

**FACTORS INFLUENCING THE IMPLEMENTATION OF SOCIAL TRANSFER
PROGRAMMES IN KENYA: A CASE OF ORPHANS AND VULNERABLE
CHILDREN CASH TRANSFER IN NGINDA LOCATION, EMBU WEST DISTRICT.**

BY

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DECLARATION

I declare that this report is my original work and has not been presented for award in any other university.

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DEDICATION:

I dedicate this work to my children Catherine, Stella, Jemima and Allan. Their support and encouragement gave me the strength to do this work.

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ABBREVIATIONS AND ACROYNMS

AIDS- Acquired Immune deficiency Syndrome

ATM – Automated Teller Machine

CT- Cash Transfer

DCO- District Children Officer

Dfid- Department for International Development

GDP- Gross Domestic Product

GOK- Government of Kenya

GTZ- German Technical Cooperation

HH- House hold

HIV- Human Immuno Deficiency Virus

KAIS- Kenya Aids Integrated Survey

KNBS- Kenya National Bureau of Statistics

MICS- Multiple Indicator cluster Survey

NPA- National Plan of Action

ODI-Overseas Development Institute

OECD- Organization for Economic Cooperation and Development

OPM- Oxford Policy Management

OVC- Orphan and Vulnerable Child

UK- United Kingdom

UNDHR- United Nations Declaration of Human Right

UNICEF- United Nations Children’s Fund

WFP- World Food Programme

SPSS- Statistical Package for Social Sciences

ABSTRACT

The problem of orphans and vulnerable children in Kenya has been on the increase. Estimated 6million children require special care and protection with approximately 2.4million of these being orphans. Social structures are changing as parents die at younger ages and in greater numbers leaving children vulnerable. Orphans are generally cared for through traditional mechanisms such as being absorbed in the existing family structures. However, this safety net has been heavily stressed as extended families and communities face more difficulties in their effort to care for the growing number of orphans. Little external support has been provided to these families to enable them to provide this essential social function. The study sought to investigate the factors influencing the implementation of the Orphans and Vulnerable Children Cash Transfer Programme in Nginda location of Embu West District which has 252 beneficiaries in the programme. The study examined how community identification of beneficiaries (targeting) influenced implementation of the Orphan and Vulnerable Children Cash Transfer in Nginda location of Embu West District, Examined whether the mode of payment influenced implementation of the Orphan and Vulnerable Children Cash Transfer in Nginda location of Embu West District , Sought to establish whether demographic characteristics of the beneficiaries influenced the implementation of the Orphans and Vulnerable Children Cash Transfer in Nginda location of Embu West District, and examined how resource allocation by the Government influenced the implementation of the Orphans and Vulnerable Children Cash Transfer in Nginda location of Embu West District. Descriptive research design was used to collect data from a sample of 75 households benefiting from the programme and 1 officer from the implementing agency. Cluster sampling was used since there was a complete list of beneficiaries. The sample was obtained from systematic cluster sampling by putting the population into clusters of three household heads using mobilization lists from the District Children's Office. Systematically the first house hold head in each cluster was selected to take part in the study. Primary data was collected using a questionnaire developed by the researcher while secondary data was got from both published and unpublished literature. The study found out that caregivers took part in community targeting and there was a high significance of 0.000 and a coefficient correlation of .440 between targeting and the number of children accessing school. A large number of caregivers were female, aged grandparents while payment were unpredictable and there was low correlation 0.11 between mode of payment and children access to education, however, payments were made through the bank and which as mode of payment was convenient. However, it was found out that resource allocation posed a major challenge to the implementing agency as resources allocated did not match the size and growth of the programme. The researcher recommends that there should be an elaborate system of enrolling into the programme children who become orphaned and are from poor background. The amount of money transferred to caregivers should be reviewed regularly depending on market prices of goods and services and that transfer benefit should not be standard for all household but should be pegged on individual household needs and the number of children a caregiver is taking care of. A well-established system of linkages needs to be put in place to link the Orphans and Vulnerable children to other service providers for support.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Social transfers are a new development concept and are seen as an under exploited means of providing basic social protection to those sections of the population who are not able to provide for themselves (Tabor, 2002).Cash transfers to orphans and vulnerable children are intended to protect extremely poor orphans and vulnerable children (OVC) from the negative effects of poverty and retain them in the community. However, the implementation of this social protection scheme has proved to be difficult. Beneficiary selection depends on social and political choices and technical designs of targeting and conditionalities. Effective monitoring, evaluation and impact assessment is required to gauge the success of the cash transfers to orphans and vulnerable children (Samson et al, 2006).

There are three types of social transfer programmes with operational differences, unconditional cash transfers, conditional cash transfers and public works schemes. Conditional cash transfers are aimed at promoting particular behaviors, such as school attendance or regular health checkups or acquisition of civil registration documents, (Dfid 2006). Example of conditional cash transfers include Mexico's Oportunidades conditional cash transfer programme that gives cash to households where payment depends on child's school attendance and clinic visits. In Brazil, the Bolsa Familia programme is also conditional cash transfer where caregivers ensures that children attended school (Samson 2006et al.).In Bangladesh, Cash for Education program where the secondary school stipend program pays school fees and transfers an incentive payment into a girls bank account on condition of 85% school attendance and remain unmarried till 18years and has increased education enrolment for girls in rural areas by 12% (Dfid, 2006)

Unconditional cash transfers are regular non-contributory payments of money provided without attracting conditionalities by government or non-governmental organizations to individuals or households. These are programmes that do not expect anyone in the household to undertake an activity, like attending school, in exchange for the transfers. Examples include pension schemes in Lesotho, South Africa's Child Support Grant, Namibia's Child Maintenance and Foster Parent Grants, Zambia's Kalomo cash transfer scheme and Kenya's cash transfer programme (Samson et al 2006)

In Kenya the Cash Transfer for Orphans and Vulnerable (CT-OVC) programme started in 2004 with 500 households(HH) spread in, Garissa (50 HHs), Kwale (130 HHs) and Nairobi (320HHs), with each getting a monthly transfer of Ksh. 500 each. Currently the programme is in 67 districts out of the 73 old administrative districts and supports 84,000 households with an approximated 252,000 OVC (OVC Secretariat, 2010).

The overall objective of the Kenya Cash Transfer programme is to provide a social protection mechanism through regular and predictable cash transfers to extremely poor households taking care of OVC. The broad objectives are strengthening the capacity of households to care and protect OVC, encourage fostering and retention of OVC within their families and communities and to promote their human capital development. Specifically, the programme aims at increasing school enrolment, attendance and retention of OVC aged between 6-17 years; increase access to health care among 0-5 year old children through immunization and growth monitoring; improve nutrition and food security by providing regular and predictable income support to extremely poor households with OVC, and increase the number of OVC accessing birth certificates and death certificates for the deceased parents and national identity cards for the household members who are above 18 years(OPM – CT-OVC Kenya 2011).

In Embu the Cash transfer started in 2006, It covered 4 locations, that is Mbeti North (139HH), Kithimu (169HH), Karurumo (179HH) and Kangaari North (272HH). The district

has an OVC population of approximately 16,096 (Kenya Aids Integrated Survey 2007). Two more locations were added in 2008 that is Kangaari South (168) and Nginda (252), (DCO annual report 2008)

1.2. Statement of problem

The HIV/Aids epidemic has a devastating impact on the world's youngest and most vulnerable citizens. Children are directly and indirectly affected when services offered by their communities are strained (UNICEF 2006). It was estimated that by 2005, the number of orphans in Kenya was 2.4 million, 48% of these being as a result of HIV/AIDS. Orphans and vulnerable children require quality services that will significantly guarantee their transition to responsible adulthood (NPA 2005).

Cash transfer in Embu West district started in 2006. The district has an approximate population of Orphans and Vulnerable Children of 16,096 (Kais, 2007). There are social support systems that have been supporting OVC in the district. However, the OVC cash transfer is the only program in the district that is offering cash to households taking care of orphans.

Since its inception, to the best of my knowledge, no study has been found focusing on Embu West District to determine whether the broad and specific objectives of the programme have been achieved, and whether there have been any challenges faced by the implementing institutions and beneficiaries in this program. Being a relatively new programme, there is a knowledge gap that needs to be filled by critically examining the process of implementing cash transfer programmes in Embu, and finding out what lessons can be learnt including best practices if any. Other studies done in Kenya have looked at various variables such as influence of cash transfer on access to Education in Kwale (Tsuma 2010), Challenges facing implementation of cash transfer in Garissa (Mohammed, 2012) and challenges facing implementation of the programme in Kasarani District (Sanganyi 2011). This study therefore

sought to investigate the factors influencing the implementation of the OVC programme in Nginda Location of Embu West District

1.3. Purpose of the Study

The purpose of the study was to examine the factors influencing implementation of the OVC Cash Transfer in Nginda Location of Embu West district. The study examined the influence of the community targeting of care givers, sought to establish whether the mode of payment influenced implementation, examined how demographic characteristics of care givers or beneficiaries influenced implementation of the programme and examined how resource allocation affected the implementation of the programme.

1.4. Objectives of the Study

The following research objectives guided the study

1. To examine how community identification of caregivers (targeting) influence implementation of the OVC Cash Transfer in Nginda Location of Embu West District.
2. To examine whether the mode of cash payment to caregivers influence implementation of the OVC Cash Transfer in Nginda Location of Embu West District
3. To establish whether demographic characteristics of the care givers influence the implementation of the OVC Cash Transfer in Nginda Location of Embu West District.
4. To examine how government resource allocation influence the implementation of the OVC Cash Transfer in Nginda Location of Embu West District

1.5. Research questions

The following research questions were used :

1. How does community identification of caregivers (targeting) influence the implementation of the OVC Cash Transfer Programme in Nginda Location of Embu West District?
2. How does the mode of payment to caregivers influence the implementation of the OVC Cash Transfer programme in Nginda Location of Embu West District?
3. How do the demographic characteristics of caregivers influence the implementation of the Cash Transfer programme in Nginda location of Embu West District?
4. How does Government resource allocation influence the implementation of the OVC Cash Transfer programme in Nginda Location of Embu West District?

1.6. Significance of the Study

The study's significance stems from the need to bridge the knowledge gap that still exists and finding out what factors influenced implementation of the Cash Transfer Programme. Various researches have been done on education and challenges facing implementation in other parts of the county. However, no study has been done in Embu. It is important to bridge that information vacuum as a vital step towards ensuring proper implementation of the programme. International human rights instruments and the Kenya Constitution have recognized social protection as a fundamental human right.

