25 from Siamani Sub-location totaling to 72 respondents were selected to form the sample size for the study as shown in Table 3.1

Table 3.1: Sampling Procedure

Sub-Location	No. of Beneficiaries	20%	Total selected
Township	233	$233 \times 20 / 100 = 46.6$	47
Siamani	126	$126 \times 20 / 100 = 25.2$	25
Total	359		72

The District Children's Office which is the implementer of the Programme was used to help in tracing the beneficiary households. The researcher retained the services of three research assistants familiar with the area to assist in undertaking the household interviews.

Purposive sampling was used to select the participants to participate in the Focus Group Discussions. Purposive sampling enabled the researcher to select beneficiaries of both gender and representative of the various age categories.

Purposive sampling was also used to select the Key Informants. This allowed for the selection of participants knowledgeable of the Programme and who were therefore able to provide crucial information in respect to the objectives of this study.

3.7 Methods of Data Collection

The study employed both quantitative and qualitative methods. These were household interviews of the beneficiaries of the programme which were the main source of data; Focus Group Discussions for adults who are care takers of the OVC and also for the children; and key informant interviews involving the DCO, an Education Officer, the Chief, members of the Locational OVC Committee, church leaders and community opinion leader.

The researcher also undertook document analysis that included policy and programme documents. Observation was also employed to collect observable data.

3.7.1 Household Interviews

Quantitative data was collected through interviews with members of households receiving the Cash Transfer. A questionnaire was designed and used to assist in collecting information. The questionnaire was administered to seventy two (72) beneficiary households in the two sub-locations.

3.7.2 Focus Group Discussion (FGD)

Kumar (1987) defines FGD as a semi-structured data gathering method in which a purposively selected set of participants gather to discuss an issue or concern. FGD help to elicit views and

opinions of the target population and enable the researcher to obtain insights on their perceptions, needs, problems, beliefs and reasons for certain practices. The respondents are allowed to freely discuss the issue in a group of 8-10 persons.

This study held six FGDs, three for the children in the enrolled households between ages 12 and 17 and three for the adult caregivers to gain their perspectives of the programme and the effects it has had on their lives. Two FGD for adult and two for children were held in Township Sub-location and one FGD for adult and one for children were held in Siamani Sub-location.

3.7.3 Key Informant Interviews

Kahn and Cannel (1959) describe interviewing as a "conversation with a purpose". An interview can help a researcher to gather valid and reliable data relevant to the research. The flexibility of the technique allows the researcher to probe, to clarify, and to create new questions based on what has already been heard (Whyte, 1979). Key informant interviews are qualitative in-depth interviews with people who are knowledgeable in the community, who are likely to provide the needed information, ideas and insights (Kumar, 1989) based on knowledge of a particular issue.

The researcher was able to interview the District Children's Officer, the Locational Chief, the Chairperson of the Locational OVC Committee, and a member of the committee, an Education Officer in the study area, a church minister, and an opinion leader totaling to seven key informant interviews.

3.7.4 Case study

According to Yin (1994) case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context. It allows the researcher to explore individuals or organizations in depth. The study chose Nyamira Division as the case study to explore and understand the effects of the OVC-CT Programme from the perspective of the beneficiaries.

3.7.5 Observation

Observation method entails the collection of information by way of the researcher's own observation, without interviewing the respondents. As Westbrook (1994) notes, it involves the systematic noting and recording of events, behaviours and objects in the social setting chosen for the study. The information obtained relates to what is currently happening.

Observation method was used to supplement the other research methods in this study. The researcher documented actions and interactions noted while carrying out the study that was relevant to it. The researcher also observed the living conditions of the beneficiaries, including the condition of their houses, furniture and presence of domestic animals. The physical condition of the children in the beneficiary households was also observed.

3.7.6 Review of Secondary Data

This is the analysis of data or information that was either gathered by someone else for example researchers, or institutions or for some other purpose than the one currently being considered, or often a combination of the two (Cnossen 1997).

The study reviewed the policy documents concerning the OVC-CT Programme. These included Government policy documents, reports and minutes of meetings of the Nyamira District OVC Committee and Bonyamatuta Chache Location OVC Committee. The information collected through the review was used to triangulate and verify the data collected from the field.

3.8 Tools of Data Collection

The study used both quantitative and qualitative methods of data collection. Primary data was collected through field work using various methods. The main data collection technique was household interview using a questionnaire targeting beneficiaries of the programme. The questionnaire sought to collect data on the CT Programme's effect on beneficiaries food security, education and social relations; and the beneficiaries' perception of its success or otherwise. The questionnaire was both structured and semi-structured in order to collect the required information adequately.

To collect qualitative data on the beneficiaries' perception of the programme, Focus Group Discussion Guides were used. Two FGD Guides were developed; one targeting adult beneficiaries while the other targeted the children in the beneficiary households.

Key Informant Interview Guide was developed to facilitate the researcher in undertaking in-depth interviews with the selected programme officers, members of the Locational OVC Committee and opinion leaders. The Guide constituted a series of open-ended questions that sought to determine the effects of the programme based on their knowledge and experience concerning the Programme.

Secondary data was collected through reviewing of existing policy documents, programme documents and other authentic materials. These included programme documents like reports and minutes of the District and Locational OVC Committees.

Table 3.2 Data Collection Tools Used

Method	Tool	Source
Household Interview	Questionnaire	Beneficiary Households
Key Informant Interview	Key Informant Guide	DCO, Education Officer, Chief, Chairperson and committee member, Locational OVC Committee, Church minister and opinion leader
Focus Group Discussion	Focus Group Discussion Guide	Beneficiaries and children
Observation	Observation Checklist	Households Children
Review of Secondary Data	Checklist	District and Location OVC Committee minutes Reports

3.9 Ethical Issues Observed

Collecting data through any method involves some ethical issues in relation to the participants and the researcher. The researcher endeavoured to ensure that informed consent was obtained from the respondents before they were involved in the discussions or interviews. This consent was obtained voluntarily and without pressure of any kind after the objectives of the study had been explained.

As the study also involved interviews with children who cannot give independent informed consent, the researcher adhered to the Guidelines for Child Participation in Kenya on obtaining consent from the parents or guardians of the children. Once parental consent was obtained, the researcher ensured that the children were explained to in a language they were comfortable with the reasons for the study, the kind of information they could provide and how it could help in

improving the Programme. They were then given an opportunity to decide whether to participate or not despite the consent from their parents.

Participants were also assured of confidentiality and that the information collected would be used for research purposes only. It was further explained to them that any response they would give would not affect their continued participation in the programme.

While analyzing the data and writing the study report, the researcher endeavoured to avoid bias by reporting as accurately as possible the findings from the field without introducing personal preferences or bias. The researcher also ensured that academic materials used in the study were properly cited and authorship correctly ascribed to avoid plagiarism and to respect researcher-researcher relationships.

The researcher also endeavoured to ensure accuracy in data gathering and processing, appropriate interpretation of data and reporting of findings accurately, devoid of exaggeration and manipulation.

3.10 Validity and Reliability

Dane (1990) defines validity as the extent to which a measure actually measures what is supposed to measure. Validity therefore has to do with how accurately the data obtained in the study represents the variables of the study. Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are; whether the means of measurement are accurate and whether they are actually measuring what they are intended to measure.

Joppe (2000) defines reliability as: "The extent to which results are consistent over time and an accurate representation of the total population under study". A reliable measure is the one that gives the same reading when used on repeated occasions. A measuring instrument is reliable if it provides consistent results every time it is used.

To ensure reliability, the researcher pre-tested the questionnaire by administering it to a few respondents. Their comments were incorporated in the review.

To ensure validity, the data from the various collection methods was triangulated. For instance the results from the household interviews, the focus group discussions and the key informant interviews were used for cross verification.

3.11 Data Analysis

According to Dawson (2002) data analysis involves examining what has been collected in a study and making inferences and deductions. Data analysis is undertaken for the purpose of summarizing the collected data and organizing these in a manner that they answer the research questions (objectives). Raw data collected using the data collection methods was edited, transcribed and classified on the basis of common characteristics. Quantitative data was computed and presented in form of frequencies and percentages in tables and charts. Qualitative data is presented in a prose report and direct quotes.

CHAPTER FOUR

4.0 DATA PRESENTATION AND ANALYSIS

4.1 Introduction

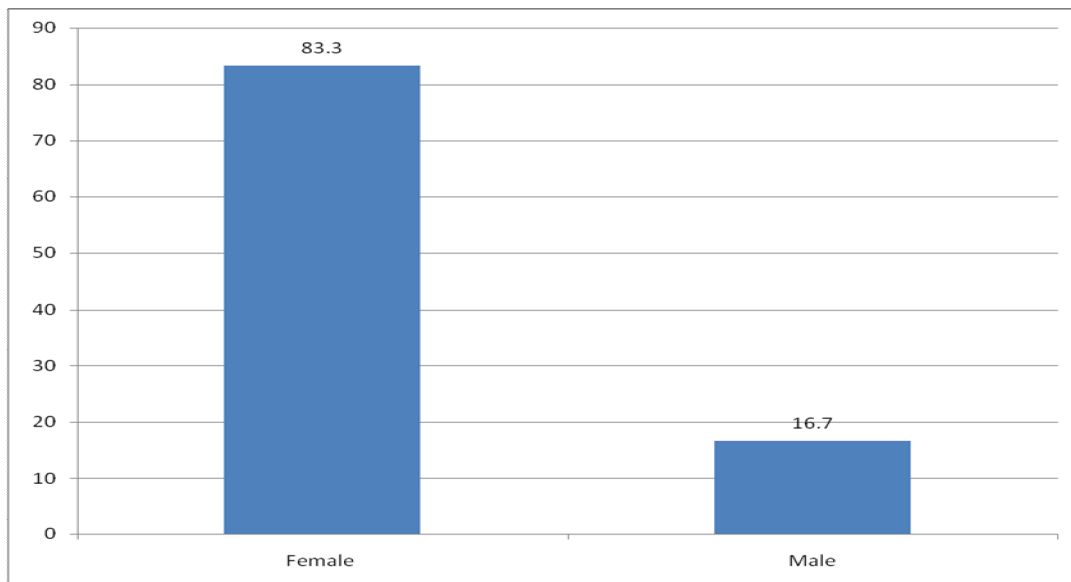
This chapter presents data analysis, interpretation and discussion of the research findings. The chapter is arranged as follows: The first section addresses the demographic and economic characteristics of respondents; the second section looks at Utilization of the Cash Transfer; the third section deals with Effects of the Cash Transfer on OVCs Household Status and Quality of Life (wellbeing); section four is on the perceived Changes to Social Relationships and social status of Beneficiaries due to the Cash Transfer Programme. Section Six deals with the conclusion.

4.2. Demographic and Economic Characteristics of Respondents

4.2.1 Gender

A total of 72 respondents were interviewed. Of these, 60 (83.3%) were female and 12 (16.7%) were male. These figures conform to the expectation since the Programme is inclined towards households headed by widows.

