CHALLENGES FACING IMPLEMENTATION OF CASH TRANSFER PROGRAM FOR ORPHANS AND VULNERABLE CHILDREN IN KENYA:
A CASE OF IFTIN LOCATION, GARISSA COUNTY.

BY

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DECLARATION

This research project is my original work and has not been presented for any award of a degree in any other university.

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I dedicate this work as a living academic testimony to my family who endeavoured tirelessly to support my education all through at different levels of my academic career development.
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LIST OF ABBREVIATIONS AND ACRONYMS

CT-OVC  Cash Transfer for Orphans and Vulnerable Children
OVC    Orphans and Vulnerable Children
DCO    District Children Officer
AAC    Area Advisory Council
DOSC   District Orphans and Vulnerable Children Sub-Committee
LOC    Location Orphans and Vulnerable Children Committee
NCCS   National Council Children Services
CT-OVC Cash Transfer for Orphans and Vulnerable Children
MIS    Management Information System
CCT    Conditional Cash Transfer
RoK    Republic of Kenya
DCS    Department of Children's Services
IDP    Internally Displaced Persons
KNBS   Kenya National Bureau of Statistics
DMOH   District Medical Officer of Health
SSSPBEN System for Selecting Social Programme Beneficiaries
SPSS   Statistical Package for Social Sciences
NCST   National Council for Science and Technology
UDHR   Universal Declaration of Human Rights
UNCRC  United Nations Convention on the Right of the Child
The purpose of this study was to establish challenges facing the implementation of cash transfer programme in Iftin Location, Garissa County. Six research objectives were formulated to guide the study. The study used descriptive survey design. The sample comprised of 58 households, 1 DCO and 15 LOC committee members. Questionnaires and interviews were used to collect data from the respondents. The questionnaire was used for the DCO and LOC members while interview was used for the household heads. Findings revealed that identification of households with OVCs influenced the implementation of cash transfer programme. It was also revealed that payment mechanisms influenced the implementation of cash transfer programme. The payment mechanism faced challenges which included not accessing cash in good time distance to the facility, delay in payment of cash and confusion due to change of payment dates, loss of programme identification number and national identification number, delay in payment cycles and unknown dates of payment; high transport cost from home to the service provider and overcrowding during the reception of the cash. There were changes of regular dates for payment a time hence inconveniencing the beneficiaries, there were no clear procedures on cash collection and also cases of falsification of the documents. Majority of the beneficiaries were not able to read or write their names.

The study also revealed that multi-sectoral programming influenced the implementation of cash transfer programme. Findings also indicated that recipient’s attitude towards cash transfer program affected its implementation. Findings further indicated that collaboration and community participation influenced the implementation of cash transfer programme.
programme. For example, the households indicated that the money received was used for the intended purpose. Their responses indicated that it was used for the intended purpose. Based on the findings it was recommended that resources for identification and validation process should be provided so that the process can run smoothly. The criteria laid for the process should be followed to the letter. The LOCs should be empowered with skills in identification of household. The community should be empowered to have positive attitude towards the programme. There should be other avenues for payment such as banks and mobile money transfer to facilitate payment and to avoid long queues to money collection points and lastly there is need of putting enough personnel in the paying facility. Taking the limitations and delimitations of the study, it was suggested that a study on the effectiveness on the program should be conducted in other areas to see whether similar results will be achieved. There is also need to conduct a study on the effect of government policy on the implementation of cash transfer.
CHAPTER ONE

INTRODUCTION

1.1 Background to the study

International human rights instruments have long recognized social protection as a fundamental human right. Most notably, rights for all citizens are enshrined in Articles 22 and 25 of the United Nations Universal Declaration of Human Rights (1948): “Everyone as a member of society, has a right to social security . . . [and] to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care and necessary social services.” (Universal Declaration of Human Rights, 1948). The United Nations Convention on the Rights of the Child goes even further to protect the rights of society’s most vulnerable individuals its children. The Convention protects children’s rights by setting non-negotiable standards and obligations in health care; education; and legal, civil, and social services. The Convention reaffirms the responsibility of the State in the protection of children’s rights, without discrimination of any kind and through the adoption of all appropriate legislative, administrative, and budgetary measures and any other measures that may be necessary (Universal Declaration of Human Rights, 1948).

A strategy of inclusive growth is fast evolving as a key agenda of emerging markets and many developing countries, with the end in view of achieving a significant reduction in poverty. Inclusive growth is anchored on three pillars, all of which aim to disperse the benefits of economic growth (Ali, 2007). First, economic opportunities can be created by
generating full and productive employment. Second, access to economic opportunities can be broadened by providing mechanisms for capability enhancement. Third, minimum well-being can be ensured by providing social protection (UNICEF, 2007). Safety nets are at the core of this pillar, which can be channeled to address the welfare of the vulnerable and needy. Toward this end, cash transfers both conditional and unconditional are among the important safety net programs that have so far been implemented. This brief focuses on conditional cash transfers that have attractive features of addressing both extreme poverty and low human capital (Richter, Sherr, and Desmond, 2009).

Children represent a nation’s most valuable national treasure. In Kenya that treasure is threatened by many challenges, including the HIV/AIDS epidemic. This National Policy on Orphans and Vulnerable Children is intended to promote and protect the rights of all children, with special emphasis on those who are orphaned or otherwise made vulnerable by their circumstances. One fifth of the Kenyan population is six years and younger and nearly half (48%) is below 15. Over 53% of Kenyans live in absolute poverty, which means that many children – 8.6 million – live below the poverty line (Richter, Sherr, and Desmond, 2009).

In terms of health status, 30% of children under-five are stunted and 6% are wasted. Infant mortality is 77 per 1,000 live births and under-five mortality is 115 per 1,000 live births. Only 57% of children aged between 12 and 23 months are fully vaccinated and malaria kills 26,000 children every year. Harmful traditional practices persist – 32% of girls and women are circumcised. Only 58% of children under 15 live with both their
parents. One quarter (25%) live with their mothers (and not their fathers) and 3% live with their fathers (and not their mothers). Another 11% do not live with either of their parents (and are considered as “fostered”) (Hurrell, Ward, and Merttens, 2008).

In terms of education, a million more children have been enrolled in school since the introduction of free primary education (FPE) in January 2003 – bringing to 7.2 million the number of children in primary school. Of these, 1.2 million children (17%) of currently enrolled children are orphans; dropout rates in primary school are 5.4%. Of all children, 92% of those with both parents alive are in school, whereas only 88% who have lost both parents are in school (Hurrell, Ward, and Merttens, 2008).

There are an estimated 32.8 million people living in Kenya, of whom 16.9 million are children under 18 years of age. Over 53% of Kenya’s population lives under the poverty line, suggesting that an estimated 9 million children are in urgent need of support, though the number may be higher as the actual number of children living under the poverty line is unknown. An estimated 12% of all Kenyan children under 18 years of age 1.8 million are orphans. According to Kenyan government estimates, AIDS alone has killed one or both parents of 700,000 of the country’s children (Republic of Kenya, 2007).

Due to the ongoing tragedy of poverty, fragmented development, and HIV/AIDS, increasing numbers of Kenyan children are growing up without adequate support, care, and protection. (Republic of Kenya (2007) In Kenya, as across the sub-Saharan African region, families and communities continue to care for the majority of these orphans and vulnerable children (OVC), but many families face severe economic constraints that limit
their ability to meet children’s needs. (JLICA, 2009) Orphans may suffer additional vulnerability compared with other children, for example in nutrition and access to education, although evidence on these patterns is mixed (Johnson (2008). While the Kenyan project targeted resources to those children who lived in the poorest families of each community as determined by communal public meetings. Recent research expands the category of children who must be seen as vulnerable by stressing that all children living in communities affected by poverty and HIV/AIDS face serious threats to their well-being and healthy development.(Richter, Sherr, and Desmond. (2009). Where HIV/AIDS and poverty converge, all children risk being denied their basic human rights to such necessities as shelter, food, clean water, health care, and education (JLICA, 2009.

Based on the importance of providing social protection to orphans and vulnerable children (OVC) in Kenya, the Government of Kenya (GOK) decided to conduct a cash transfer pilot project that has become a valid model to be scaled-up nationwide. The initiative began with the first cash disbursements taking place in December 2004 in nine communities, within 3 districts, supporting a total of 500 OVC. Kenya has been seriously affected by the HIV/AIDS epidemic. It has increased the number of orphans in the country and also the vulnerability of affected households, both through the loss of productive adults and through the impact of chronic illness. In response, the Department of Children’s Services (DCS) in the Ministry of Gender, Children and Social (Republic of Kenya, 2007).
For the government of Kenya, improving the lives of Kenya's most vulnerable children is not only a legal and moral imperative but is also a practical and affordable possibility. The government-funded Cash Transfer Programme for Orphans and Vulnerable Children, described below, is assisting just a small fraction of those most in need. However, it has the potential to improve the lives of hundreds of thousands of Kenya's children, lifting them out of a place of deprivation and despair (Adato and Bassett, 2008). Kenya's economy is fairly robust, growing at a pace faster than population growth. Yet, if the government is to deliver such a social protection scheme nationally and over the long term, it will need support from the international community, particularly given the impacts of the recent global economic downturn. The CTP advances an exciting new vision of social justice in Kenya. It recognizes that caring for society's most vulnerable members is a collective responsibility to be shared by a country's government, local citizens, and the international community (Adato and Bassett, 2008).

In 2004, 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 concept had been discussed in a number of forums by a wide range of organizations and was generating increasing support. A first version of a national action plan for orphans and vulnerable children was developed that same year and was followed by the establishment of a national steering committee for actions aimed at orphans and vulnerable children, which is chaired by the Permanent Secretary in the Ministry of Home Affairs. The idea grew closer to becoming
a reality when a proposal to set up a cash transfer program was developed by the Ministry of Home Affairs (JLICA, 2009).