The study aimed at providing insights into how the social cash transfer programme could help policy and decision makers to design and implement social transfer programmes for the vulnerable members of the society. It also aimed at advocating for the integration of social transfers into laws, policies, action plans and poverty reduction strategies

The study looked at challenges that hinder the implementation of social transfer programmes in a country that has 46.7 percent of the population living below the poverty line. It aims at

informing other stakeholders on the factors that affect implementation of social protection programme especially Cash Transfers.

1.7. Delimitations of the Study

The study focused on factors influencing the implementation of the cash transfer programme for orphans and vulnerable children programme in Nginda Location. The study sought to find out how community identification (targeting), mode of payment, demographic characteristics of the care givers and the allocation of resources affected the programme. The study was limited in coverage in that sample size of the caregivers in the location is somewhat small in view of the large and ever increasing number of OVC in the country, but their characteristics were almost similar irrespective of where they were found.

1.8 Limitations of the Study

Language barrier posed a challenge during data collection. The caregivers were elderly people and translating the questionnaire into the local language during interview posed a challenge. However, this was overcome by employing three local research assistants who spoke the local dialect. Time and financial constrain also posed a challenge to the researcher.

1.9. Assumptions of the study

The study assumed that the respondents sampled would be available and would answer the questions correctly and truthfully.

1.10. Definitions of significant terms used in the study

Caregiver: A person who has taken the responsibility of caring for the orphans

Child: Any person under the age of 18 years.

Orphan: A child who has lost one or both parents

Poor: A state whereby an individual faces difficulties in affording the most basic necessities of life (surviving on less than a dollar per day).

Social protection: Policies and actions, including legislative measures that enhance the capacity of the poor and vulnerable to improve and sustain their lives.

Social Transfers: Regular, predictable transfers(in cash or kind including fee waivers) from Government or partners to individuals or households that can reduce child poverty and vulnerability, help secure children's access to basic social services, and reduce the risk of child exploitation and abuse.

Targeting: Identification and selection of households with orphans and vulnerable children

Vulnerable: A state of high exposure to certain risks combined with reduced ability to protect or defend oneself against those risks and cope with their negative consequences.

1.11 Organization of the Study

This research report is organized in five chapters. Chapter one gives the general introduction of the study which includes background information to the study, statement of the problem, the purpose of the study, the study objectives, research questions, limitations and delimitations of the study, basic assumptions and definition of significant terms. Chapter two presents the literature review highlighting theoretical information covered in the study with the aim of identifying information gaps. This includes review of all available materials and books published and unpublished. Chapter three consists of the research design and methodology to be used, sampling, instruments for data collection, data collection procedures and data analysis. Chapter four gives the data analysis, presentation and interpretation while chapter five gives summary of findings, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed the studies done in the field of social cash transfers to Orphans and Vulnerable Children (OVC) as a social protection strategy in various parts of the world. It looked at the importance of cash transfers to OVC and factors that have affected its implementation. It reviewed methods used in disbursing the cash and gender dynamics. Cash transfers have been implemented globally and this chapter sought to review factors that have influenced implementations in other parts of the world and how they compare to the Kenya situation, including challenges faced.

2.2 The concept of social cash transfer:

In the light of the widely documented success of the social transfer programme in Latin America, donors and policy makers are exploring ways to introduce similar interventions in Sub Saharan Africa. Social transfers are a new development concept and are seen as an under exploited means of providing basic social protection to those sections of the population who are not able to provide for themselves (Tabor, 2002). Cash transfers are a main type of social protection safety net in developed world covering more than 80% of the population (Tabor, 2002). However, in developing countries, cash transfer is also a relatively new social protection strategy that is being adopted to cushion the poor and vulnerable from hard economic times. In developing countries social protection is mainly focused on three kinds, social insurance which refers to security that is financed by contribution based on insurance principle, social assistance is the transfer of resources to groups deemed eligible due to deprivation and social legislation is the legal framework that defines and protects citizen's rights and ensures minimum civic standards to safeguard the interest of individuals (Norton, et al 2001). In Kenya, social protection focuses on Social assistance, social security and Health insurance.(GOK, 2011)Social transfers include child support grants, orphan care grants, disability grants, social pensions, and transfers to poor households, among others. Their objective is to alleviate poverty, provide social protection, build human capital or reduce economic vulnerability. Even where services are provided for free or fees waivers operate the poor and socially excluded still face access barriers such as the costs of transport,

uniforms, medicines and loss of income from children attending school rather than working. Social transfers if well implemented can address these demand side barriers (Dfid, 2006).

There are three types of social transfer programmes with operational differences, that is conditional cash transfers, unconditional cash transfers and public works schemes. Conditional cash transfers are aimed at promoting particular behaviors, such as school attendance or regular health checkups or acquisition of civil registration documents (Dfid 2006). Example of conditional cash transfers include Mexico's Oportunidades cash transfer programme that gives cash to households where payment depends on children's school attendance and clinic visits. In Brazil, the Bolsa Familia programme is also conditional cash transfer where caregivers ensure that children attended school (Samson et al, 2006). In Bangladesh, Cash for Education program where secondary school stipend programme pays school fees and transfers as an incentive payment into a girl's bank account on condition of 85% school attendance, remain unmarried till 18years and has increased education enrolment for girls in rural areas by 12% (Dfid, 2006)

Social Cash transfers have been defined differently by different authors. These include but not limited to the following:(i) Dfid , (2011) defines Social transfers as regular and predictable transfers, often in the form of cash or kind provided by the state as part of a social contract with its citizens (ii) GTZ, (2005) defines social cash transfers as a permanent program that transfer cash on regular basis to households or persons that meet certain eligibility criteria, (iii) Tabor, (2002) defines cash transfer as the provision of assistance in the form of cash to the poor or to those who face probable risk on the absence of the transfer of falling into poverty, while (iv)Samson at el, (2006) defines it as regular noncontributory payments of money provided by the Government or Non-governmental organizations to individuals or households with the objective of decreasing chronic or shock induced poverty, addressing social risk and reducing economic vulnerability.

In Kenya, the OVC cash transfer started in 2004 when the Hon. Moody Awori, Vice President of Kenya, suggested the introduction of a cash transfer program as a way to meet the needs of the country's increasing number of children made vulnerable due to poverty and HIV/AIDS. The Cash Transfer Programme for Orphans and Vulnerable Children delivers cash to families, which they can use to pay for food, clothes, and services such as education and health. The aim of the program is to keep orphans and vulnerable children within their families and communities and to promote their development. It is more of a rights-based program that has as a primary goal fostering orphans and other vulnerable children and supporting the development of their potential (Bryant, 2009)

2.3. Theoretical Framework

This section looked at the various theories that sought to explain social protection phenomena, and more specifically, theories that throw light into issues of human capital development in societies and why certain segments of the population should be protected from acts of commission and/or omission. Singleton et al (1988) hold the view that all empirical studies should be grounded on theory. Theory is a set of interrelated concepts, definitions, and propositions that present a systematic view of phenomena by specifying relations between variables. A theoretical framework, therefore, is essential to the understanding of factors that may influence or are associated with an identified problem.

2.4. Universalism theory

Universalism theory is founded on the premise that each person has an equal right to the most extensive scheme of basic liberties. Kant's universalism theory provides a basis or foundation for modern conception of equality and justice. His theory gives objective standards independent of personal interest or cultural bias. It sets out a system of rules where everyone is equal and knows what their obligations are. This theory forms the basis of Human Rights as it sees these rights as universally held by all human beings, for example the 1948 United Nations Declaration of Human Rights(UNDHR) that protects all human across the globe. UNDHR recognizes universal rights such as right to life, right to food and health care, social rights to education and protection of the family and right to social protection (Donnelly, 2003).

Kant's provides for moral and ethical laws that hold universally regardless of culture and individual situations. It enhances the provision of social welfare in an ethical way and enhances capabilities and freedom for all. Under universalism the entire population is a beneficiary of social benefits as a right. Universalism means that all people have access to welfare services such as education, healthcare and social care (Rawl, 2003). Social protection is a human rights entitlement and therefore it is imperative that state provide social protection to all and especially the disadvantaged. Universalism reduces the ethical problem of who among the poor should have priority for subsidies when resources are limited. It has been urged that universalism brings solidarity among citizens and reduces poverty and social exclusion. This theory is relevant in this research as targeting has been seen to lead to social exclusion and especially when dealing with vulnerable groups.

2.5. Community identification (targeting) and Cash Transfers:

For much of its history, social policy has involved two choices about whether the core principle behind social provision is "universalism" or 'selective' through targeting. In the

1960s and 1970s policies were more leaning to universalism, however, in the 1980s and beyond, the balance has tilted in favour of targeting in both developed and developing countries. Over the last decade, many social welfare policies have been redesigned to narrow the scope of recipients by targeting benefits through means test (Mkandawire, 2005).

Targeting is the process of identifying who is eligible to receive the programme benefits based on programs specific objectives .Targeting is a method that ensures the proper selection of beneficiaries of a program. It is mostly used in Non- universal cash transfer programs in developing countries whose governments are constrained by limited resource. It mainly centers on who needs the benefit most, what targeting method and criteria will be used under the available administrative resource (Adato & Basset 2008). The purpose of targeting is to identify those most in need and ensure they are covered in the intervention (WPF2000 as quoted in Sharp 2001:3). Targeting improves the efficiency and cost effectiveness of programs and helps provide support to those who need it most rather than spreading too thin to make a difference (Hurrel at el 2011). There are various forms of targeting, that is, Community Based Targeting, Proxy Means Testing, Geographical targeting and Self-targeting.

Community Based Targeting is the most commonly used system in the southern and eastern Africa, where local committees or other public forums use a set of criteria to identify those who most need assistance (Adato and Basset, 2008). In this form, the communities are often used to identify beneficiaries since they are better placed to identify target population without needing to collect a lot of information on household characteristics. Communities are also better in defining target population for a particular program through participatory approach (Hurrel at el 2011). However, community based targeting is subjective as poverty assessment may not correspond to actual poverty as defined by program architects. It is also open to nepotism and elite capture which often erode cohesion and breed hatred within communities (Hanlon et al 2010). In Ethiopia community targeting yielded mixed results both positive and

negative varying from one region to another, while in Malawi the ‘Starter Packs Programme’ of 2006 failed as community representatives said “we are all poor”. It is also through recognizing the benefits of community participation that hybrid mechanism with central authority defining and monitoring targeting categories and community representatives implementing regulated process is now widely undertaken (Samson 2006 et al).

Proxy Means Testing is used where administrative and financial capacity exists to carry out data intensive test surveys and analysis. It was pioneered by Chile in the 1980s with its Fisha CAS programme and later adopted by Colombia and Mexico in their public works and Conditional cash transfer programs (Samson, 2006 et al). Data gathered on beneficiary demographic characteristics such as age, gender, state of housing are used to identify the poor households (Slater and Farrington, 2009). Proxy means test scores are used to prioritize beneficiaries. The ranking is objective and mechanical and focuses on household assets rather than income limits (Hanlon et al 2010). However challenges of the frequency of updating the formula and degree of transparency tend to be expensive. Paradoxically, transparency can undermine the proxy means test by making it easier for households to manipulate their circumstances in order to qualify for programme (Samson 2006 et al).