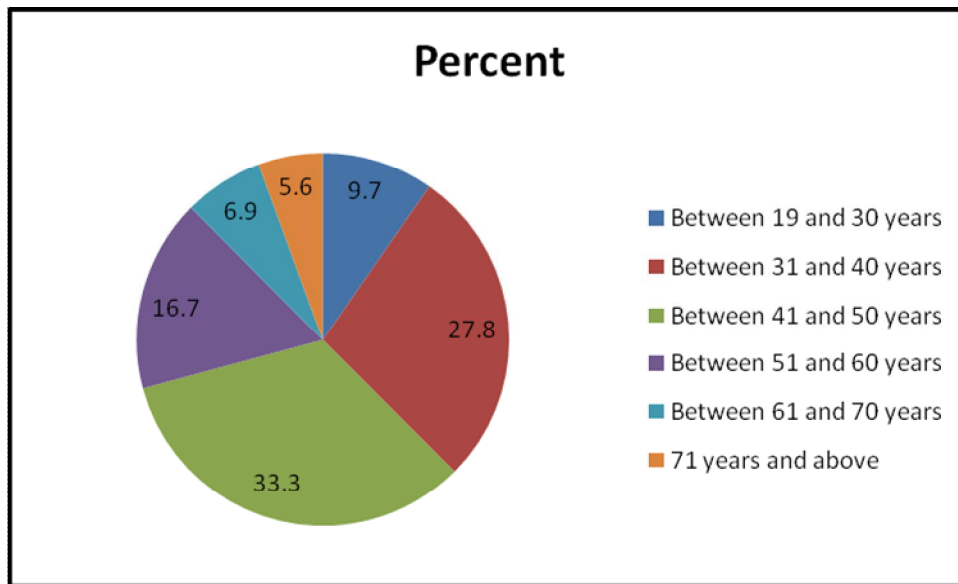
Figure 4.1: Distribution of Respondents by Gender



4.2.2 Age

From figure 4.2, it is evident that 33.3% of the respondents were between 41 and 50 years. Those between 31 and 40 years were 27.8% while those between 51 and 60 years were 16.7%. Respondents between 19 and 30 years were 9.7%, those between 61 and 70 years 6.9% while those who were 71 years and over were 5.6%. This shows that most beneficiaries are in their middle and early old ages which is as expected given that the Programme targets orphans being taken care of by a remaining parent (widow/widower) or a grandparent who are most likely to be in these age cohorts.

Figure 4.2: Distribution of Respondents by Age



4.2.3 Marital Status

The OVC-CT programme targets orphans and vulnerable children. Such children will often be living with their widowed parent or grandparent. From the study findings most of respondents were widowed comprising 84.7%, while those married were 12.5%, those separated and those single were representing 1.4% each. From this, it can be deciphered that the programme is reaching its target population of orphans. Due to the respect given to marriage in the community, none of those interviewed reported to be divorced.

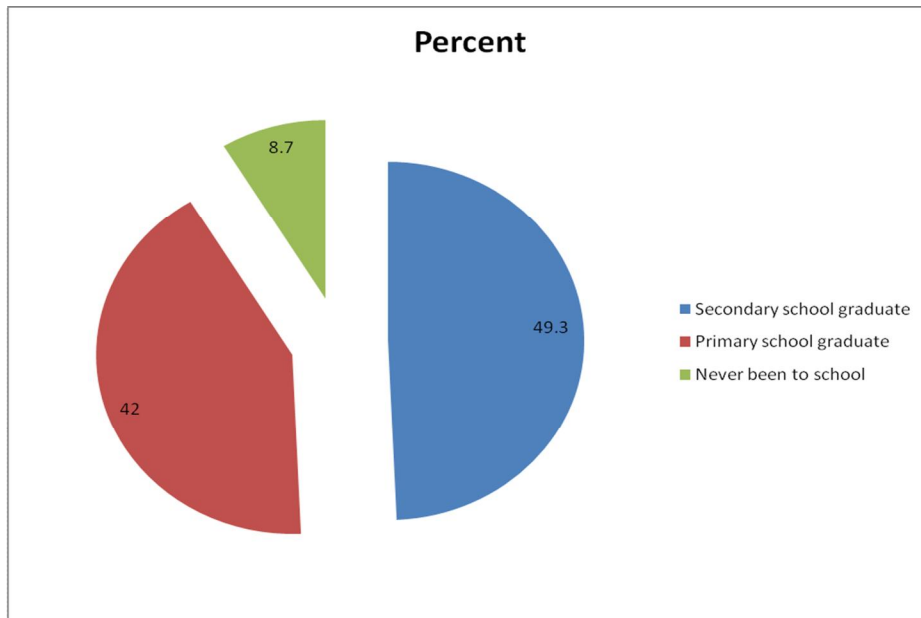
Table 4.1: Distribution of Respondents by Marital Status

Status	Frequency	Percent
Widowed	61	84.7
Married	9	12.5
Single	1	1.4
Separated	1	1.4
Total	72	100

4.2.4 Level of Education

Level of education is closely related to level of poverty. Most of those interviewed were found to have had at least primary school education. The respondents included 8.7% who had never been to school at all, 42% who had reached primary level and 49.3% who had reached secondary school level.

Figure 4.3: Highest level of Education Attained



4.2.5 Religion

The other population characteristic was the denomination of respondents. The dominant denomination of the respondents was protestant at 88.9% while Catholics were 11.1%. Of the Protestants, 41.7% were Seventh Day Adventists.

4.2.6 Household size

Table 4.2: Respondents' Household size

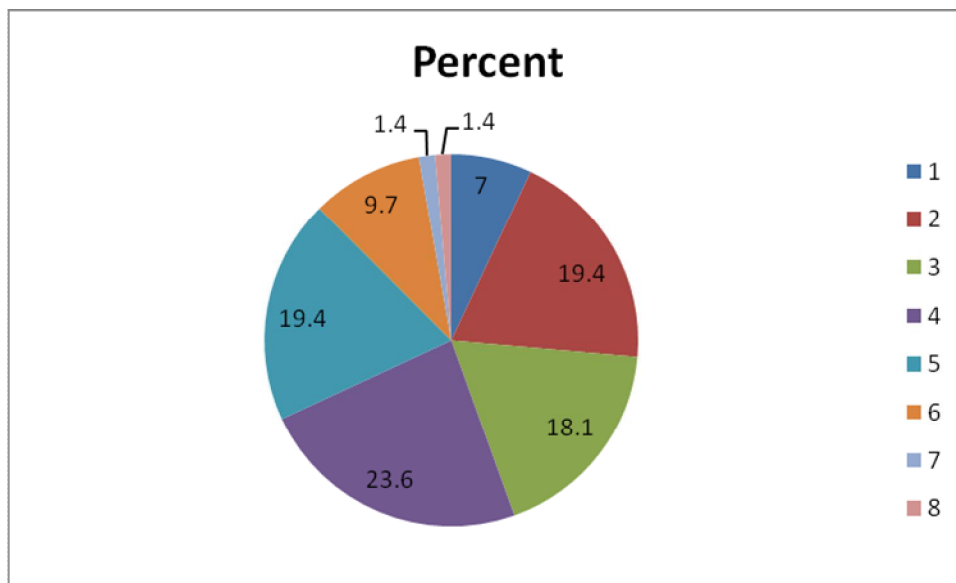
No. of HH members	Frequency	Percent
2	1	1.4
3	8	11.1
4	6	8.4
5	14	19.4
6	15	20.8
7	14	19.4
8	8	11.1
9	2	2.8
10	4	5.6
Total	72	100

Information on household size and number of children is important because these characteristics are associated with the welfare of the household. From Table 4.2, it can be deduced that the average size of the respondent households was 6 constituting 20.8% of the households. Households consisting of 5 members were 19.4% same as those with 7 members. Households with 3 members were 11.1% while also those with 8 members were also 11.1%. The data also shows that households with 4 members were 8.4% whereas those with 10 members were 5.6%. The households with 9 members were 2.8% and those with 2 members were 1.4%. This shows that majority of beneficiary households had more members than the national average of 4.2 persons (KDHS, 2008/09), though not far off from the County average of 5 members per household (MPND, 2005).

4.2.7 Number of Children

The number of children in a household has an effect on the household's wellbeing. If the children are many, the dependency ratio is high and level of life is likely to be lower than in households with few children. As shown in figure 4.4, households with four children were the majority at 23.6%. Those with 2 children comprised 19.4%, the same as those with 5 children. 18.1% of the households had 3 children while those with 6 children were 9.7%. Households with 1 child were 7.0% while those with 7 children were 1.4%, the same as those with 8 children.

Figure 4.4: Number of children in respondent households



4.2.8 Orphans and Vulnerable Children

All the respondents were taking care of OVCs constituting 100% of the sample. The number of orphans per household ranged from one to eight, with households taking care of four orphans being 27.8%, those taking care of 2 OVCs, 22.2% and those with 1 OVC, 13.9%. 12.5% of the households were taking care of 5 OVCs and 11.1% of households were taking care of 3 OVCs. Households taking care of 7, 8 and 9 OVCs were 1.4% each.

Of the respondent households, 54.2% were taking care of OVCs who were not their own children whereas 45.8% were taking care of their biological OVCs as their spouses had died.

4.2.9 Main source of Income for Respondents

Most respondents' main source of income besides the Cash Transfer is farming which stood at 62.6%, whereas other forms were casual employment at 19.4%, business at 8.3%, the cash

transfer at 8.3 % and formal employment at 1.4%. It can be noted from this data that though the majority of respondents were also engaged in farming and casual labour for income, 8.3% were purely dependent on the Cash Transfer, a situation that can lead to dependency.

4.2.10 Approximate Monthly Income

Majority of the respondents (86.1%) had a monthly income of between Kshs 1001 and 2000 besides the Cash Transfer. Those earning between 2001 and 3000 were 13.9 % which forms a small percent meaning most of the beneficiaries are poor. None of the beneficiaries had monthly income of above Kenya shillings 3000. This shows that they are a vulnerable group hence are rightfully in the CT Programme.

4.3. Utilization of the Cash Transfer

The first objective of this study was to determine how OVC-CT programme beneficiaries use the Cash Transfer. How the transfer is used and who determines how it is used have an important bearing on the effects that are likely to be realised. The use is also to a certain extent determined by whether the beneficiaries are aware of the reasons for their selection and the objectives of the Programme.

4.3.1 Awareness of Programme and selection Criteria

All the 72 respondents stated that they were aware that the Programme was meant to benefit orphans. They also stated that they were selected as beneficiary households because they were poor and taking care of orphans. Most of the respondents (84.7%) were widowed taking care of their children after the death of their spouses.