Development, with assistance from UNICEF, developed the Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC). After a small pre-pilot phase, a second larger pilot phase was initiated in seven districts in 2006. At the same time, the Government of Kenya expanded the Programme in other districts to an additional 30. The Programme expanded further in 2008/09, with a total of 30,315 households having received financial support by mid-2009. Additional expansion is planned, the eventual target being to support 100,000 households by 2012. UNICEF provided funds and technical support to help the government develop the program (UNICEF, 2010).

Kenya’s 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 important to note that the program was not intended to address poverty as a primary objective. It is intended, rather, as a rights-based program that has as a primary goal fostering orphans and other vulnerable children and supporting the development of their potential (human capital) (JLICA, 2009).

Cash transfers from the Programme have increased the real household consumption levels of recipient households substantially – by some Ksh 274 per adult equivalent. The result is a reduction of poverty levels by some 13 percentage points (Ahmed, 2004). The
benefit of increased consumption is concentrated in smaller households, since the value of the transfer (per capita) is diluted in larger households, reinforcing the case for indexing the payments in some way to household size (JLICA, 2009). The Programme has also increased food expenditure and dietary diversity, significantly increasing the frequency of consumption of five food groups – meat, fish, milk, sugar and fats. A simple dietary diversity score is increased by 15 per cent from the baseline. The extra income has also translated into increased household ownership of a number of assets, including mosquito nets, and beneficiary households are more likely than controls to hold savings. However, there has been no increase in livestock holdings, suggesting beneficiary households are not investing any of the transfer in (livestock) farming activities (JLICA, 2009).

There appears to have been an impact on secondary school enrolment in older children, with an increase six to seven percentage points larger than in the control areas. This is surprising, since it is not an objective or a condition of the Programme. It is possible that secondary school attendance is more often limited by cash, since fees are substantial, and the payments help families meet these costs. The models suggest that the impact was significant for poorer households and for boys, although girls in poorer households also appear to have benefited. The Programme does not appear to have had any impact on the proportion of children attending nursery school, which has increased in both Programme areas and control areas (RoK, 2008).
The selection of Programme districts is based on the magnitude of the problem of OVC they present as manifested by their OVC population and their subsequent needs. Thus, to qualify a district should manifest a heavy burden of orphanage and or vulnerability as demonstrated by the following indicators: Level of HIV/AIDS prevalence and number of OVC, Level of visible poverty and presence and quality of other interventions for OVC. The programme is currently implemented in 60 districts supporting 102,000 households and benefiting 375,000 orphans and vulnerable children. It is envisaged that by 2012 the coverage will have grown to 150,000 households that will translate to benefiting 525,000 OVC (RoK, 2008).

The Programme implementation is coordinated by an OVC Secretariat housed in the Department of Children Services in the Ministry of Gender, Children and Social Development. The process is managed through a series of committees at the national, district and community levels and their roles are clearly defined in the Operational Manual that serves as the programme reference document. The Manual defines the structure of the Programme and procedures and processes to be followed in the implementation process. At the national level there is a national steering committee that provides policy guidelines while the district Area Advisory Committee, AAC manages the community level implementation with the assistance of a location orphans and vulnerable committee, LOC at the community level (RoK, 2008). The membership of the national steering committee comprises of policy makers drawn from other relevant line ministries and national offices of development partners. The LOC members are the regular agents of the Programme that the beneficiaries interact with.
1.2 Statement of the problem

The impetus for developing a cash transfer programme stemmed from the growing realization that some of the other elements of social protection in Kenyan society, especially family and communal mechanisms, were breaking down in the face of the growing HIV/AIDS pandemic. This analysis was starkly presented in the Human rights Watch publication in 2001 “Kenya, in the shadow of death: HIV and children’s rights in Kenya.” The publication of the Children on the Brink report in 2002 further focused Kenyan society on the demographic momentum that would lead to a massively increased numbers of orphans around the world as a result of the HIV/AIDS pandemic. The UNICEF programme further highlighted the issue in the course of the 2002/03 parliamentary elections with a media campaign focused on informing the public about the issue and asking them to insist to their parliamentary candidates to address the issue with more resources if elected. The culmination of the campaign included a drive to get candidates to sign a pledge detailing a ten point plan they would pursue were they to be elected. However there have been challenges that face the implementation of the programme. The challenges range from beneficiaries identification, payment mechanisms, recipients attitudes, government capacity and the issue of sustainability. The study therefore seeks to establish how these challenges affect the implementation of cash transfer programme in Iftin Location, Garissa County.
1.3 Purpose of the study

The purpose of this study was to establish challenges facing the implementation of cash transfer programme in Iftin Location, Garissa County.

1.4 Research objectives

The study was guided by the following objectives:

1. To establish how identification of Households with OVCs affect the implementation of cash transfer program in Iftin Location, Garissa County.

2. To determine how payment mechanisms affect implementation of cash transfer in Iftin Location, Garissa County.

3. To assess how multi-sectoral programming affect implementation of cash transfer program in Iftin Location, Garissa County.

4. To establish how recipient’s attitude towards the programme affect the implementation of cash transfer program in Iftin Location, Garissa County.

5. To determine how collaboration and community participation affect the implementation of cash transfer program in Iftin Location, Garissa County.

6. To recommend interventions to improve the cash transfer programme for orphans and vulnerable children.

1.5 Research questions

The study was guided by the following objectives
1. How does identification of Households with OVCs affect the implementation of cash transfer program in Iftin Location, Garissa County?

2. In what ways does payment mechanisms affect in the implementation of cash transfer in Iftin Location, Garissa County?

3. To what extent does multi-sectoral programming affect the implementation of cash transfer program in Iftin Location, Garissa County?

4. How recipients' attitudes towards the programme do affect the implementation of cash transfer program in Iftin Location, Garissa County?

5. To what extent does collaboration and community participation affect the implementation of cash transfer program in Iftin Location, Garissa County?

6. What interventions can be recommended to improve cash transfer to orphans and vulnerable children programme

1.6 Significance of the study

The study may be significant in a number of ways. First the study findings may be important to the government in establishing the success of the programme. The study findings may also highlight the challenges faced in the cash transfer program and hence seek ways of addressing them. Secondly, the study findings will show the process used in the identification of households that will benefit from the programme. The study may also be important to the implementers of the programme at the ground in providing avenue for them to bring out their feeling and suggestions to improve the program.
1.7 Limitations of the study

One of the limitations of the study will be the study area. The area is semi desert and with poor infrastructure, it was therefore be a challenge to reach the target group. Another limitation of the study may be that it was not be possible to control the attitude of the respondents who may provide socially acceptable responses to please the researcher. To mitigate this limitation, the researcher requested the respondents to be honest with their responses.

1.8 Delimitations of the study

For a comprehensive investigation of the challenges facing cash transfer program, all the areas that the program has been implemented should be studied. However due to several factors relating to the nature of this study, only one location will be used for the study hence the findings of the study will be generalized to other areas with caution. Another limitation was that not all people involved in the implementation were targeted the researcher will purposively sample the respondents deemed crucial for the study.

1.9 Assumptions of the study

The study makes the following assumptions:

That there is a guideline that is followed in the identification of the target beneficiaries.

That the cash transfer has had a positive effect on the beneficiaries.

That the respondents will be honest in responding to the research instruments.
1.10 Definition of terms

**Orphan** refers to a child who has lost one or both parents while a vulnerable child is one whose safety; well being and development are for various reasons, threatened. This includes children who are emotionally deprived or traumatized.

**Beneficiary household** refers to selected households who completed the enrolment process and signed the programme agreement.

**Caregiver** refers to a member of a household responsible for the well being of the children in that household.

**Chronically ill** refers to person who has been persistently ill for at least three months and is both physical and socially incapable of working.

**Household** refers to a group of persons living under the same roof where they cook and eat together.

**Identified household refers to** households identified by LOCs, meeting the program eligibility criteria.

**Payment agency** refers to institution/s which executes the payments of the cash transfers to beneficiary households.

**Single orphan** refers to child whose father or mother is deceased.

**The CT-OVC Programme** refers to a government initiative supporting very poor households that take care of orphans and vulnerable children to enable them take care of those children and help to grow up in a family setting.
**Vulnerable child** refers to a child whose well-being, including access to basic services, adequate care or a secure home environment, is threatened as a result of orphan hood and chronic illness.
CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature review. The chapter focuses on the concept of Cash transfer, evolution of Cash Transfer (CT) Programmes in Kenya, Orphans and Vulnerable Children (OVC) Cash Transfer Programme, the process of cash transfer, cash Transfer Mechanism collaboration and community participation. The chapter also presents the theoretical and conceptual framework of the study.

2.2 The concept of cash transfer

As a result of the prevailing poverty, inequality, unemployment problems and rising political pressures following the change of Kenya's constitution which ended the single party rule in 1992 and introduced highly competitive multi-party politics, there has been unprecedented interest in social protection issues in the country (Ashley & Carney, 1999). Government and political support for and adoption of, social protection measures are demonstrated by the large number of special protection programmes in existence today. The country is currently implementing a wide range of social protection programmes in form of CT and non-CT programmes, in collaboration with a large number of actors including government and non-government institutions, private sector and development partners (Hurrell, Ward, and Merttens, 2008)
The 2005/06 Kenya Integrated Household and Budget Survey data highlighted the most vulnerable groups in the country, and identified the relatively high vulnerability of the elderly population to poverty compared to other age groups, (Republic of Kenya, 2009 (b); p.5). Other categories of the population that have been identified as being more prone to poverty in all the country's seven provinces are the orphans and vulnerable children (OVC); People With Disabilities (PWD); the elderly; the urban poor and street families; people living with HIV/AIDS; victims of natural disasters such as floods and droughts; and internally displaced persons (IDPs); (Republic of Kenya, 2009 (b). The growing numbers within these categories of vulnerable groups has increased social, economic and political pressure to introduce various social protection programmes in the country including non-cash and cash transfer initiatives. Social protection programmes have gained greater recognition and importance in public expenditure than was the case in 1980s and 1990s (Ravallion and Martin, 2003).