Geographical targeting targets specific regions that are identified based on certain parameters e.g. basis of poverty and HIV prevalence (Kalie and Mncube, 2007). In most cases programmes frequently use poverty maps and surveys. E.g Brazils Bolsa Familia targets specific poor communities within municipalities while Mexico’s Oportunidades programme employs the ‘Marginality index’ to identify the poor. However, risks of generating large errors of both exclusion and inclusion are common. In Peru and Nicaragua, geographical targeting achieved relative success in identifying the poor communities but proved less successful in targeting poorest households (Samson et al 2006).

Self-targeting is simplest method of targeting. The benefits are so low and conditions for access of the benefits are made unattractive so that only the neediest will choose to access the benefit. Self-targeting relies on social stigma and therefore inevitably reinforces the social marginalization of the recipients. Targeting is incompatible with the current development objectives that emphasis social inclusion and empowerment, e.g In Malawi food for work programmes were more stigmatizing than cash for work programmes(Thomas , 2005)

Kenya's cash transfer program uses a combination of geographical targeting, community targeting and proxy means testing. The use of community based targeting and proxy means testing are more likely to reach the poor households as it makes it easier for communities to understand the process and its less costly in terms of data requirements (Kenya Social Protection sector review 2012). This has also been used in Mexico's Oportunidades programme. An additional criterion to focus on Orphans and children out of school is also incorporated. This combination has worked well and has provided a basis for consensus rather than conflict and has done well in respect of reaching the people intended, including AIDS affected households. Combining ideas and indicators need to be tested. Some process of local participation need to remain at least in the rural areas as any externally driven non transparent process would be problematic (Adato and Basset, 2008)

2.6. Mode of payment and Cash Transfers.

A key feature of social transfers is that to be effective, they need to be regular and predictable therefore reliable delivery systems must be in place. Most social transfer programmes round the world pay on monthly basis following typical cash requirements cycle of developed countries. Many social transfer programmes in Latin America for instance in Columbia, Nicaragua and Jamaica pay on bi monthly basis. In Nepal pensioners collect their money every four months. In Zambia's Kalomo district payments are made on monthly basis (Devereux, 2000).

Payment arrangements involve ensuring that regular delivery of the cash transfer is made to the caregiver within the household who will most effectively allocate it in line with the programme objectives. Samson et al 2006:73 argues that regular and reliable payments provide the recipients (caregivers) with the security and choice that provide the greatest flexibility and developmental impact, maximizing benefits and value to the beneficiaries. Regularity facilitates more planning. Late or irregular payments can foster a reliance on informal credit, often at high interest rates which erode benefits and can create debt traps. The reduced frequency (compared to monthly payments) reduces administrative and private costs, thereby releasing more money to the needs of the OVC. It may also facilitate some types of investment opportunities. However, reduced frequencies may create hardships for households which may not be able to conserve the benefits over an extended payment cycle (Samson et al 2006).

Various modes of payment strategies are used in ensuring that beneficiaries access their money. This involves some withdrawing of cash at designated pay points placed at post offices, schools or other public buildings on a particular day or week of the month, and disbursed monthly, bi-monthly or quarterly. In Zambia beneficiaries receive their payments either through their bank accounts or local payment points (Samson et al 2006). An increasing number of Governments are switching to innovative mechanisms of electronic delivery of cash transfer. This reduces the administrative costs and “leakage” corruption and fraud. In Brazil electronic transfer helped cut administrative costs by nearly sevenfold from 14.7% to 2.6% of grant value while in South Africa delivery cost reduced by over 62% (Arnold et al 2011).

In Kenya various models of payments have been used. These include the use of Government district treasuries, State corporations, commercial banks and E-wallets. Between 2005 and 2010, Ksh. 17.8billion was channeled through different delivery models, 11% through district treasuries and 10% through postal corporation of Kenya (Kenya Social Protection sector

review 2012). Upgrading payment mechanism can substantially reduce the cost to Government by involving private players in areas where they have significant comparative advantage over government (Arnold et al 2011). This Public Private Partnership with the post office payment system has led to 99.5% successful and reliable disbursement of cash to beneficiaries. The post office system is wide spread nationally (Jackson & Butter,2011)

2.7. Demographic characteristics of care givers and Cash Transfers:

Studies in Brazil and the United Kingdom (UK) have shown that women's marginal propensity to consume household essentials from cash income is significantly higher than that of men (Lundberg, Pollak and Wales 1997; World Bank 2000c). Cash transfers play a key role in improving allocation of resources from a gender perspective. Programs that are gender specific and target women alone recognize the dual responsibility of production and reproduction (Arnold et al 2008). There is great deal of evidence that cash transfer targeted at women have a stronger impact in the living standards of their children particularly girls (Haddad et al 1997). Gender neutral shocks can affect men and women, boys and girls differently. Impacts of a single shock are influenced by gender division of labour in the home, disparity in access and control of resources and intra house resource allocation, (Barrientos, 2009). Given the patriarchal nature of our societies men exert more control over disposal cash while women have more control on food (World Concern 2010)

Evidence shows that giving transfers to women has greater poverty mitigation effect than when given to men (Weigand, 2003). Designating women to receive and manage household cash transfers is linked to several benefits including strengthening women's economic status, contributing to a more equitable distribution of decision-making power within families, increasing family spending on food and health, and improving outcomes for children. Gender of the beneficiary appears to matter and has different outcomes for boys and girls. E.g in Brazil, Honduras, Mexico and South Africa has shown that children and particularly girls

in households with a female recipient are more likely to be healthier and attend school than if the male recipient receives the grant (Samson et al, 2006)

Cash transfers empower individuals and households to make their own decisions for improving their lives. It may also have equalizing impacts on bargaining power within the household. In Mexico's *Oportunidades* program, research shows that giving cash only to women increases their decision-making role in the household expenditure, financial security, self-esteem and social status. In Brazil, evidence shows that women's domestic status increased because the income received was regular (Arnold 2008). Cash transfers help with health care costs which are often seen as a woman's responsibility in the household (ODI 2010). It has been noted that men who received the cash benefits at times misappropriated the funds by spending it on unintended purposes. Men use the cash income under their control for a wide range of purposes, not all of these are directly beneficial to their families. Men have a high propensity to spend incremental income on themselves or on investments, while women have a high propensity to allocate incremental income to meeting immediate food and other consumption needs of their families (World Concern 2010). To work effectively, cash transfers must be linked to a wider array of social services for vulnerable families, as well as to systems that promote access to education, health, protection and justice systems.

In Malawi, the social transfer's scheme has reduced the likelihood of female and child-headed households resorting into 'risky behaviour' such as transactional sex in order to survive (Schubert et al 2005). The impact of cash transfers on the well-being of members of the beneficiary households and on the children is influenced by the composition of the transfer and who controls the cash transfers at the household level. Households in developing countries spend cash transfer income primarily to improve nutrition. In many countries the cash transfers are disbursed to women, thereby promoting empowerment and more balanced gender relations. Cash transfers also play a major role in the protection strategy for those afflicted by HIV/AIDS, malaria and other life-threatening diseases. (Samson et al, 2006).

It is argued that not only are women more likely to look after their own children, they are more likely to take care of orphans. In almost every African country, there is a notable difference between the responsibilities assumed by fathers and mothers, with widowed mothers more likely to be responsible for the care of children than widowed fathers (UNICEF, 2010). Research in Malawi has established that orphaned children expressed a preference for their grandparents over other adult relatives as their primary caregivers. (UNICEF, 2006:14)

According to UNICEF (2006:15), “The probability of finding an older person living with an orphan is higher. Evidence shows that poor elderly grandparents have emerged as the most important category of caretakers for the orphans. Most caregivers are often poor women who have less access to property and Employment. In Kenya, it is reported that 51% of double or single orphans who are not living with the surviving parent are being raised by their ageing grandparents who are over 60years (Bryant 2009). There are also alarming number of households which are headed by a child. There is also evidence that cash transfer can address age based social exclusions (Ikiara)

2.8. Resource allocation and Cash Transfers:

Resource allocation can be defined as the analysis of how scarce resources 'factors of production' are distributed among producers, and how scarce goods and services are apportioned among consumers. This analysis takes into consideration the accounting cost, economic cost, opportunity cost, and other costs of resources and goods and services. (Business dictionary). Cash transfers are the main type of social safety net in the developed world covering more than 80% of the population , in Africa and Asia cover less than 10% of the work force, 15-60% in Latin America, and 20-25% of workforce in middle income countries in North Africa. In terms of public expenditure, most developing countries typically allocate less than 5% of the GDP to public Cash transfer, while in Western European countries spend on average more than 10% of their GDP on such programmes. According to

UNICEF Turkey, 2011, in 2007 most of the OECD countries spend between 0.7% - 3.5% of their GDP on public spending on family benefits in cash services. This is public spending support that is exclusively for families such as child care support payment and allowances. The ration of the total public social expenditure varies considerably from country to country depending on the nature of education, health, and pension system. Most European countries spend between 25-30% of their GDP while in Sub-Saharan African countries on spending on social protection is about 0.1% of GDP, whereas North Africa and the Middle East this number is approximately 5.7% GDP for (Coudouel and others 2002) Social assistance in developing countries require 1-2% of the national income (Samson et al, 2006). Social assistance programmes in Latin America like the Oportunidades in Mexico and Bolsa Familia in Brazil cost 1% of the national income while South Africa spends 3% of National income on its social transfer programmes. Zambia, Kenya, Ethiopia, Cameroon and Tanzania spend less than 1% of their national income on social transfers (Samson et al 2006).

In Kenya to achieve the constitutional mandate as stipulated in the bill of rights to provide social security to Kenya's poor and vulnerable citizens, spending in safety nets will have to increase. There has been notable increase in budgetary allocations. Between 2005- 2010, the social protection budget rose from Ksh.33.4billion to Ksh.57.1 billion which is 2.2% of the GDP. However, spending on social transfers or social safety nets increased by 0.02% that is between 2005-2010 social safety net spending increased from Ksh.11.9billion to 20.5billion increasing from 0.78% in 2005 to 0.80% in 2010.(Kenya Social Protection sector review 2012)

The cash transfer budget has been increasing over the years. In 2005, Ksh.56 million allocated rising to Ksh.4.4 billion in 2012 (OVC secretariat 2012). To cover the 2.4million Orphans and Vulnerable children in the country, Kenya would need 0.6% of the total budget and 0.12% of the GDP for the programmes administrative and related costs, which would account for up to 24 percent of the benefit expenditure (National Social Protection Strategy

2009-2012). Existing methods of delivery of food and services to families by the NGOs has been on piecemeal basis with high administrative costs of up to 40-60%. The national OVC program would reach more children in a systematic way with administrative cost of 10%. (Bryant 2009)

2.9. Conceptual Framework:

The Conceptual framework shows the interrelationship between the four independent variables namely targeting of beneficiaries, modes of payments, demographic characteristics of the caregivers and resource allocation. The conceptual framework also presents the intervening variable that is Government policy and the moderating variable the attitude of the caregivers.