4.3.2 Length of Receipt of Cash Transfer

The period that households have been on the Cash Transfer Programme is likely to affect the contribution of CT on OVCs well-being. The longer the period of receipt, the more the effects are expected to be. The OVC-CT programme was initiated in the study area in July 2008. Of the respondents, 57% had been receiving the transfer for between 37 to 48 months, 22.2% for between 25 to 36 months while 20.8% had been receiving it for between 13 and 24 months. This shows that the majority had been on the Programme for a considerable number of years that would enable effects to be felt. The Cash Transfer is given once in two months amounting to KSh 4000 per payment cycle, to allow beneficiaries to have a reasonable amount. The amount is

equal for all beneficiary households irrespective of the number of OVCs in the household and is paid through the Post Office.

The objective of the CT Programme is to strengthen the capacity of poor households living with OVCs to care for and protect the OVCs and promote their human capital development through the provision of a regular and predictable Cash Transfer. The CT is expected to increase household basic food consumption, access to education, health care and civil registration.

4.3.3 Decision making on use of the Cash Transfer

Respondents were asked who in the household makes the decision on how the transfer is used. 69% of the respondents said it is the wife who makes the decision, 15.3% said the husband makes the decision, and 9.7% said the decision is made by the grandmother while 5.6% was being done by both the husband and wife. The high percent of females making decisions on the use of the Cash Transfer can be attributed to the fact that majority of the respondents were females. In all cases, none of the beneficiary children was involved in decision making on how the transfer is used. This is a significant finding since children are the main reason for the Programme, yet they are not involved or consulted in deciding on how the money is used at any given time.

4.3.4 Expenditure of the Cash Transfer

The respondents were asked to rank the CT expenditure according to the items they spent it on. Education was the leading at 55.6 %, food at 25.9%, medical care at 13.9%, investments at 4.0%, social functions at 0.4% and rent at 0.2%. On average, the beneficiaries spent Kshs. 160,000 or 55.6% in one payment cycle on educational expenses, Kshs.74, 500(25.9%) on food, Kshs. 40,250 (13.9%) on medical expenses, Kshs. 11,550 (4%) on investment and kshs.1700 (0.6%)on other items. This shows that the majority of the transfer is spent to support education of the children, followed by food and medical care which are key determinants of physical well-being. The literature reviewed showed that food is usually the item that is allocated the most money in many CT Programmes (Devereux, 2006, Attanasio et al. (2005, among others). However, this finding is different as it shows that the Programme beneficiaries in Nyamira Division spent more on education than on food and prioritize education over food.

Figure 4.5: Approximate expenditure of the Cash Transfer in one Payment cycle

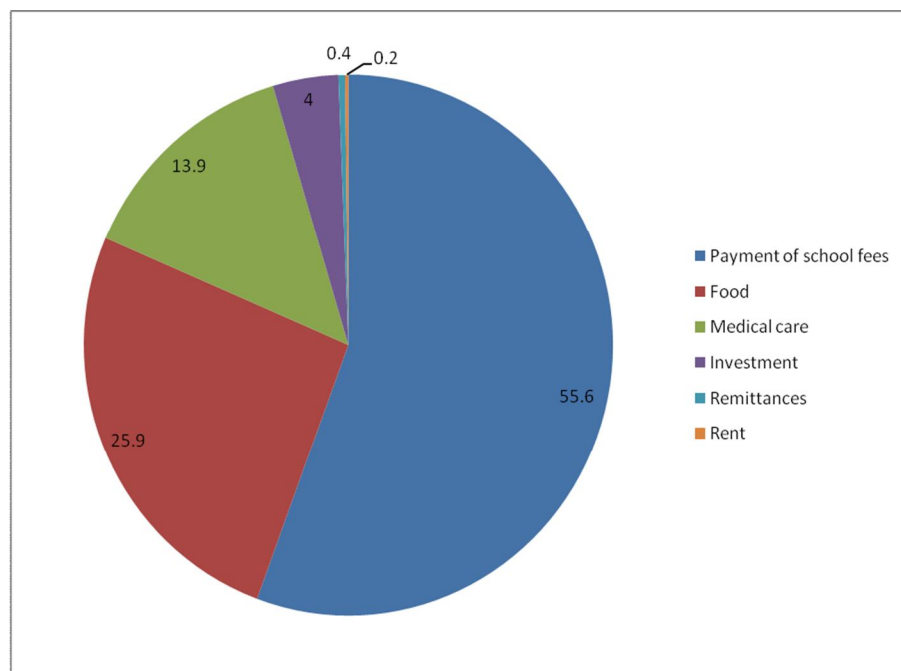


Table 3 illustrates the major food and non-food items the respondents reported to usually spend the CT on.

Table 4.3: Usage of the Cash Transfer

Category	Items
Food	Maize, Flour, Sugar, Cooking oil, milk, vegetables, fruits
Education	School fees (secondary school), text and exercise books, pens, School levies, school uniform
Medical care	medicine
Farming	Seeds, fertilizer, labour (paying casuals to plant or weed)
Others	Soap, blankets, contribution in social functions(-harambeesø funerals), -Merry-go-Roundø clothes for the children once in a while, paying small debts, buying livestock, investing in small scale businesses.

Some households were headed by elderly people taking care of orphans. These could be assumed to have no capacity for meaningful livelihood activities. In view of this the transfer is mainly spent on immediate household needs as it becomes the sole source of income for these households.

On the adequacy of the transfer amount, the respondents stated that the current amount of Kshs. 2000 per month was inadequate to meet their household basic needs given the high cost of living. The cost of basic commodities keeps increasing while the transfer amount is static. When the participants in the Focus Group Discussion were asked the amount they would recommend, their responses ranged from Kshs. 3500 to 5000 per month. The respondents further said that the CT should also be based on the number of OVCs in the household since the current practice of paying an equal amount irrespective of number of OVCs disadvantaged larger households.

The key Informants were asked their views on the current amount of transfer. All of them were aware that the amount was not adequate to meet the households' basic needs. They stated that the CT is not meant to cater for all household basic needs but to cushion them and hence enable them to retain the OVCs within their families. The District Children's Officer further said that the amount has been increased periodically from Kshs.500 at the inception of the Programme in 2004 to Kshs. 2000 currently. He said that given this trend, there were prospects of further increases in the future.

4.3.5 Misuse of the Cash Transfer

None of the respondents stated that the money is used on entertainment and non-essential commodities such as alcohol, tobacco and clothes for the adults. When the key informants were asked whether they thought the beneficiaries were using the money well, they stated that the vast majority were making good decisions and using the money well. Only few cases had been reported where some beneficiaries were said to have spent the money on alcohol or buying themselves clothes when children were in need of other things. The area Chief said that in the past some beneficiaries had been excited about the money and some had used it inappropriately and at least two had to be dropped and different caregivers appointed. The cases had however gone down with awareness creation by members of the Locational OVC Committee and the District Children's Office.

One key informant stated thus, “these people are using the money well. They used to have a lot of problems of hunger, lack of soap and other essentials but these have now reduced. Some households have even bought cows with the money”.

4.4. Effects of the Cash Transfer on OVC’s Household Status and Quality of Life (Wellbeing)

The second objective was to establish the perceived effects of the OVC-CT programme on OVCs food consumption, food security and education according to the beneficiaries. Given that the core of this study was the effects of Cash Transfer programmes on OVCs wellbeing, food consumption, food security, and education were used as indicators of wellbeing and respondents were asked several questions on these.

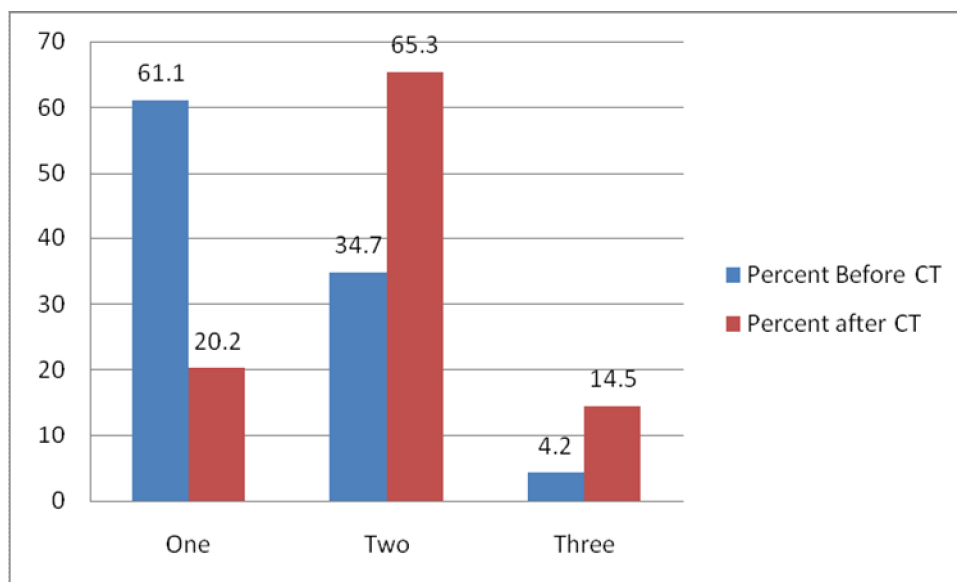
4.4.1 Food Consumption and Food Security

The suffering of children in food insecure households goes beyond not having enough to eat but affects all aspects of their life. Children in food insecure homes are likely to be malnourished and less likely to attend school. Those who attend are likely to be absent frequently, have difficulty concentrating on learning activities and have other problems when in school.

4.4.2 Food Consumption Before and After the Cash Transfer Programme

Figure 4.6 shows the number of meals the respondent households used to take before and after the Cash Transfer Programme.

Figure 4.6: Number of meals before and after the Cash Transfer Programme



The data shows that the majority of households (61.1%) were taking one meal before they were enrolled in the OVC-CT programme, 34.7% were taking two meals a day, while only 4.2% were taking three meals a day.

After being enrolled in the programme, 20.2% of the households reported to be taking one meal a day, 65.3% were able to take two meals a day and 14.5% were able to take three meals per day. Households that were taking one meal a day thus reduced from 61.1% to 20.2% which is a significant reduction. More households were able to take two meals per day (65.3%), up from the previous percentage of 34.7%.

From the foregoing, it can be deduced that the CT Programme has a positive effect on the number of meals taken by OVC households enrolled in the programme. Respondents' food consumption had increased by at least one meal per day for majority of the households. This was further corroborated by the Focus Group Discussions where one participant said, *“before the Programme, I could only afford to give my children supper only, but now I can afford at least lunch and supper. They do not have to take ‘emeseke’ (dregs from traditional brew) when they come home from school for lunch anymore “.*

The Education Officer during the Key Informant Interview stated, *“before, concentration in class was difficult because the children used go to school while hungry and could only see darkness on the blackboard, but now they have something to eat”*

Further, according to the other Key Informants, the beneficiary households are now able to buy food and also use part of the money to buy seed hence are able to have more than one meal a day even during the dry months of January and February when there is scarcity of food in the area.