Kenya's draft Social Protection Strategy 2009-2012 argues that: "There is growing consensus that social protection does not have to be implemented at the expense of growth and that indeed social protection is able to enhance the long-term growth trajectory of the country and is an economically feasible and sustainable undertaking" (Republic of Kenya, 2009). Factors cited to support this include arguments that there is a strong link between social protection; expenditures and a country's development of human capital; that social protection expenditures facilitate reduction of inequality which may aggravate social and political tensions if not addressed; that provision of basic level income via social protection initiatives could promote labour market activities by the fact
"individuals from poor households receiving cash transfers are more likely to look for work and to successfully find work compared to (poor) individuals not receiving such transfers”, and that resources provided through social protection can empower poor individuals to undertake investment” (Republic of Kenya, 2009).

2.3 Evolution of Cash Transfer (CT) Programmes in Kenya

There are currently three CT programmes being implemented in Kenya with close collaboration between the Government and a group of key Development Partners, especially UNICEF, DFID and the World Bank. The Government is taking an increasingly key role in the implementation and funding of these programme, with the Development Partners taking lead in the provision of technical expertise and financing (Devereux, 2002). The Government’s share of the financial resources made available for the implementation of the CT programmes has increased from a low level when the programmes were initiated to a point where its contribution currently is virtually equal to that of the donors. This sharp increase has led some of the people interviewed to predict that the Government’s share was likely to overshadow that of the donors in the coming few years. Budget allocation to CT-OVC programme has, for instance, increased almost 12-fold between 2005/06 and 2008/09, from US$ 800,000 to over US$ 9 million respectively (Republic of Kenya, 2009). The three Cash Transfer Programmes are briefly reviewed below:-
2.3.1 The Orphans and Vulnerable Children (OVC) Cash Transfer Programme

This is currently the largest CT programme in the country. The number of orphans and vulnerable children has emerged as a major social crisis in the last two decades. Traditional social protection mechanisms, in the face of rapidly increasing numbers of destitute or vulnerable children, have struggled. Kenya has an estimated 2.4 million orphans and vulnerable children half of which have resulted from death of parents due to HIV and AIDS crisis that has heavily afflicted both the country’s rural and urban areas. A large majority of the orphans live in extreme poverty with relatives or guardians with limited means. Evidence from various parts of the country show that poor, elderly grandparents have emerged as the most important category of caretakers for the orphans in the country. There are also an alarming large number of households which are headed by a child, as a result of death of parents, with no relatives or other guardians willing and able to take care of the orphaned children (Republic of Kenya, 2009).

As a result of this socially and politically volatile social crisis arising from this rapidly increasing number of OVC, the Ministry of Home Affairs under Kenya’s former Vice-President Hon. Moody Awori, under whose mandate children affairs fell under, felt concerned and sought advice and assistance from UNICEF office, Nairobi. This set off a series of discussions with UNICEF and a number of other donors to explore possible options. While there have been questions raised over whether the decision to start Kenya’s OVC-CT programme was an initiative of the Government or the result of pressure from some development partners, government officials interviewed argued that
the Ministry of Home Affairs through the former Vice-President, took the initial step of consulting the UNICEF in Nairobi which then took a leading technical, advisory and financing roles without which the OVC-CT programme would not have taken off when it did (Republic of Kenya, 2009).

Kenya’s OVC-CT programme started as a pre-pilot project at the end of 2004 covering 500 OVC households in three districts (Kisumu, Garissa, Kwale). This pre-pilot phase was aimed at providing lessons on a number of aspects of the planned programme such as targeting, selection procedures and estimation of implementation costs, according to interviews with representatives of some of donor institutions which have been involved in the process of establishing the OVC-CT programme. The programme was substantially expanded during its phase II which started in June 2006. The new phase was designed to cover 30,000 OVC in seven districts. This phase was also used to test the impact and challenges of introducing conditional cash transfers (CCT) in a few districts, as well as the possibility of using the country’s Post Office network as a system for transferring the money to the selected OVC beneficiaries (Republic of Kenya, 2009).

The third phase was launched in 2008 with a target of reaching 300,000 OVC by 2011. The government’s objective is to have at least 30% of the hard-core poor and most vulnerable OVC in a phased escalation of the programme covering at least 10 districts annually, eventually bringing a total of 50 districts under the programme when it reaches its target of reaching 30% of the hard-core poor in the country by 2012.
By mid 2009, the OVC-CT programme was already in 47 districts and was moving at a pace faster than initially planned both in terms of districts covered as well as government’s contribution to the programme which has experienced a dramatic increase from US$800,000 in 2005 to US $9 million in 2009. According to a senior programme officer working with OVC-CT programme in one of the donor organisations, the rapid increase in the government contributions was one of the main factors behind the rapid expansion of the programme in the last two years.

The OVC-CT programme is guided by 3 main objectives:

a) Establishing a social protection mechanism that makes regular, predictable cash transfers to households that take care of orphans and vulnerable children

b) Creating an incentive system for taking care of OVC through fostering and retention of OVC within families and communities.

c) Helping to promote human capital development of OVC to help as many of them as possible to break out of the poverty cycle and dependency.

The programmes operations manual shows that beneficiaries are selected through a fairly participatory targeting process involving the Government, donors and the communities from which the beneficiaries are drawn from (RoK, 2011.

Selection of the geographical areas to be included in the programme is based on poverty status as regularly compiled by the Kenya National Bureau of Statistics (KNBS) and
OVC prevalence. All parts of the selected districts are eligible. However the selection of actual households depends on the overall number of beneficiaries allocated to the district and the assessed level of poverty or vulnerability as determined by the community representatives, NGOs working in the district and the government officials, guided as much as possible by the KNBS data available. By mid 2009 approximately 64% of the districts were covered. Once the district is selected, a community based participatory method is used to identify beneficiary households as well as compiling the required data. The collected data is entered into the Management Information System which has been developed in collaboration with development partners led by UNICEF. Once potential beneficiary households have been identified and data obtained, eligible households are selected using agreed ranking criteria. The identified beneficiary households are then validated through public or community meetings (Schubert, 2005).

2.3.2 Cash Transfer Mechanism

The money is paid per household at the rate of ksh 2000/= per month. Thus, if there are 1, 2 or more orphans in the household, they receive the same amount –Ksh2000 per month. The programme prefers to pay every 2 months partly because the monthly figure is too small for effective budgeting by the beneficiary households and partly because it is more cost effective in terms of time and administrative costs. The money is paid to the care giver who may be the guardian or a child in case of child-headed households. Kenya’s Post Office network has become the main system of transferring the cash to the beneficiaries. The children covered range from less than 1 to 18 years. When a child
reaches 18 he/she is removed from the programme and are expected to fend for themselves. An officer dealing with CT programmes said “Even where CT is not conditional, the expectation from the programme is that the cash will assist in healthcare especially immunization and in education i.e. uniforms, books etc (RoK, 2011).

The District Children Office (DCO) is in charge of the administrative aspects of the programme, to coordinate significant logistical processes. It manages the programme at the district level and serves as a link between the Central Programme Unit (CPU), the entities providing health, education and civil registration services, and the beneficiaries. The DCO is also in charge of monitoring compliance and reporting information and filing financial reports back to the CPU. The DCO works in collaboration with the Location OVC Committees (LOC), the District OVC Sub-committee (DOSC) and other members of the community to support the activities related to selection of beneficiaries, enrolment, conditionalities/responsibilities compliance, payments, monitoring, case management and complaints (RoK, 2011).

2.3.2.1 Advisory area council (AAC)

The AAC was created to coordinate and supervise activities and services for children at the district level; it is a replica of the National Council for Children’s Services (NCCS) as provided for in the Children’s Act (2001). The composition of the AAC includes: District Commissioner (chairperson), District Children Officer (Secretary), District Education Officer, District Labour Officer, District Social Development Officer, District Statistics Officer, District Medical Officer of Health (DMOH), Officer Commanding Police
Division, District Information Officer, representatives of Non-governmental Organization, representatives of Faith Based Organization, representatives of Community Based Organization, representatives of private sector, Children’s Magistrate and an officer from local authorities. The AAC establishes a DOSC which is in charge of supporting the implementation of the CT-OVC programme. The AAC selects and approves the programme locations and list of beneficiary households based on the programme guidelines given from the CPU (RoK, 2011).

2.3.2.2 District OVC Sub Committee (DOCS)

The DOSC is in charge of sensitizing district administrators, opinion leaders and the community on the CT-OVC programme. They are also in charge of creating, training and supervising LOCs, whose responsibilities are described below. Finally, the DOSC assists in the programme cycle activities. These includes beneficiary selection, monitoring and direct assistance to beneficiaries in respect to compliance, payments, updating records, appeals, case management and complaints (RoK, 2011).

2.3.2.3 Location OVC Committee (LOC)

The general role of the LOC is to sensitize the community on the Children’s Act and the plight of OVC and HIV/AIDS. The LOC also encourages the community to obtain birth and death certificates, ID cards and maintains OVC data. Their most important role is to identify OVC households within their location, assist to identify enumerators for
household surveys, validate selection of beneficiaries through the community barazas, assist with enrolment, coordinate home visits and awareness sessions processes and monitor progress of OVC continuously (RoK, 2011).