Independent Variables

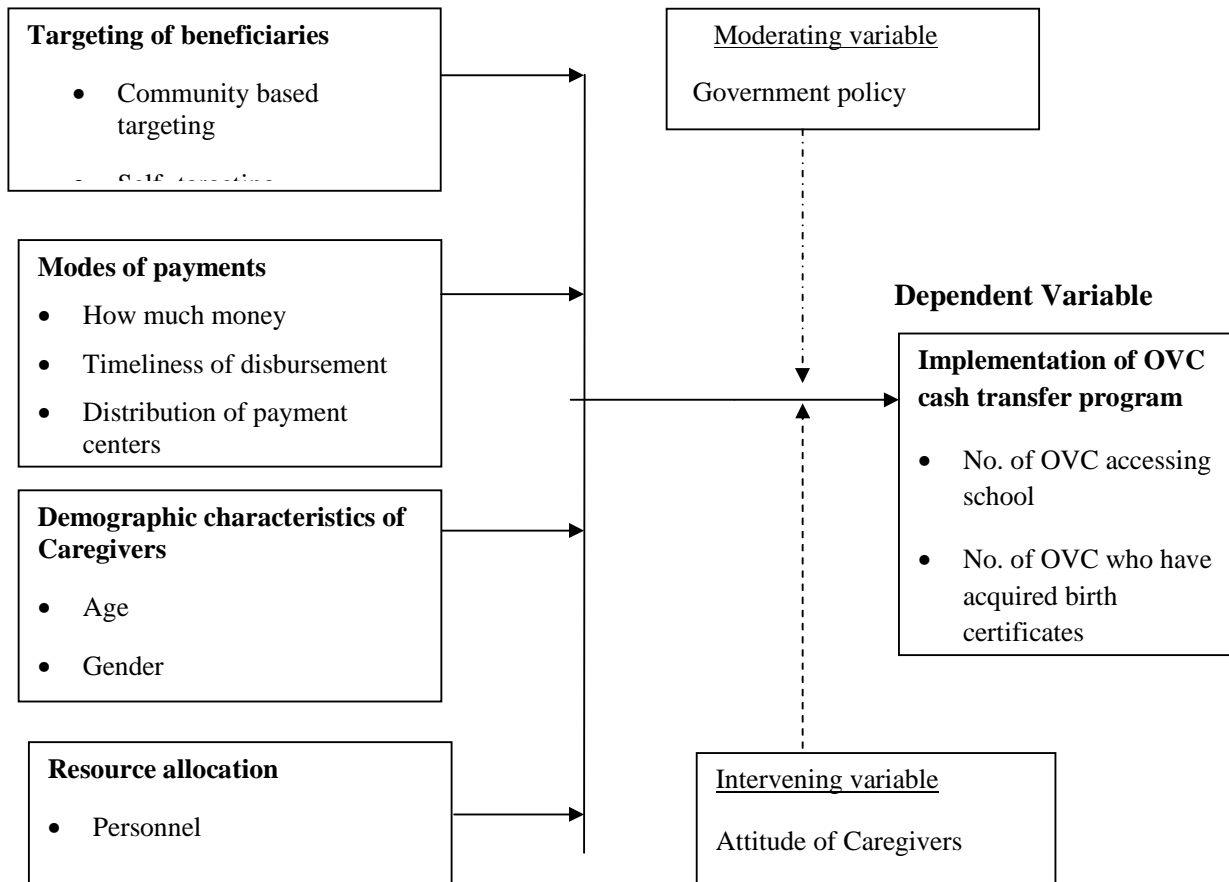


Fig.1: The Conceptual Framework

2.10. Summary and research gap

This chapter reviewed some of the various studies that have been done on factors influencing the implementation of social transfer programmes with a bias to Cash Transfers for Orphans and Vulnerable Children in various parts of the world. The chapter gives an overview of what various authors have done on targeting of beneficiaries, modes of payment, demographic characteristic of the care givers and resource allocation. The study sought to fill the knowledge gap which exists and linked this study to other studies done on cash transfers. Although various studies have been done on OVC cash transfers, no study has been done in Embu West District and therefore this study seeks to fill that knowledge gap.

CHAPTER THREE

RESEACH METHODOLOGY

3.1 Introduction:

This chapter describes the methodology that was adopted by the researcher in order to reach the sample population, collect and analyse data so as to answer the research questions. This section consists of the research design, target population, sample and sampling procedures, data collection instruments and their administration on the respondents, data collection procedures and data analysis procedures that were used.

The study was carried out in Nginda Location of Embu west district which has an estimated population of 10,039 (KNBS, 2009). In Embu West it is estimated that 39% percent of the population comprises of children below the age of 18 years and 10% of these children are orphaned (Mics, 2008).

3.2. Research Design

The research design is a plan that guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goals (Burns and Groves 2001). Descriptive research design determines and reports the way things are (Mugenda and Mugenda, 2003). Descriptive survey design was useful in describing the mode of payment of cash transfer and the challenges faced hence its suitability for this kind of research. Both qualitative and quantitative approaches were used to establish the relationship between variables and to facilitate the collection of information for determining the population parameter. According to Singleton et al. (1988:), "...surveys permit one to describe large and heterogeneous populations accurately and economically. The researcher therefore was able to sample the population in the location through sampling procedures that were representative of the characteristics of caregivers taking care of orphans. Information was collected using an

interview guide. Interview guide was appropriate in collecting both qualitative and quantitative data since most caregivers were illiterate and semi illiterate.

3.3. Target Population.

The target population of the study was 252 caregivers of orphans and vulnerable children in Nginda Location of Embu west district. The 252 beneficiaries in the location (DCO, 2008) live in a rural setting. The characteristics of this rural population are representative of other beneficiaries found in the rural set up of district and in any other part of the country. The beneficiaries were accessible and hence form the target population.

3.4. Sampling size and sampling Procedure

Using mobilization lists (from DCO's office), the 252 households were clustered into groups of three. The first household head in each cluster was selected to take part in the study. This gave a sample 75 households which is 30% of the target population. Systematic sampling procedure was used to select the household heads as they held information that was being sort by the researcher. 1 officer from the implementing agency was included in the sample

Table 3.1. Sample size

| | Population | percentage | Sample | percentage |
|---------------------|------------|------------|--------|------------|
| Beneficiaries | 252 | 100 | 75 | 30 |
| Implementing Agency | 1 | 100 | 1 | |
| | | | 76 | |

3.5. Methods of Data Collection

Data for the study was obtained from both primary and secondary sources. The primary sources of data were the heads of households caring for orphans and vulnerable children and implementing agency, while secondary was got from published and unpublished works. Data was collected through the use of questionnaires. Most of the data that was collected was primary data from the beneficiaries. Each question was based on the objective of the study and ensured that each question was relevant. Questions on the questionnaire were read out to the respondents by the researcher and responses recorded. Open ended questions were used to seek the respondents' opinion on some specific issues while close ended questions gave the respondents an option for a particular answer from the multiple choice questions.

3.6 Validity

Validity is the degree to which a test measures what it purports to measure (Borg and Gall 2003). This ensures that an instrument measures what it was meant to measure. The researcher ensured that this happened through discussing the meaning of terms with experts in the subject matter and also with the supervisor.

3.7 Reliability

Mugenda & Mugenda (2003) defines reliability as measure of degree to which a research Instrument yields consistent results or data after repeated trials. The reliability of the research Instrument was ascertained through split half methods where sample of 10 caregivers in Kithimu location was selected before the actual administration of questionnaires. After the 10 caregivers filled their questionnaires, the questionnaires were divided into two halves. An internal analysis coefficient score for each half was obtained by use of SPSS. These scores were then correlated using the Spearman correlation Formula and a correlation of 0.771 was found. This meant the instrument was reliable.

3.8. Data Analysis Techniques

The data generated by the study was both quantitative and qualitative in nature. The collection was organized in terms of variables and each response for each was counted.

Quantitative data was processed using the Statistical Package for Social Sciences (SPSS) programme. It was then compiled and tabulated. Data was analyzed in tables, frequencies, correlation analysis and spearman correlation analysis.

3.9. Ethical Consideration

According to Dooley (2007) ethics involves the study of right and wrong conduct. The concern for ethics in research may be seen as part of civil and human rights. Care was taken to assure the respondents that all information was going to be treated in confidence, considering that some of them were aged and chronically ill. Subjective questions were avoided so that the respondents could cooperate fully.

3.10. Operational Definitions of Variables

The operational definitions of variables helped to measure the variables appropriately. Table 3.2 shows the type of data that the study gathered how it was gathered and analyzed.

Table 3.2. Operational Definitions of Variables table

| Objectives | Variable | Indicators | Measurement Scale | Type of analysis |
|---|--|--|----------------------------|---|
| To examine how community identification of beneficiaries (targeting) influences implementation of the OVC cash Transfer in Nginda location of Embu West District | <u>Independent</u> Community based targeting Geographical targeting <u>Dependent</u> OVC cash transfer programme | No. of caregivers in the programme. Percentage of Implementation: | Nominal | percentage Frequencies & Percentages |
| To examine whether the mode of payment influences implementation of the OVC cash Transfer in Nginda location of Embu West District | Amount of money received Timeliness of payments | No. of caregivers receiving money Frequency of payments | Nominal Ordinal | Frequencies & Percentages |
| To establish whether demographic characteristics of the beneficiaries influences the implementation of the OVC cash Transfer in Nginda location of Embu West District | Age Gender Level of education | No. of years (male/female) Academic | Nominal | Frequencies & Percentages |
| To examine how resource allocation influences the implementation of the OVC cash Transfer in Nginda location of Embu West District | Personnel Allowances Equipment Operational cost | No. of personnel % of operational cost | Rate scale | Percentages |

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION.

4.1 Introduction

This Chapter presents the data analysis, presentation, interpretation and discussion of the findings on the study as per the data collected through questionnaires and content analysis. It presents findings on community identification of beneficiaries (Targeting), mode of cash transfer payment, demographic characteristics of the caregivers and effect of resource allocation to the implementation of the cash transfer programme.