These findings collaborate the literature reviewed that showed that CT programmes improve food consumption of the beneficiaries (Devereux, 2006; Attanasio et al, 2005; Delany, et al, 2008; OPM, 2010 among others).

4.4.3 Main Source of food for Household

Respondents were asked how they obtained food for the household. 51.5% of the respondents mainly bought the food they consumed while 48.5% got their food through cultivation. Due to the small sizes of their land given that the area is highly populated, the food grown is not sufficient for the family throughout the year so the CT assists in ensuring that they have some money to buy food with.

The participants in the focus group discussions said that the Cash Transfer also helped them to buy seeds and fertilizer. They stated that previously, they were unable to buy the inputs and would plant uncertified seeds without fertilizer hence would harvest very little.

4.4.4 Nutritious Food for the Children

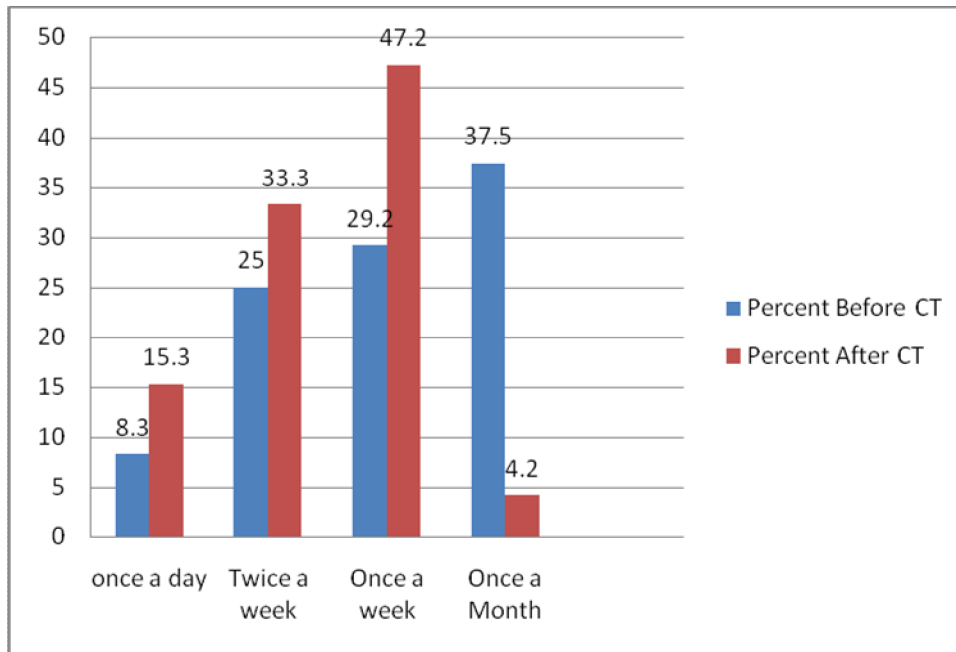
As noted earlier, food diversity can also be used to determine the food security of a household. If the family is not able to adequately feed itself, it usually resorts to foods rich in carbohydrates because the other food groups are expensive. The respondents were asked about consumption of foods rich in proteins and vitamins by the OVCs before being enrolled in the CT Programme and after.

4.4.4.1 Milk

Before the Cash Transfer programme, respondent households that were able to provide milk to children on a daily basis were 8.3%, those that would give children milk twice a week were 25%, once a week 29.2% while 37.5% could only provide milk once a month.

After enrolment in the CT Programme 15.3% of the households reported that the children took milk once a day, while 33.3% could afford to give children milk twice a week. A significant number, 47.2% could only give the children milk once a week while 4.2% were able to give them milk once a month. The money had enabled a few to purchase cows that provide milk to the household while others were able to purchase milk for the children. This shows that as a result of the Programme, there was some improvement in provision of milk to children, which is necessary for their healthy growth.

Figure 4.7: Consumption of Milk by OVCs Before and After CT Programme

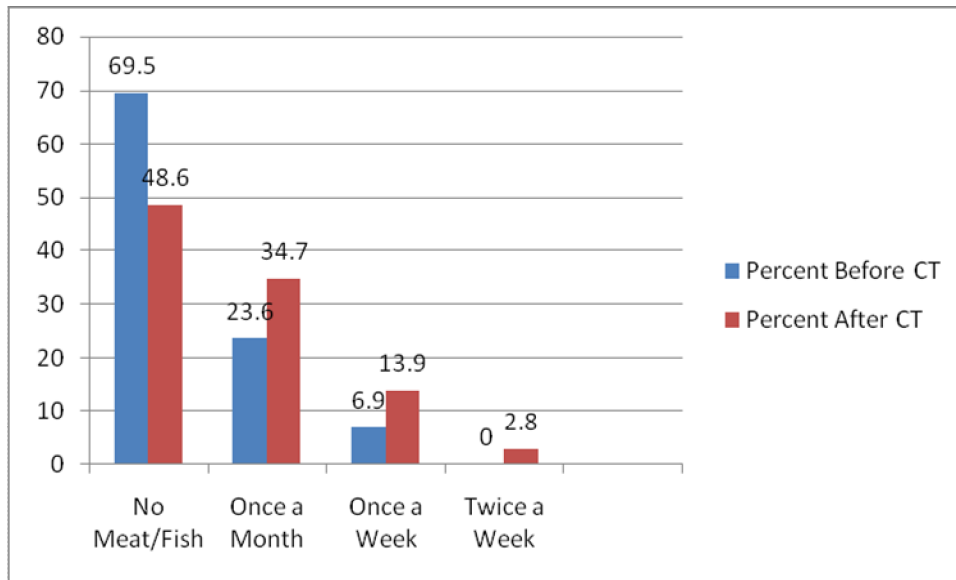


4.4.4.2 Meat/Fish

Before the Cash Transfer Programme, respondent households reported that they were able to give the OVCs meat or fish rarely. None of the households could have meat or fish twice a week while 6.9% could have it once a week. 23.6% could manage to have these once a month while a significant percentage of 69.5% did not take any of the two.

After becoming beneficiaries of the CT Programme, 2.8% of households give the children meat or fish twice a week, while 13.9% were able to give the children one of these foods once a week. 34.7% of the households were able to have meat or fish once a month while who still do not give the children any of these foods were 48.6%.

Figure 4.8: Consumption of Meat/Fish by OVCs Before and After CT Programme

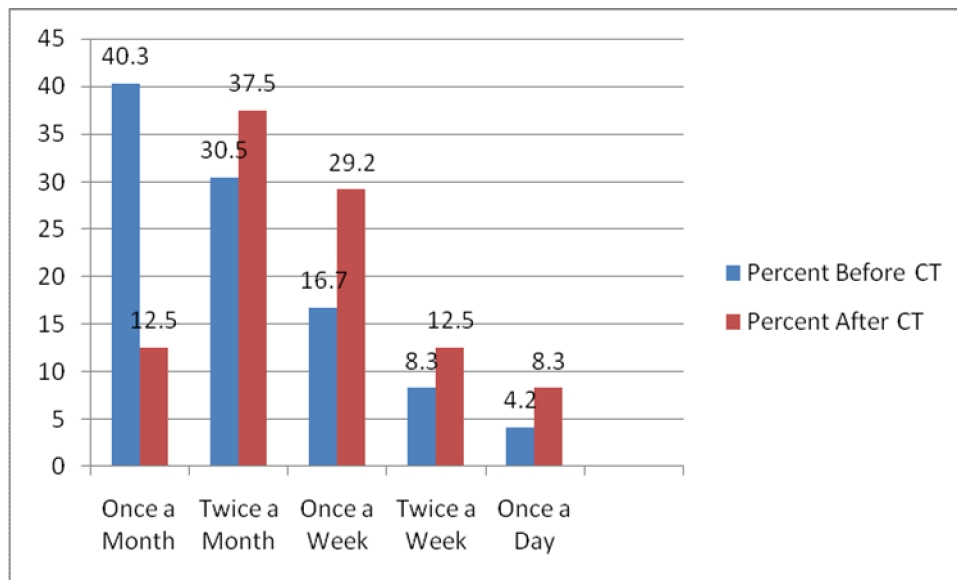


4.4.4.3 Fruits

Majority of respondent households reported that they were unable to give the children fruits often before the Cash Transfer Programme. Only 4.2% were able to give the children fruits daily while 8.3% managed to provide fruits to children twice a week. Of the respondents, 16.7% were able to provide fruits once a week whereas 30.5% could provide twice a month. 40.3% could afford fruits only once a month

After they were enrolled in the OVC-CT Programme, 8.3% of the respondents households were able to buy and give fruits to the children once a day while 12.5% were able to give twice a week. Those who could afford to provide fruits once a week rose to 29.2%, while 37.5% could provide twice a month and 12.5% gave fruits once a month as shown in Figure 4.9.

Figure 4.9: Consumption of Fruits by OVCs Before and After CT Programme



The foregoing data shows that more households were able to afford foods with high nutritional value that were likely to be more expensive at least once a month. From the foregoing, it is evident that though the CT programme is able to help the households to buy food, it is still not at a level to allow them to have all the nutritious foods for the OVCs as often as is recommended.

Respondent households reported that as a result of the CT programme, they were able to add to the variety of foods they consumed. However, this did not include diversification outside certain food groups, especially carbohydrates. For instance, households reported that they were now able to eat Rice and ÷hapatiø instead of ÷Ugaliø more often than before and also traditional vegetables, which are more expensive, instead of ÷Sukuma wikiø

A FGD participant stated, “*Our diet has improved because of the variety of food we are able to afford. We are now getting fruits, grains and different vegetables. Before the Programme, we were forced to eat ugali and sukuma wiki daily*”.

4.4.5.1 Food Security throughout the Year

The respondents were asked whether before they became beneficiaries they were in a position to have food for the household for the whole year. 79.2% of the beneficiaries said that they were not able to have food throughout the year while 20.8% said they had food throughout the year.

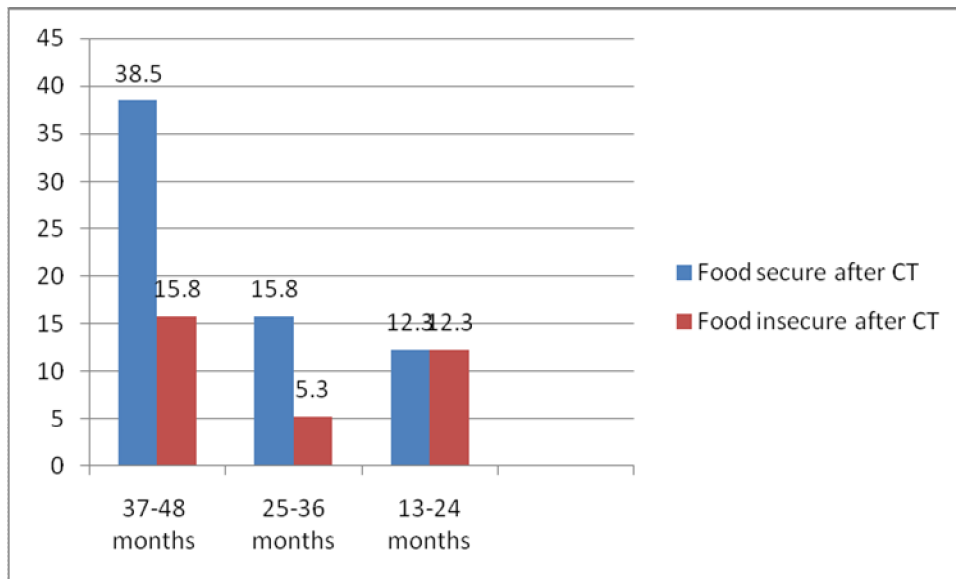
Asked how they dealt with lack of food, all those who did not have food for the whole year stated that they used to reduce food intake by having fewer meals per day.