2.4 Multi-sectoral programming

It is recommended that pilot CCT be multi-sectoral, focusing on health (including nutrition) and education. Although this will make the program more complex, it will also assure a greater impact on human capital formation. In this way, the program can build on the synergies of investing in health, nutrition, and education: healthy and well-nourished children perform better in school. In addition, the program would contribute to the prevention of child malnutrition, which is comparatively high in Haiti and has recently increased (World Bank, 2001a). Efforts to address this need to start at an early age to be effective; nutrition interventions for school-age children or school-feeding miss the most important age group, since malnutrition in children under 2 has irreversible impacts. Such a program would, in addition, have a greater impact on (short-term) poverty alleviation, because a larger group of households will be eligible for the program (not only those with school-age children for the education component, but also families who only have preschool children, for the health and nutrition component). Given the country's weak administrative capacity and the greater demand-side constraints for education, starting with the education component in the pilot project and integrating the health component later could be an option. In addition, if there are sufficient early childhood education facilities available, we would recommend including attendance in
such programs as a conditionality for preschool beneficiaries. This, along with preschool health and nutrition interventions, would help prepare children for school and could help reduce late entry, grade repetition, and dropout rates (World Bank. 2001a).

2.5 Coordination

The FAES serve as the policy and coordinating body for the cash transfer pilot projects, due to its MIS capacity, transparent operations, and experience in cross-sectoral work. Because FAES is decentralizing, the projects should be targeted to departments where the agency has a presence. Effective relationship between implementing ministries and cooperating/development partners is essential for coordination, predictability and mutual learning. Ministerial capacity for leadership on social protection practice and Cooperating Partners’ capacity for harmonisation on social protection policy are essential for these good relations. Lack of partnership can lead to conflicting advice and messages that contribute to a weakening of sustained political support and commitment to innovative social protection programmes.

2.6 Payment mechanism

The projects select the financial intermediaries to provide the transfers through competitive bidding, with transfer agencies, commercial banks, and microfinance institutions all eligible to bid. Separately, the projects could engage the transfer agencies in establishing a fund for collecting voluntary additions to remittances to support the transfer projects.
2.7 Citizens’ attitude toward the programme

Lack of faith in government to accomplish anything useful for poor Haitians. They expressed a preference for NGO or donor agency involvement in program implementation. Some informants extended their expressed lack of trust in the government explicitly to FAES, although we suspect this is simply because it is affiliated with the government. There is strong support for community-based committees as a key institutional element in a CCT or any other anti-poverty program.

2.8 Values, interests, and ownership of the programme

Pessimists worry that giving money to low-income families will not lead to the desired behavior, given the vast array of unmet needs as well as serious continuing supply-side constraints. Optimists, in contrast, argue that as far as education is concerned, such a high percentage of primary school aged children are out of school that any effort to boost enrollments is likely to have a salutary effect. Moreover, the demand-side problems in education are substantial, as they are for health care (but to a lesser extent), and a CCT can clearly help meet these. It is noteworthy that found a number of senior government and donor agency officials who seemed genuinely enthusiastic about the potential for a CCT program to have positive effect, notwithstanding the very real constraints and tremendous supply-side problems (ODI, 2011).

Poverty Targeting

The eligibility criteria used to select beneficiary households is as follows:
a) The household must be poor; have orphans or vulnerable child/children.

b) To be an OVC, child must have lost one or both parents; the child must be living in a household in which at least one of the parents, caregiver or child has been chronically ill for three or more months before the selection is done; and the child lives in a household headed by a child less than 18 years old. Directing benefits to the poor or vulnerable is a critical feature of each reviewed conditional cash transfer program. Most rely on both geographic and household targeting, using targeting mechanisms appropriate to the type of data available.

At the geographic level Jamaica uses annual consumption data to construct a scoring formula to identify poor households at the parish level for allocating PATH funds. In Mexico eligible communities in rural areas are selected using a marginality index based on census data, whereas in Honduras malnutrition data from the Height Census of First Grade School Children are used to select program municipalities. In most countries, the criteria applied to select communities to receive the conditional cash transfer program include consideration of the supply capacity to respond to the increased demand in health and education services (Ahmed, 2005).

At the household level programs are experimenting with proxy-means tests that estimate household poverty levels as a criterion for program participation. In Nicaragua the results of household-level proxy means tests are being compared with the results of geographic targeting alone. Turkey will use a proxy-means test being developed especially for the conditional cash transfer program to target the poorest of the poor at the national level.
Other countries are taking advantage of economies of scale in the use of proxy-means tests. In Colombia household eligibility is based on an existing information system managed by municipalities, the System for Selecting Social Program Beneficiaries (SISBEN). The system classifies households according to an unmet basic needs index and other indicators, such as average household schooling that serve as income proxies. Used primarily to identify eligibility for the subsidized health regime, SISBEN is now being expanded to other social sector initiatives, including the conditional cash transfer program. Jamaica is planning to expand the use of the PATH scoring formula to other safety net programs to avoid duplication of administrative systems and increase coordination across programs.

Some countries periodically review beneficiaries' eligibility. For example, in Mexico and Jamaica household poverty status is reevaluated every three years. Nicaragua's RPS is designed to last three years in a beneficiary community before the cash transfers are phased out. Only the supply interventions are retained for two more years without a reassessment of eligibility. Targeting processes that are both accurate and easily understood by communities and implementing staff are essential and have wider benefits. There are many potential beneficiaries and if the targeting process is not clear you can end up assisting the wrong people but not knowing why. Implementing staff are motivated when they see that programmes are empowering and changing the lives of the right people.
In Zambia, Policymakers were initially very concerned that the programme would encourage laziness and a lack of productivity on the part of beneficiaries, and that they would become dependent on the transfers, but evidence from the pilots regarding the existing dependency of incapacitated households and the low risk that a small cash transfer would discourage people from or out of employment significantly reduced this concern. However, because the dependency concern is rooted in wider social values and not just the operation of the SCT programme this case needs making regularly. Financial affordability and sustainability is an ongoing concern in relation to the ability of government to progressively increase its funding of the scale-up and the risk of Cooperating Partners changing their funding priorities away from social protection over the longer term. However, this is not currently blocking scale-up as concerns about future financing have been put to one side until evidence from M&E becomes available in three years’ time.

2.9 Eligibility criteria for households

A community based targeting, combined with proxy means test is used for targeting eligible households. The targeting mechanism for identifying eligible households at the location level uses a two step approach which makes the process transparent and effective (Halder & Hussain, 1999). Members of the community defined as LOC4 are in charge of identifying households based on the eligibility criteria indicated below, using then, the enumerators collect socio-economic data using Targeting tool on households identified by the LOC members and verified as eligible by the Management Information Systems.
(MIS). This allows the CPU to verify whether the households identified by the community actually meet the following eligibility criteria:

1. Households that have an OVC as a permanent member.

2. Live in extreme poverty; and

3. Are not beneficiaries of any other Cash Transfer Programme.

OVC for the programme is defined as follows:

- A single/double orphan;
- A child who is chronically ill or who has a caregiver who is chronically ill; and
- A child who lives in a child headed household due to orphan hood (Heckman & Smith, 2005)

2.10 Collaboration and community participation

Collaborative and iterative design and continuous learning around operational approaches is a common lesson for both Kenya and Zambia. However, the role of learning between Zambian government staff and their peers in other countries in this process was more pronounced in the pilot phase than is, has, or will be in the scale-up phase because capacity and confidence in the design of SCT now resides primarily in the MCDSS. The MCDSS is still keen to learn directly itself from other countries’ experience and lessons
and feels able to contextualize those to its particular circumstances and needs. Community participation in and accountability to the community in the implementation of cash transfer which has been essential for ownership and will continue to be so in Zambia. However, community participation in targeting is seen to have been less effective for accuracy in Zambia because of people’s reluctance to publically question decisions about the inclusion of other households (Chirchir, 2010). In addition, there are concerns that the burden on volunteers of participating in all aspects of implementation is too great (both in terms of their time and levels of literacy needed to use SCT programme forms successfully). As a consequence, Zambia is moving towards categorical targeting that does not rely on community participation but focuses its role on monitoring and advocacy. Influencing the civil service and parliamentarians has and will continue to be important for sustaining funding for cash transfer programmes in Zambia. In Zambia the focus for creating space for the programme has been less to do with evolving its implementation of the cash transfer approach and more to do with moderating the demand to scale up more quickly than the time needed to build essential operational systems (e.g. MIS and e-payments) will allow. Zambia’s plan to introduce a robust, scalable and user-friendly MIS system has been already influenced by lessons from the MIS in Kenya (Chirchir, 2010).

Community participation and transparency/accountability to the community in targeting, monitoring and payment of a non-universal cash transfer ensures that targeting is accurate and easily understood by communities and implementing staff, ownership by the wider community is manifest and decisions on inclusion and outcomes for beneficiaries are
accepted as non-political and fair. It was reported that there was a general lack of engagement and outreach with communities that resulted in a lack of community awareness in two regards. Firstly, it was reported that the lack of community outreach undertaken for the CMP limited awareness of the programme within communities as information around the programme was only circulated by word of mouth and limited media campaigns. As a consequence it was reported that a number of people, particularly in very rural areas, were unaware of their entitlement to enroll in the programme and claim their transfers (Chirchir, 2010).

Secondly, a lack of outreach and sensitization focusing on the objectives of the CMP in relation to human capital investments for the beneficiary household’s children may have limited impacts of the programme. It was reported that the conditions of the programme were rarely clearly communicated to the beneficiary households, which may have limited understanding of the responsibilities of caregivers to invest in their children’s human capital needs. A lack of accountability to the community around the issue of targeting was cited as one of the main contributing factors to the high level of inclusion and exclusion errors in the targeting process. Efforts were later made to address this through the establishment of Livelihoods Support Councils. These councils were designed to provide a forum for considering grievances within the CMP. There was, however, some skepticism as to whether these councils are effective in providing a genuine platform for transparency to the community. Initially these councils were headed by local officials but later efforts were made to have community members in more senior positions within these councils.
Sustained community participation in transparency and downward accountability about operational approaches can ensure that ownership by the whole community is evident, decisions on inclusion and outcomes for beneficiaries are accepted as non-political and fair and that targeting and monitoring is accurate. To enable this dialogue operational forms and guidelines must be easily understood by communities and local implementing staff alike. Ineffective engagement with communities and potential beneficiaries is likely to reduce programme impact.