4.2 Questionnaire return rate

The researcher administered 76 questionnaires to the respondents. A 94 % return rate was recorded as a total of 72 questionnaires were returned. 75 questionnaires were administered to the beneficiaries of the programme while one questionnaire was given to the implementing agency giving a total of 72 questionnaires that were filled.

4.3. Community Targeting

In view of the limited resources and the few number beneficiaries reached compared to the large number of OVC, it was important to know how beneficiaries were identified into the programme, and if it in anyway affected the implementation of the Cash Transfer programme for OVC. It was necessary to find out how the respondents learnt about the programme in order to establish the best method of passing on information about the programme and whether they were fully involved in the targeting process. Community participation gives sense of ownership.

Table 4.1 Respondents knowledge of the programme

| Respondents | Frequency | Percentage |
|----------------------|-----------|------------|
| Community baraza | 46 | 64.8 |
| Neighbor | 3 | 4.2 |
| Local administration | 22 | 31.0 |
| Total | 71 | 100.0 |

Table 4.1 Shows that 46 respondents (64.8%) learnt about the programme from the community baraza, 22 respondents (31%) learnt through the local administration while 3 respondents (4.2%) learnt through the neighbour. This therefore shows that community barazas pass more information than other forms community communication and should therefore be enhanced as a means of passing information.

4.4. Participation in targeting

The researcher sought to find out the level of community participation in the targeting or identification of beneficiaries as community participation is crucial to any successful implementation of a programme.

Table 4.2 Participation in targeting process

| | Frequency | Percentage |
|-------|-----------|------------|
| No | 28 | 39.4 |
| Yes | 43 | 60.6 |
| Total | 71 | 100.0 |

Table 4.2. Shows that 28 out of the 71 respondents (39.4%) did not take part in selecting those who did the targeting, while 43 out of the 71(60.6%) took part in the process. This therefore means that a higher percentage of community took part in choosing those who were

to do the targeting. Participating in this process gave the community a sense of ownership of the programme as they chose those people they felt could serve them better and increases community control

4.5. Identification of beneficiaries into the programme

In order to find out who identified the respondent into the programme, the researcher asked the respondents to indicate who targeted them into the programme. This was in order to find out the best method of targeting.

Table 4.3 Identification of beneficiaries into the programme

| Identifier | Frequency | Percentage |
|------------------|-----------|------------|
| Chief | 23 | 32.4 |
| community member | 46 | 64.8 |
| children officer | 2 | 2.8 |
| Total | 71 | 100.0 |

Table 4.3 Shows that 97.2% (67) of the respondents were identified into the programme by the chief or community members who are well known to them while 2.8 % were identified by the children officer. Participation of community in the targeting process increases local stakeholder engagement over the programme and improves decision making process. Communities determine programme eligibility by identifying poor households who qualify for assistance. This therefore links to researches that have shown that communities know their vulnerable members and they are better placed in identifying them. Communities also have knowledge of community characteristics that define the poor that other forms of targeting may not capture.

4.6. Exclusion of needy.

The researcher sought to know if there were deserving people who were left out of the programme as this would point to the challenge if any of targeting leading to exclusion errors in the programme.

Table 4.4 .Exclusion of the needy

| Respondents | Frequency | Percentage |
|-------------|-----------|------------|
| Yes | 23 | 32.4 |
| No | 48 | 67.6 |
| Total | 71 | 100.0 |

Table 4.4 shows that 67.6% of the respondents felt that there were no people who were most deserving but were left out while 32.4% said that there were people who were most deserving but were left out. This shows an exclusion error of 32.4% which points to an need for an improved targeting method. Some researched have shown well targeted programme can have a low exclusion error of 20%. Various researches have linked exclusion errors to limited or strained resource allocation in the programme.

4.7. Reasons for exclusion

Table 4.4. Shows that 23 (32.4%) of the respondents indicated that there were most deserving cases that were left out, the researcher sought to find out why such high exclusion margin. The reasons are as shown in Table 4.3.5.

Table 4.5. Reasons for exclusion.

| Reasons | Frequency | Percentage |
|--|-----------|------------|
| They were not aware due to lack of communication | 12 | 16.9 |
| They ignored chief's call | 6 | 8.5 |
| few people could be accommodated | 5 | 7.0 |
| Total | 23 | 32.4 |

Table 4.5. Shows an exclusion margin of 32.4%. Various reason for exclusion were advanced with 16.9% of the respondents being of the opinion that those left out of the programme was due to lack of communication, 8.5% said it is because they had ignored the chief’s call while 7% felt that few people could be accommodated into the programme. This shows that communication on objectives of the programme needs to be enhanced to avoid exclusion of the needy.

4.8 Alternative method of targeting

In order to establish the best method of targeting, the respondents were asked to give a suggestion on better methods of targeting.

Table 4.6 Alternative method of targeting

| Targeting method | Frequency | Percentage |
|---------------------|-----------|------------|
| self-targeting | 41 | 57.7 |
| community targeting | 30 | 42.3 |
| Total | 71 | 100.0 |

From the table, 57.7% of the respondents prefer self-targeting, while 42.3% felt that community targeting was a better method of targeting. However, self-targeting can pose a challenge in a programme that has limited resources. Inclusion of caregivers in the programme is not punitive enough to attract only those who desperately need support and hence self-targeting may have a high inclusion error. Most self- targeting programmes are stigmatizing such that only those who desperately need assistance get into the programme.

4.9. Challenges of community targeting

Community based targeting is one of the methods used in the identification of beneficiaries. The researcher sought to find out what challenges could have been experienced in using the community as a means of targeting.

Table 4.7 Challenge community targeting

| Challenge | Frequency | Percentage |
|--|-----------|------------|
| None | 6 | 8.5 |
| People may not precisely know others' problems | 9 | 12.7 |
| People may give biased information leading to incorporating the wrong people | 9 | 12.7 |
| Discrimination due to hatred and jealousy | 47 | 66.2 |
| Total | 71 | 100.0 |

Table 4.7 Shows that 66.2% of the respondents felt that discrimination due to hatred and jealousy would lead to failure to incorporate needy people into the programme, 8.5% of the respondents felt that there was no challenge in using community for targeting, 12.7% of the respondents said that people may not know precisely the problems faced by individual households, while 12.7% said that the community may give biased information hence leading to incorporation of the wrong people into the programme. It is urged that community targeting may create social exclusions and marginalization and hence affect social cohesion of the communities. The findings point to communities that do not seem to trust each other and shows that exclusion error could be high in community based targeting, hence proper monitoring mechanisms should be put in place where this mode of targeting is used.

4.10. Effect of targeting on efficiency of programme.

It

was important to find out if targeting made the implementation of the Cash Transfer efficient.

Table 4.8. Correlation of Targeting and Efficiency

| extent to which targeting affect cash transfer programme | relationship between targeting and efficiency of cash transfer programme | | | Total |
|--|--|------------------|---------------|-------|
| | highly efficient | fairly efficient | not efficient | |
| Highly affects | 54 | 0 | 0 | 54 |
| Moderately affects | 5 | 7 | 0 | 12 |
| Does not affect | 0 | 3 | 2 | 5 |
| Total | 59 | 8 | 2 | 71 |

Table. 4.8. Shows that 59% felt that targeting greatly affected the efficiency of the implementation of the cash transfer programme. This could be linked to the exclusion errors, preference for self- targeting and the mistrust among the community members that made some respondents feel that community targeting would lead to discrimination. This means that implementing agency should pay more attention to targeting to make the programme more efficient.

Table 4.9. Spearman correlation on Targeting

Targeting of caregivers and OVC access to education

| | Success of the programme through number of OVC accessing school | | Total |
|---|---|---------------|-------|
| | in school | not in school | |
| Targeting of caregivers to cash transfers | 46 | 0 | 46 |
| community targeting | | | |
| local administration | 21 | 1 | 22 |
| neighbour | 0 | 3 | 3 |

Symmetric Measures

| | | Value | Asymp. Std. Error ^a | Approx. T ^b | Approx. Sig. |
|--------------------|----------------------|-------|--------------------------------|------------------------|-------------------|
| Ordinal by Ordinal | Spearman Correlation | .440 | .101 | 4.076 | .000 ^c |
| N of Valid Cases | | 71 | | | |

A Spearman correlation of 0.440 was established. This shows that there is a positive correlation between the mode of targeting of caregivers into the programme and the number of children in school. It shows that 67 of the caregivers had the children in school, while only 4 were known not to have taken their children to school. There is a high level of significance of 0.000, which is above the 0.05 threshold of high significance. Therefore there is a significant relationship between targeting of caregivers and implementation of the Cash Transfer Programme

4.11. Mode of payment

The researcher sought to find out how the respondents received their payment, how much they received, how frequently they received the money from the pay points, and the convenience or inconvenience faced in obtaining the money. Mode of delivering cash to poor household needed to be looked into to see if it in anyway affected the implementation of the cash transfer programme

The caregivers confirmed that they received Ksh. 4000 during payment cycle. They confirmed that no amount was deducted or demanded from them.

Table 4.10. Amount of money paid

| Amount | Frequency | Percentage |
|--------|-----------|------------|
| 2000 | 0 | 0 |
| 3000 | 0 | 0 |
| 4000 | 71 | 100 |
| Total | 71 | 100.0 |

Table 4.10. shows that each caregiver was paid Ksh.4000. However, studies from other countries show that various cash transfer programmes pay a different amount of benefit depending on the number of OVC in the household. It was noted that all household received the same amount of money irrespective of the number of OVC and household needs.

4.12. Frequency of payment.

Frequency and reliability of payments are crucial in any cash transfer programme. The researcher sought to establish the frequency of payment received by caregivers.

Table 4.11. Frequency of payment

| Frequency of payment | Frequency | Percentage |
|----------------------|-----------|------------|
| Monthly | 0 | 0 |
| Bi monthly | 12 | 17.0 |
| 3months or more | 59 | 83 |
| Total | 71 | 100.0 |

Table 4.11 shows the frequency of payment. It shows that 83% of the responds said the money was paid after 3months or more. This is an indication that the bimonthly payment cycle on programme documents is not adhered to. It also shows irregular and unpredictable cycle of payment. Regular and predictable payments give the care givers flexibility in planning for cash usage. However, despite the irregularity of the payment, caregivers said they were credit worthy and would borrow from neighbours giving an indication of caregivers falling in debt traps hence eroding the overall benefit of the cash received at household level.