After enrolment in the CT programme, 67.4% of the respondents were now able to have food for the household throughout the year while 32.6% were still food insecure after becoming beneficiaries of the CT Programme. This shows a significant reduction in the number of households that are food insecure. However, though receipt of the Cash Transfer is associated with less reported hunger for more than half of the respondents, a significant number were still not able to have food throughout the year.

4.4.5.2 Relationship Between length of receipt of the Cash Transfer and Food Security

The researcher further analyzed the data to determine whether the length of receipt of the Cash Transfer had any effect on the ability of the beneficiary households to have food throughout the year. The findings were that the longer one was on the programme, the higher the chance that the household was able to have food throughout the year. The households who had been on the programme for lesser time were not doing as well as those who had been enrolled for between 37 and 48 months.

Table 4.10: Relationship between Length of CT Receipt and Food Security



4.4.6 Effects on Education

Another aspect that the study set out to determine was the effects of CT Programme on the education of the OVCs. Education is recognized as a critical means of reducing inter-generational poverty and promoting development, but access to it is often impeded by cost. Though primary education is free, there are other costs one is expected to meet in order to enroll

and remain in school. These include school uniforms, activity fees and building fund among others. Secondary and pre-primary schools charge fees.

4.4.6.1 School Enrolment and Attendance

Of the respondents, 95.8% reported to have had children of school-going age children by the time of being enrolled in the Programme while 4.2% did not have school-going age children. They stated that though the children were enrolled in school, their attendance was not consistent. Those in primary school would be sent home often for non-payment of dues like building fund, examination fees and lack of uniform. The Cash Transfer therefore assists them to pay these levies and also afford uniform for the children.

A child in the focus group discussion said, *' we are now able to remain in school for the whole term like other children because our mother is able to pay the Ksh100 for end of term exam, unlike before when we would be sent home and miss sitting for the exams'* 14 year old boy in a children's focus group discussion.

Another child said, *"Before the Cash Transfer, we had no money for school dues, pens and exercise books so we would be absent from school. We also had no shoes and our uniforms were tattered and we could not go to school because we were ashamed of ourselves but now we have shoes and uniform and proudly go to school"* 13 year old girl in a children's focus group discussion.

During the key Informant Interview, the Divisional Education Officer stated that the attendance and physical appearance of children from beneficiary households had improved substantially.

4.4.6.2 Expenditure on Education

Respondents revealed expenditure patterns beneficial for the education of the children. The study found out that 55.6% of the Cash Transfer in one payment is used for education, especially school fees. When the respondents were asked to rank the CT expenditure according to the item that is usually allocated the highest amount, 65.3% ranked education at number one while 34.7% ranked food at number one. This shows that households are willing to make sacrifices for the education of the children as investment in the future wellbeing of the households.

The respondents were asked to react to an opinion statement that the Cash Transfer Programme has enabled the beneficiary households to enroll and retain their children in school. All the 72

respondents (100%) strongly agreed with the statement indicating that the CT Programme has had a high effect on education of the OVCs.

The participants in Focus Group Discussions further gave evidence to the fact that the Cash Transfer Programme has been instrumental in the education of the OVCs. A participant stated, *“Most of us use the money to pay school fees and buy food for our families. Before the Programme, we would be forced to beg or sell some livestock to raise the required money.”*

The Key Informants also stated that school enrolment and attendance had improved in the area due to the CT Programme. According to the Education Officer, children, especially those in secondary school, were now able to be in school for most of the term as parents usually made arrangements with the Principals to pay fees in installments. Every time they receive the CT, they pay part of the fee and since the teachers know they will eventually pay, they do not send the children home as often as they used to.

The focus group discussions however indicated that there were other basic needs that had also to be met at household level apart from food and education. These were in competition with food and education and were also found to be important determinants of the OVCs overall wellbeing. Shelter, clothing, soap and bedding were identified as important needs that the households are constantly striving to meet.

4.5 Changes in Social Relationships and Social Status of Beneficiaries due to the Cash Transfer Programme

Social protection programmes have social consequences which are both positive and negative more so when they are Cash Transfers. Well-being of individuals depends on more than just the possession of material things; it also depends on relations with people. This aspect of well-being is not universal but is local and subjective and includes social networks and sense of belonging. Social relationships are important for every household since no household lives in isolation.

As the study area is relatively rural, the social relations are expected to be more homogeneous than in urban areas. The study was therefore interested in the effects of the Cash Transfer on relations between households since CT affect sharing mechanisms, by either strengthening them due to availability of additional resources or weakening them.

4.5.1 Relationships between Beneficiaries and Non-Beneficiaries

Poor households rely on social networks that could be affected by Cash Transfer programmes. The findings showed that the effects of the Programme on social relationships were mixed. While some beneficiaries reported that their social relationships had improved, others felt that they had worsened. Respondents were asked whether their relationships with non-beneficiaries had improved, remained the same or worsened as a result of the Cash Transfer. Of the 72 respondents, 48.6% said their relationships had improved, 43% said their relationships had worsened while 8.4% stated that they had not changed in any way while.

Asked to further explain their answers, some said that the relationships improved because they were no longer considered as a bother as they now had an income. Others stated that they were now able to meet most of their basic needs and were not begging as before. Some were even able to assist other deserving members of the community. *“Culturally, we are expected to help those in need with whatever we have. Before the Programme I used to be the one assisted, but now I am asked for assistance which I give whenever I can”.*

Those who stated that they felt their relationships had worsened said that they felt other community members were not happy with them because now they had more money than them.

4.5.2 Relationships between the OVCs and Other Children in the Community

The Key Informants were asked what they felt the relationship between the OVCs and the other children in the community was like. They stated that the Cash Transfer had enabled the OVCs to have access to basic needs so they were on the same level with most of the children in the community. They further stated that since the OVCs could afford school utilities, they were now in a position to compete on the same level with the other children.

The children are not looked down upon by the others, nor are they discriminated upon by the others. They play together and undertake other community activities together as there is no distinction between the OVCs and the other children.

4.5.3 Community Perception concerning the beneficiary status

The fact that the OVC-CT programme only targets poor households taking care of orphans leaves out many other poor households. Any Programme that targets a section of the poor is likely to introduce negative feelings unless the criteria for selection is well explained and understood by the community.

The respondents were asked how they felt other community members perceived them as beneficiaries of OVC-CT Programme. 54.2% stated that they felt the other community members were jealousy of them, 43% felt that the other community members felt they deserved to be beneficiaries while 2.8% felt that the other community members saw them as privileged because they were receiving free money from the Government.

When asked to further explain their answers, those who felt other community members were jealousy of them said these are the households that have orphans but were not enrolled as they were not considered to be very poor. Some said this was expressed through the way they related with them since becoming beneficiaries. One beneficiary stated that the neighbour had stopped talking to her after she became a beneficiary. From the foregoing, it can be argued that the Programme has introduced some negative feelings between beneficiaries and non-beneficiaries.

For those who felt that community members considered them deserving said it is because they had orphans and were poor. When asked if they knew of any household that they thought deserved to be on the Programme and were not, 84.7% of the respondents said they knew such a household while 15.3% said they were not aware of any.

When asked what they did not like about the programme and which they wanted changed, most respondents indicated that the programme excluded many deserving households due to the small number of beneficiaries who could be accommodated due to the threshold in relation to the population in need. Some households with orphans were also been left out as they are considered not very poor but most beneficiaries felt they should also be included in the Programme. Others recommended that even destitute households be considered even if they did not have orphans. They recommended that the Programme be expanded to benefit more households in the community who are also poor and destitute.

4.5.4 Assistance by Community Members Before and After CT Programme

Getting assistance from family and community members is one of the survival strategies of the poor in rural areas. Respondents were asked whether they used to receive any form of assistance from community members before the CT programme. 75.4% of the respondents said they used to get assistance while 24.6% stated that they never used to receive any assistance. The assistance received was in the form of food, seeds, some money for subsistence and assistance in planting, weeding or harvesting.

Those who used to receive assistance were further asked whether they continued to receive the assistance after they were enrolled in the CT programme, 77.6% of the respondents said the assistance stopped while only 22.4% continued to get the assistance. This indicates that assistance was withdrawn from many respondents once they became beneficiaries.

This was explored more in the Focus Group Discussion where some participants said that the Cash Transfer was not adequate to meet all their needs. They felt that community members, especially their relatives should have continued to support them as they considered themselves still needy despite being beneficiaries of the CT Programme.

Some elderly beneficiaries reported that they now had to pay for assistance requested from community members which could be obtained for free before the Cash Transfer Programme. *“Previously, other women in the neighbourhood used to assist me to weed and harvest my millet, but now they ask me to pay them because I receive the money for the orphans”* 69 year-old beneficiary during a focus group discussion.

It can therefore be argued that the Cash Transfer programme has contributed to the òmonetizationö of social relations within the community. It can also be deduced that though the Cash Transfer had improved relationships due to reduction in begging, it has had a negative effects of reduction in community assistance.

4.5.5 Participation in Community and Social Functions

Householdsø participation in community events is an indicator of its social status and a pointer to social capital. Respondents reported to be participating more in community activities. They stated that they were attending public *barazas* more than before they became beneficiaries because they did not want to miss any information on the Programme that may be passed during such meetings.

On invitation to social functions, the respondents further reported that before the Cash Transfer Programme, only 36.1% used to be invited to social functions while 63.9% never used to be invited. Of those who never used to be invited, 84.8% were now being invited to social functions while only 15.2% were still not being invited after they became beneficiaries of the Cash Transfer Programme.

One of the most significant social events in the community, especially for women takes place towards the end of the year (November-December). Those with married daughters visit them

with gifts accompanied by selected friends and neighbours. To be invited to a household to meet such visitors is considered a privilege. Most of the respondents stated this as one of the functions they would rarely be invited to as it requires one to reciprocate in future. However, after becoming beneficiaries, most of them are now invited not only to meet the visitors but also to be part of the delegations in such visits since they are in a position to contribute and also reciprocate in future.