2.11 Theoretical framework

The study will adopt the Human Capital Theory. The economic prosperity and functioning of a nation depend on its physical and human capital stock. In general terms, human capital represents the investment people make in themselves that enhance their economic productivity. The theory is important in this study since, cash transfers promote human capital development, improving workers health and education and raising labour productivity. At the household-level transfers reduce risk by providing the security of a guaranteed minimum level of income. This better enables poor households to send children to school because they can afford for them not to be working, as well as afford fees, uniforms and other school expenses. The unemployed and lowest paid workers can take a chance on riskier ventures that are likely to result in a higher income, or acquire human capital such as education in order to find higher wage employment. The time and travel costs of job search with its unpredictable outcomes can lock vulnerable workers into poverty traps. Social cash transfers provide a coping mechanism for the least
fortunate, supporting a minimal level of subsistence and allowing them to invest time and money to improve their chances of getting better employment. Importantly, an emerging evidence base suggests that social cash transfers support developmental impacts that may help the poor lift themselves out of poverty.

2.12 Conceptual framework

Figure 2.1 Conceptual Framework on challenges facing the implementation of cash transfer programme in Iftin location, Garissa County

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Dependent Variable</th>
</tr>
</thead>
</table>

The conceptual framework of the study is based on input process and output. The framework shows how the independent variables influence the dependent variable. The independent variables which are identification of the needy, payment mechanisms, multi-sectoral programming recipients' attitudes, collaboration and community participation are in place. They affect how the implementation of the programme is done and ultimately affecting the dependent variable which is effective implementation of the cash transfer programme.
CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter focused on research design, target population, sample size and sampling techniques, research instruments, instrument validity and reliability, data collection procedures and data analysis techniques.

3.2 Research Design

The study used descriptive survey design. Descriptive research design determines and reports the way things are (Mugenda and Mugenda, 2003). This approach is appropriate for this study because it involves fact finding and enquiries from the households, the LOC and the DCO on the implementation of cash transfer programme.

3.3 Target Population

The target population for the study included all the households benefiting from the programme, the LOC and the DCO. Currently there are 294 households benefitting from the program, 15 members of the LOC and the DCO in charge of the district who is directly involved in the programme.

3.4 Sample Size and Sampling Techniques

The study used both cluster sampling and simple random sampling to select samples from the population. According Gay and Airasian (2003) a sample size of between 10% and 20% of the total population is representative. The researcher therefore took 20% of the
households which implies that 58 households were selected. In these households, the household head will be interviewed. The researcher will take all the members of the LOC and the only DCO. Simple random sampling was used to select the households where a list from the DCO was used to sample the households randomly (Mugenda and Mugenda, 2003).

Table 3.1: Sample Size

<table>
<thead>
<tr>
<th>Category</th>
<th>Population</th>
<th>Sample Size</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCO</td>
<td>1</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>LOCs</td>
<td>15</td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>HOUSEHOLD HEADS</td>
<td>294</td>
<td>58</td>
<td>20</td>
</tr>
<tr>
<td>Totals</td>
<td>310</td>
<td>74</td>
<td>100</td>
</tr>
</tbody>
</table>

3.5 Research Instruments

Research instruments for this study will involve questionnaire and interview schedule. According to Orodho (2004) questionnaires allows for measurement for or against a particular viewpoint. He emphasizes that a questionnaire has the ability to collect a large amount of information in a reasonably quick space of time. The questionnaires were used on the LOCs and the DCO while an interview schedule was done for the households. The use of interview was justified on the basis that most of the household members are illiterate and hence difficult to use a questionnaire on them. The interview schedule was
developed to gather more data and compliment questionnaires. This was administered to the LOCs and the DCO.

3.6 Instrument Validity

Validity is the degree to which a test measures what it purports to measure (Borg and Gall 2003). To test the validity of the instruments, the researcher will conduct a pilot study in another location which has similar characteristics as Iftin (Mugenda & Mugenda 2003). After scrutiny, the researcher adjusted the instruments according to the supervisors’ comments.

3.7 Instrument reliability

Mugenda and Mugenda (1999) defines reliability as a measure of the degree to which a research instrument yields consistent results or data after repeated tests when administered a number of times. To enhance the reliability of the instrument, a pilot study will be conducted in another location which has similar characteristics as Iftin. The aim of pre-testing was to gauge the clarity and relevance of the instrument items so that those items found to be inadequate for measuring variables were either discarded or modified to improve the quality of the research instruments.
To compute the coefficient, the researcher used the formula:

\[ Re = \frac{2r}{r + 1} \]

Where \( Re \) = reliability of the original test

\( r = \) reliability of the coefficient resulting from correlating the scores of the odd items with the scores of the even items.

3.8 Data Collection Procedures

A permit that authorized data collection was applied for and obtained from the National Council for Science and Technology (NCST). The researcher will then book an appointment with the LOCs and the DCO of when to collect data from them. Data were collected through actual administration of questionnaires and interviews by the researcher. The participants were assured of confidentiality in dealing with their identities. The researcher liaised with the clerk to the LOCs on when to visit the households and collect data from them.

3.10 Data Analysis Techniques

After the data had been collected it was cross-examined to ascertain their accuracy, competencies and identify those items wrongly responded to, spelling mistakes and blank spaces. Quantitative data was be entered into the computer for analysis using the Statistical Package for Social Sciences (SPSS). This processed the frequencies and percentages which were used to discuss the findings. Frequency distribution tables were
used to present the data while descriptive statistics such as percentages and frequencies were used to answer research questions. Qualitative data were analyzed thematically.
CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

The study sought to establish the challenges Facing Implementation of Cash Transfer Program for Orphans and Vulnerable Children in Kenya: a case of Ifiin location, Garissa County.

This chapter addresses the results and findings of the study. The findings are outlined according to specific objectives of the study and are based on the responses from the questionnaires filled and information gathered on the research questions.

The analysis of data based on the research objectives of the study is presented in the following sections.

4.2 Response rate

Completion rate is the proportion of the sample that participated as intended in all the research procedures. In this study, out of the 15 LOCs sampled, all of them participated in the study. The entire household targeted participated in the study while the only the District Children Officer also participated in the study.
4.3.1 Demographic Information of the Location Orphans and Vulnerable Children Committee

The demographic information of the LOC was based on gender, age, education level and the duration in the committee. Data indicating their gender is presented in table 4.1.

Table 4.1: Distribution of the LOCs according to gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>46.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.1 illustrates that 8(53.3%) of the LOC were male while 7(46.7%) of the LOC were female. The data shows that there was an almost equal representation of gender in the study. Data indicating the age distribution of the LOCs is presented in table 4.2

Table 4.2: Age distribution of LOC

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 - 30 years</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>31 - 35 years</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>36 - 40 years</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>46 - 50 years</td>
<td>2</td>
<td>13.3</td>
</tr>
</tbody>
</table>
Data indicated that 6(40.0%) of the Location Orphans and Vulnerable Children Committee were aged between 36 and 40 years, 2(13.3%) of the LOC were aged between 26 and 30 years, the same number were aged between 46 and 50 years while 5(33.3%) of the LOC were aged between 31 and 35 years. Table 4.3 tabulates education level of LOC.

Table 4.3: Distribution of the LOC according to the education level

<table>
<thead>
<tr>
<th>Education level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary</td>
<td>11</td>
<td>73.3%</td>
</tr>
<tr>
<td>College</td>
<td>3</td>
<td>20.0%</td>
</tr>
<tr>
<td>University</td>
<td>1</td>
<td>6.7%</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Data showed that majority 11(73.3%) of the LOC had secondary education, 3(20.0%) of the LOC had college education while only a significant number 1(6.7%) of the LOC had university education. Duration of the LOC in the committee showed that majority of the LOC 9(60.0%) had served in the committee for below 5 years while 6(40.0%) of the LOC served between 6 and 10 years.
4.3.2 Demographic Information of the District Children Officer

The data indicated that, the DCO was a male and aged between 36 and 40 years. The District Children Officer had a university education and he had been in charge of the district for the last 5 years.

4.4.1 Influence of identification of households with OVCs on the implementation of cash transfer programme

To establish the challenges affecting the implementation of cash transfer programme in Garissa County, the LOC were asked to indicate whether they were involved in the sensitization of the community on the Children's Act. Data showed that all 15(100.0%) of the LOC were involved. To establish whether the LOC faced challenges in the sensitization of the community, they were asked to indicate the same. Data is presented in table 4.4.

Table 4.4: LOC responses on the challenges faced in sensitization of the community

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>Inadequate skills</td>
<td>14</td>
<td>93.3</td>
</tr>
<tr>
<td>Community attitude</td>
<td>14</td>
<td>93.3</td>
</tr>
<tr>
<td>Political interference</td>
<td>7</td>
<td>46.7</td>
</tr>
<tr>
<td>limited resources</td>
<td>12</td>
<td>80.0</td>
</tr>
</tbody>
</table>
Findings revealed that majority of the LOC 14(93.3%) faced the challenge related to inadequate skills, the same number had a challenge relating to the negative community attitude, 8(53.3%) of the LOC did not mention challenges of political interference while 12(80.0%) of the LOC faced the challenge of limited resources in sensitization of the community. When the LOC were asked whether they encouraged the community to obtain birth and death certificates, all 15(100.0%) said they encouraged them. The data showed that the LOC encouraged the community members to obtain birth and death certificates which is one of their mandates. The researcher further sought to establish whether the LOC were involved in the identification of the households with OVCs. Data is tabulated in table 4.5

**Table 4.5: LOC responses on whether they were involved in the identification of the households with OVCs**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>86.7</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.5 shows that majority 13(86.7%) of the LOC were involved in the identification of the households with OVCs while 2(13.3%) of the LOC were not involved. One of the roles of the LOC is to identify the OVCs and hence the study established that the LOCS
were actually involved in this role. Table 4.6 presents the challenges faced by LOC in the identification of Households with OVC.