4.13. Payment point

It was important to also establish the mode of payment that was being used to disburse that money to the caregivers. It was found that all caregivers received their money from Equity Bank using Automated teller Machines(ATM)

Table 4.12

| Payment point | Frequency | Percentage |
|-------------------|-----------|------------|
| District Treasury | 0 | 0 |
| Bank | 71 | 100 |
| Post office | 0 | 0 |
| Total | 71 | 100.0 |

Table 4.12 shows that all caregivers got their money through the Bank. Literature review in the Kenyan programme show that various mode of payments have been used. In particular,

the cash transfer has paid through the district treasuries, the Post Office and now Equity. In using the Bank ATM, Biometrics the equipment are used. The caregiver's fingers stored in the machine to identify the beneficiary this has reduced fraud. Use of electronic money transfer has also been said to reduce overall administrative costs and fiduciary risks associated with payments.

4.14. Inconveniences in receiving payments

The researcher sought to know if caregivers experienced any inconveniences while receiving their payments from the service providers.

Table 4.13. Inconveniences while receiving the money.

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 4 | 5.6 |
| No | 67 | 94.4 |
| Total | 71 | 100.0 |

From the findings on table 4.13. (5.6%) of the respondents experienced inconveniences while receiving the money while 94.4% did not get any form of inconvenience. The acquisition of the ATM has given caregivers the flexibility of accessing money from payment centers at their convenience. Caregivers said they had two weeks to collect their payments from selected agents. This shows that bank was most convenient mode of payment since it had less inconvenience

Table 4.14. Type of inconveniences experienced

| Inconvenience | Frequency | Percentage |
|-------------------------|-----------|------------|
| long distance | 3 | 4.2 |
| lack of network in ATMs | 1 | 1.4 |
| Total | 4 | 5.6 |

Table 4.14. Shows that 3 out of the 4 respondents who experience inconvenience said that it was due to long distance to pay points, while one respondent said that the ATMs did not work well at times due to poor network. However, this may be attributed to this being a new payment service and that caregivers are yet to appreciate the use of technology

4.15. Reliability of payments.

Reliability of payment is crucial for the success of cash transfer programme, as it helps beneficiaries in planning.

Table 4.15 Reliability of payments

| Response | Frequency | Percentage |
|-----------------|-----------|------------|
| Highly reliable | 0 | |
| Fairly reliable | 12 | 17.0 |
| Not reliable | 59 | 83.0 |
| Total | 71 | 100 |

Table 4.15. Shows that 83.0% of the recipients said the payments were not regular and reliable. This in affects at efficiency of the programme in that caregivers may not be able to plan for its usage. Regular payments facilitate more planning at household level. Late or irregular payments can foster a reliance on informal credit, often at high interest rates which erode benefits and can create debt traps. This can be confirmed in that some caregivers said they were now credit worthy and could borrow from shops and neighbour

Table 4.16. Spearman Correlation on mode of payment

| | | Success of the programme through number of OVC accessing school | | Total |
|----------------------------|---------------|--|---------------|-------|
| | | in school | not in school | |
| Distribution of Payment | Predictable | 12 | 0 | 12 |
| | Unpredictable | 55 | 4 | 59 |
| Total | | 67 | 4 | 71 |

Symmetric measures

| | | Value | Asymp. Std. Error ^a | Approx. T ^b | Approx. Sig. Sig. |
|-----------------------|-------------------------|-------|-----------------------------------|---------------------------|-------------------------|
| Ordinal by Ordinal | Spearman Correlation | .110 | .032 | .921 | .360 ^c |
| N of Valid Cases | | 71 | | | |

Table 4.16. Shows a Spearman’s correlation analysis showed a relationship of 0.11 . This shows that the relationship between the mode of payment and the number of children in school is weak, hence a weak relationship with the implementation of the programme. This is shown by the number that says the regularity of payment is unpredictable. Modes of payment should build resilient and inclusive financial systems that recipients can benefit from. This shows that there is low significance level between the payments and children’s school access. This may point to the view that caregivers are able to take their children to school irrespective of whether the transfer was received regularly or not. However, caregivers said they could now afford school levies, uniforms and school bags that kept their children away from school.

4.16. Demographic information of the respondents

This section detailed the demographic characteristics of the sampled population. The study sought to identify characteristics such as gender, age of the respondents, and their occupation.

4.17 Gender distribution of the respondents

It was necessary to get the gender of the respondents so as to establish the percentage of each gender and therefore be able to tell whether the information collected was balanced.

Table 4.17 Gender distribution of the respondents

| | Frequency | Percentage |
|--------|-----------|------------|
| Female | 56 | 78.9 |
| Male | 15 | 21.1 |
| Total | 71 | 100.0 |

Table 4.17 Shows that 78.9% (56 in total) of the respondents were female while 21.1% (15 in total) were male. This shows that most of the respondents were female. Research shows that majority of the OVC in Africa are under the care of females. It is also urged that women are more likely to take care of children who are not their own than men. This may explain why only 21.1% of the caregivers are men.

4.18. Registered caregiver

The researcher sought to know who in the household the registered caregiver was as this likely to affect the usage and prioritization of the cash at household level.

Table 4.18. Registered caregiver.

| | Frequency | Percentage |
|----------------|-----------|------------|
| Mother | 20 | 28.1 |
| Father | 7 | 9.8 |
| Grandparent | 31 | 43.6 |
| Other relative | 12 | 16.9 |
| | 71 | 100 |

From table,4.18 43.6% of the caregivers are grandmothers, while fathers form the smallest group of caregivers at 9.8%. Mothers also form 28.1% of caregivers. Mothers and grandparents form the bulk of caregivers. It is urged that women are to take care of orphans and it also more likely to find female headed households taking care of orphans than male headed household. Research has shown that orphans are more willing and likely to be taken care of by their grandparents than other relatives and this explains why 43.6% of the caregivers are grandparents.

4.19. Distribution of respondents by Age

Age of respondents is useful information needed in characters being studied. The respondents were therefore requested to indicate their age . The results were as indicated in table 4.19.

Table 4.19 Distribution of respondents by Age

| Age (years) | Frequency | Percentage |
|-------------|-----------|------------|
| 21-30 | 3 | 4.2 |
| 31-40 | 7 | 9.9 |
| 41-50 | 12 | 16.9 |
| Over 50 | 49 | 69 |
| | 71 | 100 |

Table **4.19** shows that majority of caregivers, 69% are over 50years and hence elderly. This then implies that most orphans in this location are cared for by aged people. It is urged that the probability of finding an older person taking care of orphans is higher in Kenya. It has also been found that most orphans wish to live with their grandparents than other relatives. Research shows that majority of the Grandparents may too old and poor to provide the care needed by children and may not protect their rights. This impact on the quality of care offered to the OVC at household level.

4.20 Occupation of the respondents

It was necessary to get the occupation or the economic activities that the respondents are engaged in

Table 4.20 Occupation of the respondents

| Occupation | Frequency | Percentage |
|-------------|-----------|------------|
| Farming | 63 | 88.7 |
| Business | 2 | 2.8 |
| Employment | 2 | 2.8 |
| No response | 4 | 5.6 |
| | 71 | 100 |

From Table 4.20. Majority (88.7%) of the respondents were farmers with small pieces of land as shown in the table below. Studies have shown that most of the caregivers are poor rural people who have limited resources. The caregivers basically did subsistence farming. This points out to why the programme targets poor households with OVC, to enhance their capacity to take care of children

4.21 Land size of the household

Land is a valuable economic resource and the researcher sought to establish other resources available in the household

Table 4.21. The land size of the household

| Land size | Frequency | Percentage |
|------------|-----------|------------|
| 0.1-1 acre | 66 | 93.0 |
| 1-3 acres | 1 | 1.4 |
| no land | 4 | 5.6 |

Table 4.21, shows 94.4 % of the households own land which is less between 0.1- 3acres. A further 93% own less than an acre, this shows that most of them are peasant farmers who do subsistence farming. 5.6% had no land and were either on rented premises or squatting on other people's land. From the land acreage it can be urged that no commercial farming was undertaken. Older people may not be strong enough to work on their farms to produce sufficient food for themselves and the children. Lacks of economic resources make it hard for caregivers to provide for children until they become independent.

4.22. Level of education of OVC in the household:

The researcher sought to find out if the OVC in the household were in school and at what level of their education, as access to education was one of the objectives of the programme. Levels of education were also likely to give a pointer to the age of children in the household

Table 4.22 Level of education of the OVC in the household

| Response | Frequency | Percentage |
|-------------|-----------|------------|
| pre-primary | 1 | 1.4 |
| primary | 40 | 56.3 |
| secondary | 28 | 39.4 |
| tertiary | 2 | 2.8 |
| Total | 71 | 100.0 |

The Table 4.22. Shows that,56.3% of the OVC were in primary school, this is an indicator that most of these children require adequate care and protection due to age, 39.4% in secondary school, a teenage group that require guidance 2.8% in tertiary and 1.4% in pre-primary school. This shows that majority of the OVCs were children in primary school. From the analysis, it shows that most the children are of tender years and require psychosocial support to cope with the trauma of losing parents. The caregivers who are old may not give the necessary guidance in education and may not see the need of attending meetings and

hence affecting the quality of education of the OVC. Grandparents may not be able to meet the cost of education for the children as well as exercise the control needed over them

4.23. Level of education of caregiver

The researcher sought to find out the level of education of caregiver as this was likely to impact in the care of the OVC especially in prioritization of needs such as education and health.

Table 4.23 Level of education of Caregivers

| Class | F | Percentage |
|-----------|----|------------|
| Primary | 47 | 66.1 |
| Secondary | 16 | 22.5 |
| Tertiary | 2 | 2.8 |
| None | 6 | 8.4 |
| | 71 | 100 |

Table, 4.23 shows that majority of caregivers (66.1%) have primary school education, 22.5% secondary, 2.8% tertiary while 8.4% have no education at all. Studies have shown that most of the caregivers have limited education being either illiterate or semi illiterate. This may affect the quality of care for OVC including protecting their rights and knowledge of agencies that may offer support to OVC. The low level of education of the caregiver may affect the general wellbeing of the OVC at household level.

4.24. Prioritization of cash

The researcher sought to find out how the beneficiaries spent the money they got from the programme in order of priority. This was in order to find out the most prioritized need.

Table 4.24. Prioritization money on education

| Priority | Frequency | Percentage |
|----------|-----------|------------|
| first | 36 | 50.7 |
| second | 6 | 8.5 |
| third | 8 | 11.3 |
| fourth | 20 | 28.2 |
| fifth | 1 | 1.4 |
| Total | 71 | 100.0 |

Table 4.24. Shows that 50.7% caregivers prioritized education while spending the money given, 28.2% did not prioritize education. This indicates that despite the low levels of education of most caregiver, education for the OVC was still a priority. School fees and other related costs are a big problem to caregivers and grandparents may not find attending school meetings to follow up on children's performance as necessary. Although one of the programmes objective is ensuring that children attend school, the 49% that do not prioritize education poses a challenge to meeting the programme objectives.