Other Social functions the respondents reported to be invited to now were: fund raisers (Harambee), wedding ceremonies, merry-go-round groups, graduation ceremonies and pre-wedding parties. They said they were now being invited because they had some money they could contribute.

4.5.6 Access to Credit and Investment

In order to further assess whether the social status of the households had changed due to the CT programme, respondents were asked whether they took goods on credit and whether it was now easier or more difficult after becoming beneficiaries of the Programme. Of the respondents, 72.2% reported to be taking goods on credit from shopkeepers and all of them said it was now easier than before to be given credit because shopkeepers trust they will pay. 27.8% of the respondents reported not ask for credit.

The reason they gave for the ease with which they were accessing credit facilities was that people were aware they were now on the Programme and were therefore able to pay when they got the money. This can be construed to mean that the relationship between the beneficiaries and traders in their areas had been positively affected by the Programme as there is mutual trust. *“We are more accepted by the wider community as our economic status is much improved. We are more credit worthy and traders readily give us credit as they are confident we will pay with the cash Transfer, FGD participant.*

Some beneficiaries were also able to invest using the money by buying livestock which they could sell in times of need. Those who invested bought cows, goats, sheep and poultry. Others had started informal businesses using part of the money. *“I sell bananas by the roadside so that I don’t run out of paraffin. I buy them with the Cash Transfer money. I do this so that when the Cash Transfer runs out, we are not in darkness” Woman FGD participant.*

Another participant stated, *“The cash is like a regular salary that has enabled us start small scale businesses to boost our income”*, FGD participant

4.5.7 Perceived change in Social Status of the Beneficiaries

From the Focus Group Discussions, it was evident that the CT Programme had raised the social status of the beneficiaries. The participants said that they felt more recognized and accepted in the community as they were able to take care of most of their basic needs and were not seen as beggars anymore.

“Life has changed, even though the money is not enough we have stopped begging because we are able to afford food and clothes. The community perception of us has changed as well because we are contributing something to other members of the community” FGD Participant.

The respondents reacted to an opinion statement that the Programme beneficiary households are treated with dignity and recognized as useful members of the community unlike before the introduction of the Programme. Of the 72 respondents, 86.1% strongly agreed with the statement, 9.7% agreed while only 4.2% were not sure of the state.

Beneficiaries felt that receiving the Transfer gave them a certain amount of status in the community. *“Before I received the help (transfer) my life was not good, with the help many things have changed. My relationships with other people have improved. Before, few people wanted to associate with me, now, nobody looks down on me”* (a widower in a focus group discussion).

Key informants were asked if they had noted any change in the social status of beneficiaries. They stated that the CT programme resulted in beneficiaries being viewed in a much more positive light by the rest of the community. In the focus group discussion, beneficiaries talked of being respected more by others and of having their opinions and views listened to in community meetings whereas before they would have been dismissed by virtue of their poverty. One beneficiary summed it that *“we are now more visible in the community and can talk in front of other people”*.

Respondents were asked whether they felt the OVC-CT Programme was useful to the OVCs and their household. All the respondents (100%) stated that the Programme was very useful.

4.6 Conclusion

From the foregoing, the study found out that the Programme was having positive effects on the OVCs wellbeing. It had enabled the beneficiaries households including the OVCs to access basic needs, access education, the beneficiaries are no longer looked down upon, the OVCs are able to get money for personal use, the beneficiaries have been able to invest some of the money in assets like livestock and a few have been able to start small businesses. All these have helped raise the overall well being of the OVCs and other members of beneficiary households.

On the other hand, there were findings that some negative effects on social relations had also occurred. Some beneficiaries felt that some members of the community who were not enrolled were jealousy of them which was causing divisions among them.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Key Findings

The study examined the effects of Cash Transfer Programmes on Orphans and Vulnerable Children's wellbeing and social relations in Nyamira Division, Nyamira County. It looked at how the beneficiaries use the Cash Transfer; the effects of the money on the OVCs' food consumption, food security, and education according to the beneficiaries; identified changes in the beneficiaries' social relationships and established the perceived changes in the social status of the beneficiary households. The summary of the findings is presented in these areas based on the research objectives.

5.1.1 Utilization of the Cash Transfer

The study found that all the beneficiaries were aware of why they were selected as beneficiaries and that the money was meant for the OVCs in the household. Most of the respondents were widows taking care of their children after the death of their husbands. The OVC-CT programme was initiated in the study area in July 2008. The study established that the majority had been receiving the CT for between 37 to 48 months (57%), which means they have been on the Programme for a considerable number of years that would enable effects to be felt. It was found that the longer the period one was on the Programme, the more the effects in terms of improvement in food security.

On decision making on how the Cash Transfer is used, 69% said it is made by the wife, while 15.3% by husbands. This is consistent with the finding that most of the respondents were widows. Further, all the decisions were made by adults without involvement of the OVCs despite the fact that they were the reason the households were selected for the Programme. Most of the money was used for education related expenses at 55.6%, followed by food at 25.9%, medical care 13.9%, investment 4%, social functions at 0.4% and rent at 0.2%.

None of the respondents stated that the money is used on entertainment and non-essential commodities such as alcohol, tobacco and clothes for the adults. However, from the key informant interviews, it was found that a few beneficiaries had at one time utilized the money inappropriately and at least two had to be dropped and other caregivers selected for the affected OVCs.

5.1.2 Effects of the Cash Transfer on OVC's Household Status and Quality of Life (Wellbeing)

The study established that the CT Programme had positively affected the number of meals and the diversity of the diet taken by OVC households enrolled in the programme. Majority of households (61.1%) were taking one meal before they were enrolled in the OVC-CT programme, while only 34.7% were able to take two meals a day and 4.2% were taking three meals a day.

After being enrolled in the Programme, the situation improved. The percentage of the households taking one meal a day reduced from 61.1% to 20.2%, while those taking two meals increased from 34.7% to 65.3%. Those taking three meals a day increased from 4.2% to 14.5% showing that more households (79.8%) were taking more than one meal a day which is significant for the OVCs.

The OVC households were able to afford protein- rich foods for the children. Milk and vegetables were the most frequently taken by the children daily while meat/fish and fruits were taken by the majority at least once a month. Receipt of the Cash Transfer was associated with less reported hunger. Households that were not able to have food throughout the year significantly reduced after introduction of the Programme. However, a significant number of households were still not able to give meat/fish frequently. This should be explored further to establish whether there are other intervening factors besides the inadequacy of the Transfer.

The study findings showed that the Cash Transfer Programme has had a positive effect on the OVCs wellbeing and is encouraging parents/guardians to send children to school. All the OVCs were enrolled in school and were attending as required. The respondents reported that they were now able to pay the school dues and the children were not being sent home as frequently as before. The CT had therefore contributed considerably to the education of the OVCs.

However, the transfer amount was found to be inadequate to meet all household needs. The focus group discussions indicated that there were other basic needs that had also to be met at household level apart from food and education. Shelter, clothing, soap and beddings were identified as important needs that the households were constantly striving to meet. They suggested that the amount be adjusted to between Kshs. 3500 and Kshs.5000 per month to enable them meet these needs. The amount should also be pegged on the number of OVCs in a household unlike currently where the transfer is equal for all beneficiary households.

5.1.3 Changes in Social Relationships and Social Status of Beneficiaries

The findings on social relations were mixed. There were some positive effects as well as some negative outcomes. The study revealed that the social relationships and status of the beneficiaries had improved to some extent. Those interviewed stated that they felt more accepted in the community and were no longer seen as burden as they were now in a position to meet some of their basic needs without begging. Some had invested in livestock and other income generating activities which have enhanced their social status in the community.

The beneficiaries perceived their social status to have improved as they were being invited to social functions which previously they would not be invited to. Before the Programme, only 36.1% used to be invited to social functions while 63.9% never used to be invited. Of those who never used to be invited, 84.8% were now being invited while only 15.2% were still not being invited after they became beneficiaries of the Cash Transfer Programme. A major precondition to enter into social reciprocity is demonstrating that one is worthy and also able to reciprocate in future hence the change in invitations as the beneficiaries are now considered capable of reciprocating.

Further, it was established that the beneficiaries were accessing credit facilities from traders and other community members more easily as they were seen to be in a position to pay. 72.2% of the respondents reported to be taking goods on credit from shopkeepers and all of them said it was now easier than before to be given credit because shopkeepers trust they will pay as they are on the CT Programme.

It was also established that the beneficiaries were participating more in community events like public barazas as information on the Programme was passed during such forums and they feared missing out if they failed to attend. They also felt more recognized as they were now able to air their views and be listened to.

However, a considerable percentage of beneficiaries (54.2%) felt that non- beneficiaries in the community were jealousy of them. They stated that the households with orphans who were considered not as poor as the beneficiary households were not happy with them since they had not been selected. This means that the OVC-CT programme may have introduced jealousy, resentment and negative attitudes towards beneficiary households from other community members. This can be considered a negative effect of the CT which should be further explored

and dealt with to avoid causing conflicts in the community in future. Respondents expressed their wish for all deserving beneficiaries to be enrolled in the Programme.

Another negative effect revealed by the findings was that of crowding out of assistance. Of the 49 households who had been receiving assistance from other community members, 77.8% had stopped getting the assistance even though they felt they were still needy and would have liked the assistance to continue despite the CT Programme. Some beneficiaries were now being asked to pay for assistance which was previously offered for free, for instance helping in weeding, especially for the elderly.

5.2 Conclusion

The study findings demonstrate that Cash Transfer has a positive effect on children, caregivers and entire households by helping to improve their material well being. All respondents spoke positively about the Cash Transfer Programme, stating that it was of significant support to them. They reported that the Transfer had improved their wellbeing and given them new hope. As well as increase the volume of food available, The Cash Transfer has led to an increase in the variety of foods consumed by the household and supported the education of the OVCs.

The Cash Transfer has enabled them to do the right thing in their community, for example being able to make a contribution to a feast or community celebration.

In spite of the positive effects found by the study, some important unintended consequences also were found. A sizeable percentage of the respondents reported that there was jealousy by other community members due to their beneficiary status which is breeding tension and divisions. There are many children and families in need of assistance and the aid given to OVC household in form of the Cash Transfer has the potential to cause resentment among community members as revealed by the findings. There is therefore need to sensitize the community on the special needs of OVCs and why they are being supported through the Cash Transfer Programme and why not all poor children or all orphans are targeted.

The study also revealed that though the Programme targets the welfare of children, their voice is non-existent in family decision making. Children participation and involvement was not considered necessary by the community especially the caregivers yet they are the reason for the Programme. The Cash Transfer amount was also found to be inadequate to meet all the households basic needs and was therefore not having high positive effects.

5.3 Recommendations

From the study several recommendations were drawn.