Table 4.6: Challenges faced by LOC during identification of Households with OVC.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>Community attitude</td>
<td>14</td>
<td>93.3</td>
</tr>
<tr>
<td>Inadequate skills</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td>Political interference</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Limited resources</td>
<td>9</td>
<td>60.0</td>
</tr>
</tbody>
</table>

Findings on the challenges that the LOCs faced in the process of identification of OVCs, indicated that majority of LOC 14(93.3%) faced a challenge of community negative attitude towards the process. It was also revealed 9(60.0%) that them had inadequate skills in the identification process, 6 (60%) indicated that there was political interference in the process of identification of OVCs while 9 (60%) of the LOCs indicated that they had limited resources to carry out identification duties. It was therefore concluded from this item that there were various challenges that the LOCs faced in the identification of OVCs.
The study further sought to investigate whether LOCs participated in the identification of enumerators for household survey. Data showed that majority $13(86.7\%)$ of them participated. Those who never participated gave their reasons as in table 4.7.

**Table 4.7: Responses for lack of participation in the identification of enumerators for household survey**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffs from the DCO office participated</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>The DCO conducted it independently</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>N/A</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.7 shows that $2(13.3\%)$ of LOC never participated as staffs from the DCO office participated while $5(33.3\%)$ of LOC said that the DCO conduct it independently. Findings further showed that majority $12(80.0\%)$ of LOC participated in the validation exercise of beneficiaries.

The respondents in this category were further asked to indicate the challenges faced in the validation process. Their responses are presented in table 4.8.
Table 4.8: Challenges faced by LOC in the validation process

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>Inadequate skills</td>
<td>7</td>
<td>46.7</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>Community attitude</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Political interference</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Limited resources</td>
<td>10</td>
<td>66.7</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>33.3</td>
</tr>
</tbody>
</table>

Data showed that majority 8 (53.3%) did not face challenge of inadequate skills in the validation process, 9 (60.0%) of LOC said that they faced a challenge of community attitude and political interference. Majority 10 (66.7%) of LOC however said that there was limited resources in the process of validation process hence hampering the process. Even though majority of the LOCs indicated that they did not face challenges of inadequate skills, the 7 (46.7%) who indicated that they faced the challenge cannot be ignored hence inadequate skills was a challenge facing the LOCs.

To establish whether the LOC participated in the targeting process of Households with OVCs, they were asked to indicate the same. Data showed that majority 13 (86.7%) of LOC said that they were involved. Asked whether they were involved in coordinating home visits, they responded as indicated in table 4.9.
Findings revealed that majority 14(93.3%) of LOC coordinated home visits while 1(6.7%) of Loc never coordinated. Data further showed that all LOC conducted awareness sessions. The study sought to establish whether there was a criterion of identifying the beneficiaries for the cash transfer. The LOCs were therefore asked to indicate whether there was a criterion of identifying beneficiaries of the cash. The responses from all LOC and the District Children’s Officer said that there was a criteria which was also followed to the letter. They were also asked to indicate whether the criteria of identifying households with the most OVCs were followed. This is presented in table 4.10.

**Table 4.10: LOC responses on whether the criteria were able to identify household with the most OVCs**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>86.7</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>13.3</td>
</tr>
</tbody>
</table>
Table 4.10 shows that majority of LOC 13 (86.7%) agreed that the criteria were able to identify household with the most OVCs while 2 (13.3%) of the LOC disagreed with the statement. The District Children’s’ Officer said that the criteria were able to identify OVC recipients.

Asked whether there were limitations of inadequate information, data indicated that majority of LOC 9 (60.0%) agreed that there were limitations of inadequate information in the identification of the OVCs. When the District Children’s’ Officer was asked to indicate the limitations, he said that some communities tend to give false information during the identification of the OVCs. The study further sought to establish whether the LOC faced challenges in the identification of OVCs. Data is presented in table 4.11.

Table 4.11: Challenges in identification of OVCs

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>Inadequate skills</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>Community attitude</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td>Political interference</td>
<td>12</td>
<td>80.0</td>
</tr>
<tr>
<td>Limited resources</td>
<td>12</td>
<td>80.0</td>
</tr>
</tbody>
</table>
Data indicated that 8(53.3%) of LOC said that in identification of OVCs they faced a challenge of inadequate skills, 9(60.0%) of LOC said that community attitude was a challenge, 12(80.0%) of the LOC said that they were faced with political interference and limited resources were challenge in identification with OVCs. This finding agreed with those of DCO who said that he faced the same challenges. The data therefore showed that challenges faced in the identification of OVCs included inadequate skills in identification, community attitude, political interference and inadequate or limited resources.

The household heads were also required to indicate the challenges faced in the identification of households. Their responses indicated that there was inclusion of false information, negative perception about the programme due to inadequate information, illiteracy and mistrust by the community about the people conducting the identification process.

The LOC and DCO were asked for suggestions which could be put in place in the identification of households with OVCs. The findings showed that the DCO suggested that the community should be encouraged to register births and deaths and acquire relevant certificates. The LOC members' suggestions are tabulated in table 4.12.
Table 4.12: LOC responses on the measures to be put in place in identifying households with OVCs

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involving all LOC members in the decision making process</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Capacity building/ skills training</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Giving incentives to LOC members</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Regular home visits</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Putting clear criteria</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Follow of criteria</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Awareness sessions on the need to have birth &amp; death certificates</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Data showed that 2(13.3%) of LCO suggested that all LCO members to be involved in the decision making process, the same number suggested that LOC income rates be considered and awareness sessions on the need to have birth & death certificates to be created, 3(20.0%) of LOC said that clear criteria should be put in place while 1(6.7%) said that the criteria should be followed, while 4(26.7%) said there was need for capacity building and skills training.
The household heads were also asked to indicate whether they were able to access the cash from the service provider. Data indicate that they were able to access the cash easily. Asked to rate it, they rated it as good and at times as excellent. Asked whether the criteria of selection of beneficiaries were justifiable, the household heads indicated that there could be a few cases of corruption in the process but generally the process was transparent. Asked whether there were limitations in the identification of the OVCs, majority indicated that there were no limitations.

Asked whether there were challenges that are faced in the identification of OVC, the households heads indicted that there was negative attitude, favoritism by LOCs and in some cases there were wrong perception about the programme that it was aimed at benefiting some people who were politically correct. Asked to provide what suggestions that could be put in place in the identification of the OVC Households, the household heads indicated that there was need for sensitization and training about the programme and the replacement of LOC members with government officers.
4.4.2 Effects of payment mechanisms on implementation of cash transfer programme

The study also sought to establish how payment mechanisms affected the implementation of cash transfer programme. The LOCs were also asked to rate the payment mechanism in the cash transfer programme. The data is presented in table 4.13.

Table 4.13 LOCs rating of transfer mechanism

<table>
<thead>
<tr>
<th>Rating</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very effective</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Effective</td>
<td>7</td>
<td>46.7</td>
</tr>
<tr>
<td>Not effective</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Data indicated that the LOCs rated the transfer as effective, as indicated by 2 (13.3%) who rated it as very effective and 7 (46.7%) who rated it as just effective. The cash transfer mechanism was however rated as not effective by 6 (40%) of the respondents. Even though majority rated it as effective, the relatively few 6 (40%) cannot be ignored which suggests that the challenge may be experienced in some areas and not others. They were also asked to indicate whether the recipients were able to access cash in good time. Data indicated that majority were able to access the cash in good time as was shown by 9 (60%) however, 6 (40%) indicated that the recipients were not able to access the cash in time.
good time. However the few can not be ignored since lack of access of cash in good time may reflect negatively on the programme. Among the reasons provided by the respondents included those suggested in table 4.14.

**Table 4.14 Reasons for lack of reception of cash in good time**

<table>
<thead>
<tr>
<th>Reasons for delay in reception of the money</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to distance of the facility</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>N/A</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td>Due to delay of payments</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Confusion due to change of payments dates</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Data in table 4.14 on reasons for not accessing cash in good time indicated that distance to the facility was a challenge as rated by 3 (20%), delay in payment of cash and confusion due to change of payment dates as indicated by 2 (13.3%) and 1 (6.7%) respectively. The LOCs were also asked to indicate what agents were used in the payment mechanism. Data indicated that the agents for cash transfer included the post office and sometimes the bank. This is according to the government policy where cash transfer is done via Post office as the main agent. Asked whether there were other agents that could be used for effective running of the process, majority 13 (86.7%) indicated that there were. Among the suggested agents that could be used to effectively run the process are indicated in table 4.15.
Table 4.15 Agents that could be used to effectively run the process

<table>
<thead>
<tr>
<th>Agent</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through the Area Chief Office</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>N/A</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Banks</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>Local Money Bureau</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Bank agents</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Data showed that other agents that could be used included the area chief as indicated by 2 (13.3%), the banks as suggested by 8 (53.3%), local money bureau as suggested by 2 (13.3%) and bank agents as indicated by 2 (13.3%).

The household heads were asked to indicate whether they were able to access the cash from the service provider. Their responses indicated that they were able to access it. Asked to indicate any challenges that they faced, their responses included high number of beneficiaries accessing the cash from the same paying point creating long queue and delays. There were loss of programme identification cards and national identification number, there were delay in payment cycles and unknown dates of payment; high transport cost from home to the service provider and overcrowding during the reception
of the cash. There were changes of regular dates for payment a time hence inconveniencing the beneficiaries, there were no clear procedures on cash collection and also cases of falsification of the documents. Majority of the beneficiaries were not able to read or write their names.

Asked how the challenges could be addressed, the household heads indicated that the government could open bank accounts where money could be deposited and collected by the beneficiaries at their own time and that other methods of cash transfer could be used for example M-pesa.