Table 4.25. Showing how the beneficiaries prioritized money on health

| priority | Frequency | Percentage |
|----------|-----------|------------|
| first | 20 | 28.2 |
| second | 21 | 29.6 |
| third | 6 | 8.5 |
| fourth | 24 | 33.8 |
| Total | 71 | 100.0 |

Table 4.25.
Shows that
28.2%
respondents

gave health the first priority while 33.8% did not give it priority. Older people may not maintain reasonable levels of nutrition and health. However, regular transfers can therefore have positive outcomes on health care and pay for medicines and other associated costs. However limited access health care due to the costs involved and may result t traditional medicines which may not adequately address the health need of the OVC.

Table 4.26 showing how the respondents prioritized money on food

| Priority | Frequency | Percentage |
|----------|-----------|------------|
| first | 15 | 21.1 |
| second | 17 | 23.9 |
| third | 36 | 50.7 |
| fourth | 3 | 4.2 |
| Total | 71 | 100.0 |

Table 4.26 Shows that 21% of respondents gave food the first priority while 50.7% gave food third priority. Cash transfer can reduce extreme hunger in a household and provide food security. Improved nutrition in young children will in turn benefit their health and more importantly improve children cognitive development and therefore enhance their ability to benefit meaningfully from school. Nutrition is therefore important to the growth and development of children. The low prioritization of food may indicate that adequate nutrition for the OVC is a challenge to many caregivers.

Table 4.27 Correlation between level of education and prioritization

It was important to see if the level of education of the care giver had a relationship with prioritization of the cash transfer especially on education

| | | How the caregivers prioritized money on education | | percentage | Total |
|---------------------------------|--------------|---|-------------------------|------------|-------|
| | | prioritized education | prioritized other needs | | |
| Level of education of caregiver | primary | 17 | 30 | 23.9 | 47 |
| | secondary | 16 | 0 | 22.5 | 16 |
| | Tertiary | 2 | 0 | 2.8 | 2 |
| | No education | 1 | 5 | 1.4 | 6 |
| Total | | 36 | 35 | 50.7 | 71 |

From table 4.27. The cross tabulation shows that ,30 caregivers out of the 47 whose level of education was up to primary school did not prioritize education but prioritized other needs. It was only 17 (23.9%) who prioritized education, while the 18 (25.3%) whose level of education was up to secondary level prioritized education, and only 1 out of the 6 who had no education prioritized education. This shows that there is a relationship between the level of education of caregiver and prioritization of the cash transfer received and hence gender characteristics of the caregiver affect the efficiency of the programme in terms of achieving its set objectives.

4.25. Whether the OVC had birth certificates

Birth certificates are a constitutional right and a mandatory requirement for every citizen. The researcher sought to find out if the OVC had birth certificates and when they were acquired.

Table 4.28 Acquisition OVC had birth certificates

| Response | Frequency | Percentage |
|----------|-----------|------------|
| No | 11 | 15.5 |
| Yes | 60 | 84.5 |
| Total | 71 | 100.0 |

Table 4.28. Shows that, 84.5% of the OVC had birth certificates while only 15.5% did not have birth certificates. Access to civil registration document has been a challenge to most Kenyans. Birth certificates give a child proof of existence, recognized name and nationality. Lack of a birth certificate may deny a child basic protection services as proof of age is guaranteed and hence protection from abuse and exploitation may not be possible. Children with no birth certificates are prone to abuses such as early marriages and trafficking. This is an indicator that the programme is meeting its objective of acquiring birth certificates.

Table 4.29. showing when the birth certificates were acquired

| | Frequency | Percentage |
|-----------------------------|-----------|------------|
| Before joining programme | 19 | 31.6 |
| After joining the programme | 39 | 65 |
| After schools demanded them | 2 | 3.3 |
| Total | 60 | 100.0 |

Table 4.29. Shows that the 65% of the OVC who had birth certificates acquired them after joining the programme, while 31.6% got them before joining the programme. Facilitation of these documents are a basic protection measure for OVC. Un registered children are always locked out of social planning and are usually invisible when policy and budget are being

done. It is an indicator that the cash transfer had helped OVC acquire crucial documents as a right.

Table 4.30. Spearman Correlation on Age

| | | Age of the caregiver in years | | | | Total |
|---------------------------------------|---|-------------------------------|-------|-------|-----|-------|
| | | 21-30 | 31-40 | 41-50 | >50 | |
| When birth certificates were obtained | before joining the programme/do not have certificates | 3 | 7 | 12 | 10 | 32 |
| | After joining the programme | 0 | 0 | 0 | 39 | 39 |
| Total | | 3 | 7 | 12 | 49 | 71 |

Symmetric Measures

| | Value | Asymp. Std. Error ^a | Approx. T ^b | Approx. Sig. ^c |
|---|-------|--------------------------------|------------------------|---------------------------|
| Ordinal by Ordinal Spearman Correlation | .726 | .063 | 8.778 | .000 ^c |
| N of Valid Cases | 71 | | | |

There is a spearman correlation of 0.726 .This shows that there is strong relationship between the Age of the caregiver and the acquisition of birth certificates. Most of the aged caregivers who are 50years and above obtained certificates for the OVC after joining the programme.

This shows a high significant relationship between the age of the care giver and the acquisition of birth certificates. Therefore there is a strong relationship between demographic characteristics of care giver and the implementation of the programme with a Significance level of 0.000.

Table 4.31 Spearman’s correlation on level of education and Acquisition of birth certificates

| | | when birth certificates were acquired | | | | Total |
|----------------------------------|-----------|---------------------------------------|------------------------------|--------------------------------|-----------------------------|-------|
| | | after programme joining the | Before joining the programme | Do not have birth certificates | after schools demanded them | |
| education level of the caregiver | primary | 35 | 4 | 6 | 2 | 47 |
| | secondary | 3 | 13 | 0 | 0 | 16 |
| | tertiary | 1 | 1 | 0 | 0 | 2 |
| | none | 0 | 1 | 5 | 0 | 6 |
| Total | | 39 | 19 | 11 | 2 | 71 |

Symmetric Measures

| | | Value | Asymp. Std. Error ^a | Approx. T ^b | Approx. Sig. |
|--------------------|------------------------|-------|--------------------------------|------------------------|-------------------|
| Ordinal by Ordinal | Spearman’s Correlation | .468 | .112 | 4.396 | .000 ^c |
| N of Valid Cases | | 71 | | | |

There is a spearman’s correlation of .468 with indicates that there is a relationship between the education level of the caregiver and acquisition of birth certificates. It is clear that those with primary level education got the documents after they joined the programme. An indication that a significant relationship between the demographic characteristics of the caregiver and acquisition of birth certificate. This is shown by the high significance level of 0.000

4.26. Other benefits:

The researcher sought to find out apart from the cash benefit, if caregivers benefited in any other way from the programme

Table 4.32. Other benefits apart from cash to caregivers

| | Frequency | Percentage |
|--|-----------|------------|
| | 2 | 2.8 |
| Encouragement | 4 | 5.6 |
| Education on various other things like child rights and care | 37 | 52.1 |
| no other benefit | 28 | 39.4 |
| Total | 71 | 100.0 |

Table 4.32. shows that apart from the monetary aid given to the caregivers, 52.12% said that they also got education on various aspects of child rights and care, 2.8% get encouragement while 39.4 felt that there were no other benefits. Psychosocial support for caregivers can help can make them more effective in caring for the OVC in their care. In supporting them, they gain information on opportunities for support and their entitlements for themselves and their young dependants. They may also be made aware of endowments and other financial support for children after the death of their parents that they may not be aware of.

4.27. Resource allocation to the implementing agencies

Resource allocations are important for any successful implementation of a programme. The researcher sought to find out how resources allocated to the implementing agency compare to the increasing number of OVC. Resources allocated have a relationship with the efficiency of the programme

Table 4.33. Resource allocation to OVC

| Resources | Resource allocation | | | |
|------------------|----------------------------|--------------------|-------------|-----------|
| | Available resources | Required resources | % Allocated | % Deficit |
| National budget | 8.8billion | 110 billion | 0.08 | 99.92 |
| Administration | 15% | 20% | 5 | 95 |
| Staff | 176 | 850 | 20.9 | 79.1 |
| vehicles | 70 | 290 | 24.1 | 75.9 |

Table 4.33. Shows that the resource allocated to the implementing agency. The resource allocation does not match the programme needs and expansion rate. From the table staff who are crucial in implementation are only 20.9% of the programmes requirement. This may affect critical areas of monitoring and evaluation of the programme. The amount of national budget is only 0.08% of required budget, and therefore reflecting that a large number of needy OVC have not been reached. It was noted there is a great shortfall in terms what is required to run the programme efficiently and what availed. The table shows a deficit of over 75% in all areas, and hence efficiency and effectiveness of the programme is strained.

4.28. Summary of the findings

This section presented data collected from the respondents and the implementing agency on their general information and further information on the four objectives of the study. The findings were presented in form of tables, frequencies and percentages. Narrative presentation, interpretation and discussions were also done.

From the findings, it was found out that identification of the beneficiaries (Targeting), mode of payment, demographic characteristics, and resource allocation influenced the effective implementation of the Cash Transfer programme.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter outlines a summary of the key outcomes from the study focusing on the issues emerging in relation to the study objectives. The chapter also presents discussions and recommendations, made from the study, targeting all stakeholders in Cash Transfer Program. The chapter presents conclusion of the study and identifies areas for future research.

5.2. Summary of Findings.

The study found out that the most convenient method of identifying beneficiaries (targeting) was community targeting. In this method, communities are responsible for identifying the most vulnerable individuals and households as they utilise the personal knowledge that community members have of each other. The method was found to be convenient although it seemed to have some disadvantages such as biasness which led to some errors of exclusion at 32.4%. Communities may actively exclude some types of household and may create social tensions and stigmatization. Mistrust between members of community was noted, as 57.7% of sampled population opted for self-targeting as compared to 42.3% who felt community targeting was good. The study found out that 43.6% of the care givers were grandparents who are often poor women who have less access to property and employment as most had less than 1 acre of land.

Beneficiaries were paid through the bank, and 94.4% were comfortable with bank payment. However, the mode of payment was unpredictable and hence irregular, 5.6% experienced inconvenience in accessing payments. Most transfers launched in the last decade feature electronic delivery of cash payment. Upgrading payment mechanism can substantially reduce costs, leveraging the involvement of private players who have significant comparative

advantage over Government. It was found out that most caregivers got money from Equity Bank pay agents using Automated Teller Machines (ATM) cards.

The limited resource allocations for the programme were found to pose a challenge in its implementation and hence affecting efficiency of the programme. Resources allocated both physical and human did not match the programme and there was a deficit of over 75% in all parameters of the programme. Weak institutional capacities of mandated institution pose a challenge cash transfer programme as high exclusion errors often reflect constraints on programme budgets.