- i. The Programme to be enhanced to cover more households taking care of OVCs in the area studied and possibly the whole country.
- ii. The Cash Transfer amount should be adjusted upwards to be in line with the cost of living hence enabling the beneficiaries to meet most of their basic needs. This should be in the range of Kshs.3500 to 4000 per month, which is an average of the suggestions given by the respondents.
- iii. The amount per household to be determined taking into consideration the number of orphans and vulnerable children the household is taking care of.
- iv. Capacity building for the beneficiaries on income generating activities for sustenance after exiting the Programme.
- v. Continuous community sensitization on the needs of OVCs and their families and community involvement in their care, including the criteria for beneficiary selection and Programme objectives to reduce jealousy and guard against community conflicts.
- vi. Sensitization of beneficiary households on child participation and encouragement to involve the OVCs in decision making on utilization of the Cash Transfer.

5.4 Suggestions for further study

The following issues which the study could not explore are important for future studies:

The study dealt with beneficiaries and key informants who are Programme implementers. In order to have a more balanced view of the effects of the CT Programme, it is imperative that a study that takes into consideration the views of both the beneficiaries and non-beneficiaries is undertaken.

The study did not tackle all the aspects of OVCs wellbeing. There is need, therefore, to carry out a study on other aspects like effects on health, birth registration and psychosocial support.

The issue of child participation in the Programme should be studied to understand the causes and the intervention that can be put in place to ensure their involvement as they are a key stakeholder. Further study on the effects of the Programme on social relationships in the community is required in order to understand the underlying issues and how to resolve them to avoid conflicts in future.

REFERENCES

- Abraham, F.M. (1982). *Modern Sociological Theory*. New York: Oxford University Press.
- Adato, M. (2000). *The Impact of PROGRESA on Community Social Relationships*. Washington, D.C: International Food Policy Research Institute.
- Adato, M. and Bassett, L. (2008). *What is the Potential of Cash Transfers to strengthen Families affected by HIV and AIDS? A Review of the Evidence on Impacts and Key Policy Debates*. Washington DC: International Food Policy Research Institute
- Adato, M. and Hoddinott, J. (2007). Conditional Cash Transfer Program: A "Magic Bullet" for reducing poverty? *2020 Focus Brief on the World's Poor and Hungry People*.
- Attanasio, O., Battistin, E., Fitzsimons, E., Mesnard, A and Vera-Hernandez, M. (2005). *How Effective are Conditional Cash Transfers? Evidence from Colombia*. The Institute for Fiscal Studies. Briefing Note No. 54
- Barrientos, A. and Lloyd-Sherlock, P. (2002). Non-contributory pensions and Social Protection. *Issues in Social Protection Series*. Geneva: International Labour organization.
- Barrientos, A. and DeJong, J. (2006). Child Poverty and Cash Transfers in *IDS in Focus. Social Protection Issue No. 1 May 2006*
- Barrientos, A. and J. Scott (2008) *Social Transfers and Growth: A Review*. Brooks World Poverty Institute, Working Paper 52
- Bassett, L. (2008). Can Conditional Cash Transfer Programs play a greater role in reducing child undernutrition? *SP Discussion Paper No.0835*. The World Bank
- Behrman, J., Sengupta, P. and Todd, P. (2005). Progressing through ProgresA: An Impact Assessment of a school Subsidy in Mexico. *Economic Development and Cultural Change, 54 (1) 237-275*
- Bourdieu, P. (1986). The Forms of Capital. In J. Richardson (Ed.) *Handbook of Theory and Research for the Sociology of Education* 241-258. New York: Greenwood.
- Bourguignon, F., Ferreira, F., and Leite, P (2003) Conditional Cash Transfer, Schooling and Child Labour: Micro-simulating Brazil's Bolsa Escola Program. *World Bank Economic Review 17 (2); 229-254*
- Borraz, F. and Gonzalez, N. (2009). Impact of the Uruguayan Conditional Cash Transfer Program. *Cuadernos De Economia, Vol. 46 243-271*

- Budlender, B. and Woolard, L. (2006). *The Impact of South African Child Support and Old Age Grants on children's school and work*. Geneva: International Labour Organization
- Cardoso, E., and Portela, A.S (2004). *The Impact of Cash Transfers on Child Labour and School Attendance in Brazil*. Department of Economics Vanderbilt University Nashville
- Chambers, P. (1989). Vulnerability, Coping and Policy. *IDS Bulletin Special Issue on Vulnerability Vol. 20 No. 2*
- Cnossen, C. (1997). *Secondary Research: Learning Paper 7*. The Robert Gordon University.
- Cole, T., (2006). 'Market based food assistance pilot project - Pidie and Lhokseumawe Districts, Banda Aceh'. Save the Children Indonesia
- Coleman, J. S. (1988). Social Capital in the creation of human capital. *American Journal of Sociology, Vol.94 Supplement, 95-120*. Cambridge: Cambridge University Press.
- Delany, A., Ismail, Z., Graham, L and Ramkissoon, Y. (2008). *Review of the Child Support Grant: Uses, Implementation and Obstacles*. Johannesburg: Community Agency for Social Enquiry.
- Devereux, S. (2006). *Social Protection mechanism in Southern Africa. IDS Discussion paper 379*. Brighton: Institute of Development Studies, University of Sussex.
- Devereux, S (2001), 'Sen's Entitlement Approach: Critiques and Counter-critiques'. *Oxford Development Studies, VOL 29, No. 3*
- DFID (Department for International Development). (1999). *Learning Opportunities for All: A Policy Framework for education*. London: DFID
- Freeland, N. (2007): 'Superfluous, pernicious, atrocious and abominable? The Case against Conditional Cash Transfers', *IDS Bulletin 38 (3): 75-78*.
- Government of Kenya. (2010). *The Constitution of Kenya*. Nairobi: Government Printer
- Government of Kenya (2008). *Ministry of Gender, Children and Social Development Operational Manual for Cash Transfer programme for Orphans and Vulnerable Children (CT-OVC)*. Nairobi: Author
- Government of Kenya (2001). *The Children Act*. Nairobi: Government Printer

- Hanlon, J. Barrientos, A. and Hulme, D. (2010). *Just give money to the poor-The Development revolution from the Global South*. Kumarian Press.
- Harvey and Marongwe, 'Independent evaluation of Oxfam GB Zambia's Emergency Cash programme', 2006.
- Haveman, R. and B. Wolfe, (1995) 'The Determinants of children's attainments: a review of methods and findings', *Journal of Economic Literature*, Vol. 33, pp 1829-78
- Homans, G. (1961). *Social Behavior*. New York: Harcourt, Brace & World.
- Ikiara G. K. (2009). *Political Economy of Cash Transfers in Kenya*: University of Nairobi. A paper prepared for Overseas Development Institute London
- Joppe, M. (2000) as cited by Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597 - 606
- Kawachi, I. (1999). Social Capital and Community effects on population and individual health. *Annals of the New York Academy of Sciences 1999: 896:120-130*.
- Kenya National Bureau of Statistics (2010). *Population Census*. Nairobi: Government Printer
- Kerlinger, F. (1973). *Foundations of Behavioural Research, 2nd Edition*. Holt, Rinehart and Winston.
- Khogali, H. & Thakar, P. (2001). Empowering women through cash relief in humanitarian contexts. *Gender and Development*, 9 (3)
- Kruger, R.A. (1988). *Focus groups: A practical guide for applied research*. London: Sage
- MacAuslan, I. and Schofield, L. (2011). *Evaluation of Concern Kenya's Korogochi Emergency and Food Security Cash Transfer Initiative. Final Report*.
- Marcus, R. (2006). *Social Protection Transfers for chronically poor people*. Chronic Poverty Research Centre. Policy Brief No. 2.
- Ministry of Gender, Children and Social Development (2009). *National Social Protection Policy 2012* Unpublished
- Ministry of Planning and National Development (2005). *Nyamira District Strategic Plan 2005-2010*
- Morley, S. and D. Coady (2003) *From Social Assistance to Social Development: Targeted Education Subsidies in Developing Countries*. Washington DC: Centre for Global Development and International Food Policy Research Institute.

National AIDS Control Council (NACC) (2005). *AIDS in Kenya (7th Edition)*. Nairobi: Author

National Council for Children's Services (NCCS) (2010). *The National Children Policy*. Nairobi: Government Printer

National Council for Children's Services (2007). *Guidelines for Child Participation in Kenya*

Neves, D., Samson, M., Nierkerk, I., Hlatshwayo, S. and Toit, A. (2009). *The Use and Effectiveness of Social Grants in South Africa*. Cape Town: EPRI

Odegi-Awuondo, C. (1993) *Introduction to Sociology*: Nairobi: Basic Books Limited

Oxford Policy Management (2010). *Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC) Kenya Operational and Impact Evaluation, 2007-2009*. Unpublished Report. UNICEF and Oxford Policy Management.

Republic of Kenya, (2008). *Kenya Vision 2030*. Nairobi: Government Printers

Ressler, P., (2008). *The Social Impact of Cash Transfers*. RENEWAL/ International Food Policy Research Institute

Sagner, A. (2000). Ageing and Social Policy in South Africa: Historical Perspectives with particular Reference to the Eastern Cape. *Journal of Southern African Studies, Vol.26, No.3* 523-553

Sanganyi, N.M.O. (2010). *Challenges facing Cash Transfer for Orphans and Vulnerable Children Programme: The Case of Kasarani, Nairobi, Kenya*. Unpublished Master's Thesis, University of Nairobi.

Schubert, B. (2006). *Social Cash Transfers: Reaching the Poorest. Paper prepared for the 3rd International Conference on Conditional Cash Transfers. Istanbul, Turkey*

Schultz, T.P (2004). School Subsidies for the Poor: Evaluating the Mexican PROGRESA Poverty Program. *Journal of Development Economics, 74 (1): 199-250*

Sharma, M., 'An Assessment of the Effects of the Cash Transfer Pilot Project on Household Consumption Patterns in Tsunami affected areas of Sri Lanka', IFPRI, 2006.