4.4.2 Effects of multi-sectoral programming on the implementation of cash transfer programme

The study also sought to establish how multi-sectoral programming affected the implementation of cash transfer programme. The DCO was also asked to indicate the challenges that the recipients faced in the process of payment. His responses indicated that they faced challenges such as meeting travelling cost, inadequate resources, lack of accommodation due to delay of payment, delays in payments, and loss of both National ID and beneficiary cards. Asked how the challenges could be addressed, the DCO indicated that there was need for putting enough personnel in the paying facility, there should be different tellers for the beneficiaries, there was need to take the service closer to the people through local chiefs. He also suggested that the money could be given to the chief of the community who will then facilitate the process. He also suggested that social
network such as mobile cash transfer could be used. The challenge caused by delay of agents could be addressed by the DCO taking up the issue with the service provider.

The LOCs were further asked whether the money given was used for the intended purposes. Data indicated that Only 2 (13.3%) of the LOCs did not agree while the rest 13(86.7%) said that the beneficiaries used the cash for the intended purposes. Asked to indicate their role of ensuring that the cash was used for the intended purposes, the DCO indicated that he ensured that the homes were visited to establish the right use of the money. The DCO also asked for evidence of documents from schools, health facilities and registrar of birth and deaths.

4.4.3 Recipient's attitude towards cash transfer program

The study also sought to establish how recipients' attitude towards the programme affected the implementation of the programme. To establish the attitude of the recipients towards the programme, the household heads were asked to indicate their attitude towards the programme. Data indicated that all the household heads indicated that the community had a positive attitude towards the programme. However they suggested that the amount should is raised, need to have electronic cards, that there should be more paying officers so that beneficiaries could receive the cash in time. The programme should also be scaled-up in future.
4.4.4 Effect of collaboration and community participation on the implementation of cash transfer program

The study also sought to establish the effect of collaboration and community participation on the implementation of cash transfer program. The households were therefore asked to indicate whether the money received was used for the intended purpose. Their responses indicated that it was used for the intended purpose. They said that it was used for the welfare of the orphans; payment of school fees and Madrassa for the orphans, for buying of school uniform and other learning materials for the orphans, and buying of food stuffs for the household.
CHAPTER FIVE

SUMMARY CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the study, discusses the findings of the study and presents conclusions, recommendations and suggestions for further research.

5.2 Summary of the study

The purpose of this study was to establish challenges facing the implementation of cash transfer programme in Iftin Location, Garissa County. Six research objectives were formulated to guide the study. Research objective one sought to establish how identification of Households with OVCs affects the implementation of cash transfer program in Iftin Location, Garissa County. Research objective two sought to determine how payment mechanisms affect implementation of cash transfer in Iftin Location, Garissa County. Research objective three aimed at assessing how multi-sectoral programming affect implementation of cash transfer program in Iftin Location, Garissa County. Research objective four sought to establish how recipient’s attitude towards the programme affects the implementation of cash transfer program in Iftin Location, Garissa County. Research objective five aimed at determining how collaboration and community participation affect the implementation of cash transfer program in Iftin Location, Garissa County while research objective six sought to recommend interventions to improve cash transfer for orphans and vulnerable children programme. The study used descriptive
survey design. The sample comprised of 58 households, 1 DCO and 15 LOC committee members. Questionnaires and interviews were used to collect data from the respondents. The questionnaire was used for the DCO and LOC members while interview schedule was used for the household heads.

5.3 Summary of findings

Findings revealed that identification of households with OVCs influenced the implementation of cash transfer programme. For example majority of the LOC 14(93.3%) faced the challenge related to inadequate skills, the same number had a challenge relating to the negative community attitude, 8(53.3%) of the LOC lacked challenges of political interference while 12(80.0%) of the LOC faced the challenge of limited resources in sensitization of the community. The LOCs further indicated that they encouraged the community to obtain birth and death certificates. The LOCs also indicated that they faced challenges in the process of identification of OVCs, indicated that majority of LOC 14(93.3%) faced a challenge of community negative attitude towards the process. Majority 9(60.0%) also indicated that they had inadequate skills of identification. The LOCs further indicated that they faced challenges in the validation process which included inadequate skills in the validation process. Other challenges faced in the identification of OVCs included inadequate skills as shown by 9(60.0%), and sometimes political interference as indicated by 12(80.0%) of the LOCs.

The responses of the household heads indicated that there was also a negative perception about programme, there was inadequate information concerning the programme,
illiteracy and mistrust by the community about the people conducting the identification process. The household heads also indicted that there was negative attitude, favoritism by LOCs and in some cases there were wrong perception of the programme that it was aimed at benefiting some people politically.

The findings also revealed that payment mechanisms influenced the implementation of cash transfer programme. For example, the LOCs rated the transfer as effective as was indicated by 2 (13.3%) who rated it as very effective and 7 (46.7%) who rated it as just effective. The cash transfer mechanism was however rated as not effective by 6 (40%) of the respondents. Findings also revealed that majority were able to access the cash in good time as was shown by 9 (60%) however, 6 (40%) indicated that the recipients were not able to access the cash in good time. The payment mechanism however faced challenges which included not accessing cash in good time, distance to the facility, delay in payment of cash and confusion due to change of payment dates.

There was also loss of programme identification cards and national identification cards, there were delay in payment cycles and unknown dates of payment; high transport cost from home to the service provider and overcrowding during the reception of the cash. Changes of regular dates for payment a time hence inconveniencing the beneficiaries, there were no clear procedures on cash collection and also cases of falsification of the documents. Majority of the beneficiaries were not able to read or write their names.

The findings also indicated that multi-sectoral programming influenced the implementation of cash transfer programme. For example the household heads indicated
that they faced challenges such as travelling cost, inadequate resources, lack of accommodation due to delay of payment, and loss of both National ID and beneficiary cards. The LOCs indicated that the money given was used for the intended purpose as was as reported by 13 (86.7%). the DCO indicated that he ensured that the homes were visited to establish the right use of the money. The DCO also asked for evidence of documents from schools, health facilities and registrar of birth and deaths.

The findings also indicated that recipient’s attitude towards cash transfer program affected its implementation. For example, all the household heads indicated that the community had a positive attitude towards the programme. However they suggested that the amount should is raised, need to have electronic cards, that there should be more paying officers so that beneficiaries could receive the cash in time. The programme should also be scaled-up in future.

Findings further indicated that collaboration and community participation influenced the implementation of cash transfer program. For example, the households indicated that the money received was used for the intended purpose. Their responses indicated that it was used for the intended purpose. They further indicated that it was used for the welfare of the orphans; payment of school fees and Madrassa for the orphans, for buying of school uniform and other learning materials for the orphans, and buying of food stuffs for the household.
5.4 Conclusions

Based on the findings of the study, it was concluded that identification of households with OVCs influenced the implementation of cash transfer programme. For example there were challenges that related to inadequate skills, negative community attitude, and political interference in the process of identification of households. The programme also faced challenge of limited resources in sensitization of the community. There was a Majority of the LOCs who did not have adequate skills of identification. They faced challenges in the validation process which included inadequate skills in the validation process. The programme faced a negative perception, inadequate information concerning the programme, illiteracy and mistrust by the community about the people conducting the identification process.

The study also concluded that payment mechanisms influenced the implementation of cash transfer programme. For example, the payment mechanism faced challenges which included not accessing cash in good time, distance to the facility, delay in payment of cash and confusion due to change of payment dates. There was also loss of programme identification cards and national identification cards, there were delay in payment cycles and unknown dates of payment; high transport cost from home to the service provider and overcrowding during the reception of the cash. There were changes of regular dates for payment a time hence inconveniencing the beneficiaries, there were no clear procedures on cash collection and also cases of falsification of the documents. Majority of the beneficiaries were not able to read or write their names.
The study also concluded that multi-sectoral programming influenced the implementation of cash transfer programme. For example the household heads indicated that they faced challenges such as meeting travelling cost, inadequate resources, lack of accommodation due to delay of payment, and loss of both National ID and programme identification cards. The findings also concluded that recipient's attitude towards cash transfer program affected its implementation. For example, all the household heads indicated that the community had a positive attitude towards the programme.

The study further concluded that collaboration and community participation influenced the implementation of cash transfer program. The households indicated that money received was used for the intended purpose which included the welfare of the orphans; payment of school fees and Madrassa for the orphans, buying of school uniform and other learning materials for the orphans, and buying of food stuffs for the household.

5.5 Recommendations

Based on the findings it was recommended that

1. Resources for identification and validation process should be provided so that the process can run smoothly.
2. The criteria laid for the process should be followed to the letter.
3. The LOCs should be empowered with skills in identification of household.
4. The community should be empowered to have positive attitude towards the programme.
5. There should be other avenues for payment such as banks and mobile money transfer to facilitate payment and to avoid long queues at money collection points.

6. There is need of putting enough personnel in the paying facility.

5.6 Suggestions for further studies

Taking the limitations and delimitations of the study, it was suggested that a study on the effectiveness of the programme be conducted in other areas to see whether similar results will be achieved. There is also need to conduct a study on the effect of government policy on the implementation of cash transfer.
REFERENCES


Dear Respondent,

**RE: Challenges Facing Implementation of Cash Transfer Program for Orphans and Vulnerable Children in Kenya: A Case Study of Iftin Location, Garissa County**

I am a student at the University of Nairobi currently pursuing a masters’ degree in Project planning. As part of my assessment, I am required to carry out research on the Challenges Facing Implementation of Cash Transfer Program for Orphans and Vulnerable Children in Kenya: A Case Study of Iftin Location, Garissa County. As a stake holder you have been selected for the study. The purpose of this letter is to request you kindly to spare some of your time to complete the questionnaire. The information you will give will be treated with absolute confidentiality and will only be used for the purpose of this study. Please try to be as honest as possible in your responses and ensure that you attempt all questions.