5.3.Discussion on findings

It was found out that the most convenient method of targeting was community targeting. Communities are responsible for identifying vulnerable individuals and households as they utilise the knowledge that community members have of each other (Thomas P,2005) .The method was convenient although it seemed to have had some disadvantages such as biasness. Communities may actively exclude some types of household (Hurrel et al, 2011). Targeting may create social tensions and stigmatization (Jones,2009). The study found an exclusion error of 32.4% while in more established transfer programme like Brazil an exclusion error of 20% was noted (Dfid, 2005). Mistrust between members of community was noted, as 57.7% opted for self -targeting as compared to 42.3% who felt community targeting was good. However, the general consensus is that better targeting can increase the cost-effectiveness of a program by channelling more benefit towards the poor within a limited fixed program budget (Coady et al, 2004). From the findings, there is a significant relationship between targeting and the implementation of the cash transfer programme.

From the study findings, all the beneficiaries received ksh.4000 in cash which was paid through the bank every 2 months. However, from the study findings 83% of the caregivers said the payments were irregular and unpredictable. Regular and reliable payments provide

the recipients (caregivers) with the security and choice that provide the greatest flexibility and developmental impact, maximizing benefits and value to the beneficiaries. Regularity facilitates more planning. Late or irregular payments can foster a reliance on informal credit, often at high interest rates which erode benefits and can create debt traps (Samson et al, 2006). Upgrading payment mechanism can substantially reduce costs, leveraging the involvement of private players who have significant comparative advantage over Government. (Arnold et al, 2011). It was found out that most caregivers got money from Equity Bank pay agents using Automated Teller Machines (ATM) cards. 98% of the respondents felt that payment through the bank was the most convenient mode of payment. It can therefore be concluded that the government used the most convenient mode of paying the money to the beneficiaries; hence the mode of payment had a positive impact on implementation of the OVC cash transfer programme.

Demographic characteristics of the beneficiaries such as age, gender and level of education were determined. From the findings, 78.9% of the caregivers were females and 69% over 50 years with limited education or no education at all. Most caregivers are often poor women who have less access to property and employment (UNICEF 2002), and this explains the findings that most caregivers female farmers 88.7% and 93% had less than 3 acres of land. In Kenya, it is reported that 51% of double or single orphans who are not living with the surviving parent are being raised by their ageing grandparents (Byrant 2009), while in Malawi research has established that orphaned children expressed a preference for their grandparents over other adult relatives as their primary caregivers. (UNICEF, 2006:14), this explains the study findings that 43.6% of the caregivers were grandparents and only 16.7% were in the care of other relatives. Widowed mothers are more likely to be responsible for the care of their children more than widowed fathers (UNICEF, 2010). This explains the findings that only 9.8% of caregivers are fathers while mothers were at 28.1%.

Adequate resources allocation are key to the successful and efficient implementation of any programme. Covering all poor people in selected vulnerable groups would cost 3.8% of the GDP (Kenya Social protection sector review ,2012). The programme was allocated 0.08% of the national budget and needed operational costs of 20% of the total programme cost .The resources necessary for facilitating effective and efficient implementation of the OVC cash transfer were found to be inadequate with over 75% deficit in all areas. It was found out that OVC cash transfer is allocated only 0.08% which is less than 1% of the GDP (Samson at el, 2006). Studies have shown that Ministries in charge of social protection in sub Saharan Africa are weak with most Government budget allocation being less than 0.1% of GDP. Weak institutional capacities of mandated institution pose a challenge social protection. Exclusion errors often reflect constrains on programme budgets (Garcia at el, 2012). From the findings, the resource allocation did not match the expansion of the programme and the number that need to be reached. The study found out that the operational cost of the programme 5% and way below the stipulated percentage.

5.4 Conclusions

From the study findings, the identification of the beneficiaries (targeting) was mostly done through the community. Respondents took part in identification of those who targeted them. However, it was found out that the community-based targeting was open to abuse which could often erode social cohesion and breed hatred within the communities. This was emphasised by the findings that most preferred self-targeting as they urged that enmity and hatred in the community could disadvantage some needy families. The exclusion of needy people from the programme at 32.4% could also be attributed to community mistrust that creates social tensions and exclusion.

Most of the payments were conveniently done through the banks and they felt it was convenient. Irregular and unpredictable payment was found to pose a challenge of planning to most beneficiaries.

The demographic characteristics of the beneficiaries were put into consideration showing that most caregivers were elderly of over 50 years women. Older people at 69% are increasingly responsible for grandchildren. It was also noted that the programme was meeting its set objectives in that the orphans were in school with 50% of caregivers prioritizing education. However, it was noted the level of education of the caregiver influenced prioritization of cash at household level. Caregivers with no education did not prioritize education and prioritized other needs. However, Programme objectives were being met in that 65% got birth certificates after joining the programme. However, from the findings, the implementation process of the Orphans and Vulnerable Children Cash Transfer programme was made difficult by inadequate resources such as finances and staffing levels.

5.5. Recommendations.

From the findings, there is need for more community sensitization on the programme to ensure that every member of the community participates. A system need to be put in place where new cases of orphans and vulnerable children are automatically enrolled into the system

It is also important that consideration be made to the number of orphans in each household. Giving a uniform amount of money to all the caregivers is disadvantageous to those with many children. Value of transfer should be determined or pegged on market prices of goods and services and should be reviewed regularly. There is need to establish a proper linkage mechanism between the caregivers and other service providers, particularly those offering psychosocial support and bursary for school fees especially for those children in secondary schools.

5.6. Suggestions for further study

The Department of Children Services under which this programme falls or any other agency should carry our research to establish the influence of cash transfer on acquisition of civil

registration documents for Orphans and Vulnerable Children. This includes birth certificates and death certificates. Further study should be done to establish the linkages between the cash transfer and other services providers such as the ministry of health and education. Research on the quality of care at household level including child protection and participation should also be carried out.

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APPENDICES

Appendix I: Letter of Introduction to Caregivers

Jane Nzisa Muyanga

Box 106-60100

Embu

To all Caregivers

Nginda Location

EMBU

Dear Caregiver,

RE: STUDY ON FACTORS INFLUENCING IMPLEMENTATION OF SOCIAL TRANSFER PROGRAMME: A CASE OF OVC CASH TRANSFER PROGRAMME

My name is Jane Nzisa Muyanga. I am a student at the University of Nairobi carrying out a research on the Factors influencing implementation of social transfer programmes in Kenya: A case of Orphans and Vulnerable Children Cash Transfer in Nginda Location of Embu West District.

This information will be used by the researcher in an ethical manner and you are assured of confidentiality of all information obtained. All the information is for research purpose only and nothing else.

This is therefore to humbly request for your cooperation.

Thank you.

Jane Nzisa Muyanga

Appendix 2.

QUESTIONNAIRE FOR BENEFICIARIES

Name:

Gender:

Age:

Occupation:

a) Identification of beneficiaries (targeting)

1. How know did you know about this programme
 - a) Through community baraza
 - b) Through a neighbour
 - c) Through local administration
2. Did you take part in the identification of the community members that did the targeting?
 - a) Yes
 - b) No
3. Who identified (targeted) you to the programme?
 - a) Children officer
 - b) Chief
 - c) Community member
4. Do you think there are people who are more deserving and were left out?
 - a) yes
 - b) No
5. If Yes why do you think they were left out.....
6. Do you think community targeting affects the programme?
 - a) Highly affects
 - b) Moderately affects
 - c) Does not affect
7. How would you rate targeting in relation to the efficiency of the cash transfer programme
 - a) Makes it highly efficient
 - b) Makes it fairly efficient
 - c) Has no effect on efficiency

8. Which of the following do you think would have been better method of targeting?
- a) Self-targeting
 - b) Community targeting
 - c) Proxy means targeting
9. In your opinion what do see as the challenge in using community for targeting?.....

b). Mode of payment:

10. How much do you receive as payment?
- a) Ksh.2000
 - b) Ksh.3000
 - c) Ksh. 4000
11. How frequently do you receive the cash transfer?
- a) Monthly
 - b) Bi-monthly
 - c) 3months or more
12. Where have you been receiving your money from?
- a) District treasury
 - b) Bank
 - c) Post office
13. How convenient have these modes of payment been
- a) Convenient
 - b) Fairly convenient
 - c) Not convenient
14. Of the 3 methods above, in your opinion which is the most convenient mode of payment.....
15. Do you experience any form of inconvenience when collecting your money?
- a) Yes
 - b) No
16. If yes, what sort of inconvenience?.....
17. Is the payment regular and predictable
- a) Predictable
 - b) Fairly predictable
 - c) Not predictable

c). Demographic characteristics of care giver:

18. Who is the head of the household?

- a) Male
- b) Female

19. What is the highest level of education that you have attained?

- a) Primary
- b) Secondary
- c) Tertiary
- d) None

20. How much land does the house hold have

- a) 0.1- 1 acre
- b) 1- 3 acre
- c) More than 3acres

21. What other source of income does the household have

- a) Farming
- b) Business
- c) Employment
- d) Support from other agencies (specify)

22. Who is the registered caregiver?

- a) Mother
- b) Father
- c) Grandparent
- d) Child
- e) Other (specify)

23. Who collects the cash from the pay point?

- a) Self
- b) Relative
- c) Other(specify)

24. In order of priority, how is the money in the household spend?

- a) Education
- b) Health
- c) Civil registration
- d) Food
- e) Clothing

25. What levels of education are the OVC in the household?
- a) Pre- school
 - b) Primary school
 - c) Secondary school
 - d) Tertiary
26. Do the OVC in your household have birth certificates?
- a) Yes
 - b) No
27. If yes, when were they acquired?
- a) Before joining the programme
 - b) After joining the programme
 - c) After schools demanded for them
28. Do you know of any caregiver who receives money and children are not in school?
- a) Yes
 - b) No
29. What other use apart from 26 above is the money used for.....
30. Apart from the cash helping you take care of the orphans, what benefits has the programme had on you as a care giver.....
31. What challenges do you encounter in this programme?

Appendix 3.

QUESTIONNAIRE FOR IMPLEMENTING AGENCY

Implementing Agency (OVC secretariat)

Name

Gender

Designation:

Targeting

1. To what extent does targeting affect the efficiency of implementing the cash transfer programme
 - a) Highly affects
 - b) Moderately affect
 - c) Does not affect

Resource allocation

1. What percentage of the national budget is allocated to OVC.....
2. What percentage of the OVC budget is set for administration
3. What is the level of staffing as compared to the overall programme needs.....
4. How are physical resources ie, vehicles, computers for the programme.....
5. What challenges do resource allocation pose to the programme.....