Skoufias, E. and Parker, S. (2001). Conditional Cash Transfers and their Impact on Child Work and Schooling: Evidence from the Progresa Program in Mexico. *Economia, 2 (1) PP. 45-96*

Spiegel, A., Watson, V. and Wilkinson, P. (1996). Domestic diversity and fluidity among some South African households in Greater Cape Town. *Social Dynamics 221, 7-30*

- Tegemeo Institute of Agricultural Policy and Development (2009). *Rural Incomes, Inequality and Poverty Dynamics in Kenya*. WPS 30/2008
- Thakur, S.G., Arnold, C. and Johnson, T. (2009) Gender and Social Protection in *Promoting Pro-Poor Growth: Social Protection* PP. 167-182. Paris: OECD
- Triegaardt, J. (2005). The Child Support Grant in South Africa: A Social policy for Poverty Alleviation? *International Journal of Social Welfare*, Vol.14 (4) 245-259
- UNICEF (2009). *Child Poverty: A role for Cash Transfers? West and Central Africa*. New York: Author
- UNICEF (2007). *A Review of UNICEF's Role in Cash Transfers to emergency affected populations*: New York: Author
- UNICEF (2006). *Social Protection for Children and their Families: A Global Overview*. New York: Author
- UNICEF (2000). *Poverty Reduction Begins with Children*, Report, New York: Author
- United Nations Development Programme (2006). *Human Development Report 2006*
- Villanger, E. (2008). *Accounting for Poverty Reduction in Norwegian Development Aid to Mozambique*. CMI Report
- Westbrook, L. (1994). *Qualitative Research Methods: A Review of Major stages, Data Analysis Techniques and Quality Controls*. University of Michigan.
- Wilson, W.J. (1996). *When Work Disappears: The World of the New Urban Poor*. New York: Knopf.
- Wiltler, K. (2007) *The Impact of Social Cash Transfers on Informal safety Nets in Kalomo District, Zambia*: Berlin
- Whyte, W. (1997). On making the most of Participant Observation. *American Sociologist*, 14, 56-66
- World Bank (2001). *Social Protection Sector Strategy: From safety net to Springboard*. Washington DC: Author
- Yin, R. (1994). *Case Study Research: Design and Methods*, (2nd edition). Thousand Oaks, CA

QUESTIONNAIRE FOR BENEFICIARIES

My name is Marygorret Mogaka, a graduate student at the University of Nairobi. I am conducting a research on the effects of the Orphans and Vulnerable Children Cash Transfer Programme on the wellbeing of Orphans and Vulnerable Children and social relations in Nyamira Division of Nyamira District, Nyamira County for my Master of Arts degree in Sociology. I kindly request you to allow me to ask you some questions on this subject. All information provided will be treated with complete confidentiality and used for research purposes only. Your participation in the study will not affect any benefits/services you are getting from this programme.

Enumerator Name: _____

Number of respondent: _____

Sub-Location: _____

Village: _____

Date: _____

1. Demographic Characteristics

a. Name (optional): _____

b. Gender

Male Female

c. Age category

Below 18 years 19- 30 years 31-40years

41- 50 years 51 - 60 years 61- 70 years

71 years and above

d. Marital status

Single Married

Separated Divorced Widowed

e. What is your level of education?

Never been to school Primary Secondary Tertiary college

University Others (specify): _____

f. What is your religion?

Christian ó Catholic

Christian ó SDA

Christian ó Protestant

Christian óOthers

Muslim

Others (Specify): _____

2. Livelihood /Economic Activities

a. What is your **Main** source of income?

Permanent employment

Casual labourer

Business

Farming

Remittances

Cash Transfer

Other (Specify): _____

b. Approximately, what is your monthly income other than the Cash Transfer?

Below Kshs 1000

Between Kshs 1001 and 2000

Between Kshs2001 and 3000

Between Kshs 3001 and 4000

Between Kshs4001 and 5000

Other (write here) Kshs _____

3. Household Characteristics

a. Total number of household members who normally reside in the homestead including the respondent _____

b. How many members are below 18 years _____ Boys: _____ Girls: _____

c. Of those below 18 years how many are the household's children and how many are òfosteredö?

Households: _____ Fostered: _____

d. How many children in the household are below 5 years old? (both belonging to the household and òfosteredö): _____

e. How many children in the household are orphans and vulnerable? _____

4. The Orphans and Vulnerable Children Cash Transfer Programme (OVC-CT)

a. When did you become a beneficiary of the OVC Cash Transfer? Year: _____

b. How long have you been receiving the OVC Cash Transfer?

1-12 Months

- 13-24 months
- 25- 36 months
- 37-48 months
- More than 48 months

c. Has the amount been constant?

- Yes No

If No, please explain _____

d. Is the amount adequate for all the basic needs of the children?

- Yes No

If no, what amount do you suggest should be given per month?

e. Do you know why you were selected to receive the money?

f. How were you selected?

g. How often are the payments made to the beneficiaries?

h. How are the payments made?

- Cash
- Through Post Office
- Bank account
- Other Specify: _____

- i. How do you spend the money from the programme? Please rank with the most important use as number 1

Use	Ranking
Education	
Food	
Health	
Security	
Bride wealth	
Payment of debts	
Clothing	
Seeds	
Livestock purchase	
Treatment of livestock	
Business	
Other (specify)	

- j. In one payment cycle (two months) list the approximate amount you spent on the following:

- 1) School fees: Kshs: _____
- 2) Food: Kshs: _____
- 3) Medical care: Kshs: _____
- 4) Remittance: Kshs _____

5) Rent: Kshs _____

6) Investment: Kshs: _____

k. Who in the household makes decisions on how the money is spent?

- Husband
- Wife
- Both husband and wife
- Children
- Grandfather
- Grandmother
- Other (please specify) _____

4A. Food consumption and Security

a. How many meals were you taking per day before you became a beneficiary?

- One
- Two
- Three
- Other (Specify) _____

b. How many meals do you now take per day?

- One
- Two
- Three
- Other (specify) _____

c. If one or two above which ones?

- Breakfast
- Lunch
- Dinner

d. What is the main source of the food for the household?

- Cultivated
- Bought
- Borrowed
- Relief food

Others (please specify): _____

e. How often do the children take the following foods?

i. Milk: _____

ii. Meat/fish: _____

iii. Fruits: _____

- iv. Vegetables: _____
- f. How did you deal with lack or reduction of food before you became a beneficiary of the programme?
- Reducing food consumption
- Pulling children out of school
- Selling family assets
- Child labour
- Brewing and/or selling traditional liquor
- Others (Please specify): _____
- g. Before you became a beneficiary were you able to have food all year for the household?
- Yes No
- h. Since you became a beneficiary are you able to have food all year for the household?
- Yes No

4B. Education

- a. Before you joined the Programme did you have children of school- going age?
- Yes No
- b. Were they going to school?
- Yes No Some
- c. What is the **main** reason for children not going to school?
- Lack of fees School is far
- Lack of uniform Lack of other school utilities like books
- Have not paid all school charges They refused
- Others (specify): _____

4C. Social Status and Social Relations

a. In your opinion how was your social status in the community before you started receiving the Cash Transfer?

- High Medium Low Do not know

Please explain your answer

b. How do you consider your social status in the community now?

- High Medium Low Do not know

Please explain your answer

c. Before you became a beneficiary were there any social functions you were invited to participate in?

- Yes No

d. Are there social functions you are now invited to since you became a beneficiary?

- Yes No

If yes, which ones? _____

e. What is the perception of the community concerning your beneficiary status?

- Priviledged
 Deserving
 Undeserving
 Jealous
 Do not know

Please explain your answer

f. How have relations between beneficiaries and non-beneficiaries within the community been affected?

- Improved No change Worsened

Please explain your answer

g. What is the relationship of the OVCs and other children in the community?

h. Before you became a beneficiary of the OVC Cash Transfer, were you receiving any kind of assistance from community members (including relatives)?

- Yes No

Has the assistance changed in any way?

i. Now that you are a beneficiary, do you take goods on credit from others?

- Yes No

If yes, it is easier or more difficult to get credit now than before you were a beneficiary?

j. In your view, is the OVC Cash Transfer programme useful to the children in the beneficiary households?

- Yes No

i. If yes above, what are the main benefits?

ii. If No, what are the reasons you think so?

k. Please use the key provided to indicate (use tick) your extent of agreement or disagreement with the following aspects of the Orphans and Vulnerable Children Cash Transfer Programme

5= Strongly agree 4=Agree 3=Not sure 2=Disagree 1=Strongly disagree

	5	4	3	2	1
a) The Programme has enabled beneficiary households enroll and retain their children in school					
b) The programme has ensured that households are able to get adequate and balanced food for the children					
c) Due to the Programme beneficiary households are treated with dignity and recognized as useful members of the community unlike before the programme					
d) There have been positive effects from the implementation of the Programme in the community					
e) The Programme has introduced jealousy and hatred in the					

community between the beneficiaries and non-beneficiaries					
f) The Programme is encouraging laziness and dependency among beneficiaries					
g) There have been negative effects from the implementation of the Programme in the community					

1. What suggestions can you give to improve the OVC Cash Transfer programme?

Thank you for your time and cooperation.

FOCUS GROUP DISCUSSION GUIDE FOR BENEFICIARIES (CAREGIVERS)

Number of participants: _____

Male: _____

Female: _____

Date: _____

1. Who are orphans and vulnerable children?
2. What are some of their needs?
3. Who does Orphans and Vulnerable Children Cash Transfer programme target?
4. How were you identified?
5. Was the identification process fair? How?
6. How is the cash availed to you?
7. Once you receive the money who decides on how it will be spent?
8. What is it spent on? Is it adequate for the children's basic needs?
9. How has the cash improved access to education?
10. How has it affected food consumption and security?
11. What are your views on the social status of OVC households before the Cash Transfer started and after?
12. Have there been any changes in relationships in the community as a result of the programme?
13. Has the Programme had any negative effects at the household and community levels?
14. Overall, has the programme been beneficial to the OVCs in improving their wellbeing?
15. Give your suggestions on what should be done to improve the programme in order to meet the needs of OVCs

FOCUS GROUP DISCUSSION GUIDE FOR CHILDREN

Number of participants: _____

Male: _____

Female: _____

Date: _____

1. Who is an orphan and vulnerable child?
2. What are the needs of these children?
3. Do you know about the Orphans and Vulnerable Children Cash Transfer programme?
4. Who does it target?
5. Do you know that your household is a beneficiary?
6. Do you know other children who are in the programme?
7. Do you participate in deciding how the money will be used?
8. How do you directly benefit from the Cash Transfer that is given to your caretaker?
9. Has the money improved your condition in terms of food consumption and education?
10. Do you feel there has been any change in regard to your family's social standing because of the money?
11. Is your family treated differently by community members from the way it was being treated before you became beneficiaries of the programme?
12. Do you feel there are any negative effects of the programme in the community?
13. What suggestions can you give to the Government on how to improve the programme?

KEY INFORMANT INTERVIEW GUIDE

Date of interview: _____

Name of key informant: _____

Title: _____

Gender: _____

1. Who are targeted by programme?
2. How are the beneficiaries identified?
3. Was the identification fair? How?
4. What is the amount and how is it disbursed? What are your views on its adequacy?
5. What are some of the livelihood strategies OVC households used before the programme?
6. Which strategies were abandoned and which ones reduced when the programme started?
7. What do people do with the money they receive? Have there been any cases of misuse?
8. What has resulted in people getting the OVC Cash Transfer? What has changed in their lives?
9. Who benefits from the expenditure of the Cash Transfer?
10. Have there been any changes in food consumption and food security?
11. Have there been any changes in education?
12. What was the perceived social status of the beneficiaries before the programme?
13. Has it changed in any way? If yes, How?
14. Has the programme had any effects on community relations? In which ways?
15. Are the OVCs and their households looked down upon in the community?
16. Generally, what are the positive and negative effects of the programme from your viewpoint?
17. What do you suggest can be done to change the negative effects?
18. Do you have any suggestions on how to improve the programme?

Thank you for your time.