Yours Faithfully

Mohamed Abdi Hussein
APPENDIX B

QUESTIONNAIRE FOR LOCATIONAL ORPHANS AND VULNERABLE CHILDREN COMMITTEE (LOC)

Section A; Personal data
1. Indicate your gender
   Male [ ]
   Female [ ]
2. What is your age?
   Below 25 yrs [ ]
   26 - 30 years [ ]
   31 - 35 years [ ]
   36 - 40 years [ ]
   41 - 45 years [ ]
   46 - 50 years [ ]
3. What is your level of education?
   Secondary [ ]
   College [ ]
   University [ ]
4. How long have you been in this committee?
   Below 5 years [ ]
   6 - 10 years [ ]
   11 - 15 years [ ]
   16 - 20 years [ ]
   21 - 25 years [ ]
   Over 25 years [ ]

Section B: Challenges affecting the implementation of cash transfer programme
5. Are you involved in the sensitization of the community on the Children’s Act?
   Yes [ ]
   No [ ]
6. Which of the following challenges do you face in the sensitization of the community?

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Tick where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inadequate Skills</td>
<td></td>
</tr>
<tr>
<td>2. Community Attitude</td>
<td></td>
</tr>
<tr>
<td>3. Political Interference</td>
<td></td>
</tr>
<tr>
<td>4. Limited Resources</td>
<td></td>
</tr>
<tr>
<td>5. Any Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

7. Are you involved in the sensitization of the community on the plight of OVC?

Yes [ ] No [ ]

8. Do you encourage the community to obtain birth and death certificates?

Yes [ ] No [ ]

9. Are you involved in the identification of the households with OVCs?

Yes [ ] No [ ]
10. Which of the following challenges do you face in the identification of Households with OVC?

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Tick where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inadequate Skills</td>
<td></td>
</tr>
<tr>
<td>2. Community Attitude</td>
<td></td>
</tr>
<tr>
<td>3. Political Interference</td>
<td></td>
</tr>
<tr>
<td>4. Limited Resources</td>
<td></td>
</tr>
<tr>
<td>5. Any Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

11. Do you participate in the identification of enumerators for household survey?
   Yes [ ]
   If No, explain

12. Do you participate in the validation exercise of beneficiaries?
   Yes [ ]
   No [ ]
13. Which of the following challenges do you face in the validation process?

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Tick where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inadequate Skills</td>
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<tr>
<td>3. Political Interference</td>
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<td>4. Limited Resources</td>
<td></td>
</tr>
<tr>
<td>5. Any Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

14. Do you participate in the targeting process of Households with OVCs?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

15. Do you coordinate home visits?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

16. Do you conduct awareness sessions?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Identification of the OVCs

17. Are there criteria of identifying the beneficiaries for the cash?
   Yes [ ]
   No [ ]

18. Are the criteria followed to the letter in the identification of OVCs?
   Yes [ ]
   No [ ]
   If No explain ...........................................................................................................

19. Are the criteria able to identify household with the most OVCs?
   Yes [ ]
   No [ ]

20. Are there limitations in the identification of the OVCs?
   Yes [ ]
   No [ ]
   If yes which ones? .................................................................................................

21. Which of the following challenges are faced in the identification of household with OVCs?
Challenges

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Tick where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inadequate Skills</td>
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</tr>
<tr>
<td>4. Limited Resources</td>
<td></td>
</tr>
<tr>
<td>5. Any Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

22. What suggestions could be put in place in identifying household's with OVCs?


Payment mechanisms

23. How do you rate the payment mechanism in the cash transfer programme?

Very effective [ ]

Effective [ ]

Not effective [ ]

24. Are the recipients able to access the cash in good time?

Yes [ ]

No [ ]

77
25. What agents are used in the payment mechanisms?

<table>
<thead>
<tr>
<th>Agents</th>
<th>Tick where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bank</td>
<td></td>
</tr>
<tr>
<td>2. Post Office</td>
<td></td>
</tr>
<tr>
<td>3. DCO</td>
<td></td>
</tr>
<tr>
<td>4. Any other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

26. Are there other agents that could be used to effectively run the process?

Yes [ ]

No [ ]

If Yes state ...........................................................

27. What challenges do the recipients face in process of payment?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

28. How do you think the challenges could be addressed?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

29. Is the money paid to the recipients used for the intended purposes?

Yes [ ]

Multi-sectoral programming

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30. What is your role in ensuring the money is used for the intended purposes?


31. Is the cash transfer programme alleviating poverty?

Yes [ ]

No [ ]

If no please explain ..........................................................................

32. What should be done to best improve the OVC programme?


33. What challenges do you face in the multi-sectoral programming?


34. What suggestions could be put in place to facilitate multi-sectoral programming?


79
Recipients' attitudes

35. How do you rate the attitude of the recipients on the programme?

Very positive [ ]
Positive [ ]
Not positive [ ]

36. Are the households able to benefit from the programme?

Yes [ ]
No [ ]

If no please explain .................................................................

Collaboration and community participation

37. How do you rate the collaboration between the different key players in the programme.

Very positive [ ]
Positive [ ]
Not positive [ ]

38. Is the community ready to participate in the cash transfer programme?

Yes [ ]
No [ ]

39. What challenges are faced in the collaboration of different key players?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

40. What challenges do you face in community participation in the OVC programme?
APPENDIX C

QUESTIONNAIRE FOR THE DISTRICT CHILDRENS' OFFICER

The purpose of this study will be to establish challenges affecting the implementation of cash transfer programme in If tin Location, Garissa County. You are asked to participate in the study by filling in this questionnaire. You are assured that your identity will be treated with utmost confidentiality. Please respond to all the items.

Section A; Personal data

1. Indicate your gender
   Male [ ]
   Female [ ]

2. What is your age?
   Below 25 yrs [ ]
   26 – 30 years [ ]
   31 – 35 years [ ]
   36 – 40 years [ ]
   41 – 45 years [ ]
   Above 46 [ ]

3. What is your level of education?
   Secondary [ ]
   College [ ]
   University [ ]

4. How long have you been in this department?
   Below 5 years [ ]
   6 – 10 years [ ]
   11 – 15 years [ ]
   16 – 20 years [ ]
   21 – 25 years [ ]
Section C: Identification of the Orphans and Vulnerable Households.

1. Are there criteria of identifying the OVC Households for the cash?
   Yes [ ]
   No [ ]

2. Are the criteria followed to the letter in the identification process?
   Yes [ ]
   No [ ]
   If no Please Explain .................................................................

3. Are the criteria able to identify OVC recipients?
   Yes [ ]
   No [ ]
   If no please explain .................................................................

4. Are there limitations in the identification of households with OVCs?
   Yes [ ]
   No [ ]
   If yes which ones?
5. Which of the following challenges are faced in the identification of the OVCs?

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Tick where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.Inadequate Skills</td>
<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td>3.Political Interference</td>
<td></td>
</tr>
<tr>
<td>4.Limited Resources</td>
<td></td>
</tr>
<tr>
<td>5.Any Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

6. What suggestions could be put in place in identification of households with OVCs?

Section D: Payment mechanisms

7. How do you rate the payment mechanism in the cash transfer programme?

<table>
<thead>
<tr>
<th>Rating</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very effective</td>
<td>[ ]</td>
</tr>
<tr>
<td>Effective</td>
<td>[ ]</td>
</tr>
<tr>
<td>Not effective</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

84
8. Are the recipients able to access the cash in good time?

Yes [ ]
No [ ]

9. What agents are used in the payment mechanisms?

<table>
<thead>
<tr>
<th>Agents</th>
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<tbody>
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<tr>
<td>4. Any Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

10. Are there other agents that could be used to effectively run the process?

__________________________

__________________________

11. Which of the following challenges do the recipients face in process of payment?

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Tick where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.Limited period for payment</td>
<td></td>
</tr>
<tr>
<td>2.Community Attitude</td>
<td></td>
</tr>
<tr>
<td>3.Political Interference</td>
<td></td>
</tr>
<tr>
<td>4.Technical issues e.g. loss of program identity card</td>
<td></td>
</tr>
</tbody>
</table>
12. How do you think the challenges could be addressed?


Section E: Multi-sectoral programming

13. Is the money paid to the recipients used for the intended purposes?
   Yes [ ]
   No [ ]

14. How does your office ensure that the money is used for the intended purpose?


15. Is the cash transfer programme alleviating poverty?
   Yes [ ]
   No [ ]

   If no please explain ..............................................................

16. What should be done to best improve the OVC programme?


17. What challenges do you face in the multi sectoral programming?
18. What suggestions could be put in place to facilitate multi sectoral programming?

Section F: Recipients’ attitudes

19. How do you rate the attitude of the recipients on the programme?

Very positive [ ]
Positive [ ]
Not positive [ ]

If not positive explain .................................................................

20. Are the households able to benefit from the programme?

Yes [ ]
No [ ]

If no please explain .................................................................

Section G: Collaboration and community participation

21. How do you rate the collaboration between the different key players in the programme?

Very positive [ ]
Positive [  ]
Not positive [  ]

22. Is the community ready to participate in the cash transfer programme?
Yes [  ]
No [  ]
If no please explain ............................................................................................

23. What challenges are faced in the collaboration of different key players?

..........................................................................................................................
..........................................................................................................................
..........................................................................................................................

24. What challenges do you face in community participation?

..........................................................................................................................
..........................................................................................................................
..........................................................................................................................
..........................................................................................................................
..........................................................................................................................
..........................................................................................................................
APPENDIX D

INTERVIEW SCHEDULE FOR THE HOUSEHOLD HEADS

1. How do you rate the criteria for identification of recipients?
2. Are the criteria used justifiable?
3. Are there limitations in the identification of OVC Households?
4. What are the challenges that are faced in the identification of OVC Households?
5. What suggestions could be put in place in the identification of the OVC Households?
6. Are you able to access the cash from the service provider?
7. What challenge do you face in accessing the cash?
8. How do you think the challenges could be addressed?
9. Do you use the money for the intended purpose?
10. How has the cash been able to assist your household?
11. What should be done to best improve the programme?
12. What is your attitude towards the programme?