

**FACTORS INFLUENCING THE PROVISION OF CASH TRANSFER TO ORPHANS AND
VULNERABLE CHILDREN IN KILIFI COUNTY, KENYA.**

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DECLARATION

This research project is my original work and has not been submitted to any other university or institution for examination.

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This research project has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

This work is dedicated to my dear wife Agrippina, my son Ian and my mother Beatrice for supporting me endlessly as I pursued this course.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
CALP	Collaborative for Advanced Landscape Planning
CCT	Conditional Cash Transfer
CT	Cash Transfer
CTP	Cash Transfer Programme
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DCO	District Children's Officer
DCS	Department of Children's Services
DFID	Department for International Development
FAO	Food and Agriculture Organization
GOK	Government of Kenya
HCD	Human Capital Development
LOC	Location OVC Committee
LRA	Lord's Resistance Army
M&E	Monitoring and Evaluation
MGCS	Ministry of Gender Children and Social Development
MGDs	Millennium Development Goals
MOE	Ministry of Education
MOH	Ministry of Health
OVC	Orphans and Vulnerable Children
PCK	Postal Corporation of Kenya
PMT	Proxy Means Test
SCT	Social Cash Transfer
UCT	Unconditional Cash Transfer
UNAIDS	United Nations Aids Agency
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States International Development
WHO	World Health Organization

ABSTRACT

This study sought to examine the factors influencing the provision of cash transfer to orphans and vulnerable children in Kilifi County, Kenya. Though many studies have been made to address the issuance of cash to families with orphans and vulnerable children, little has been done to specifically address factors influencing the provision of cash transfer to orphans and vulnerable children especially in Kilifi County. A review of literature established that management, education, stakeholders and socio economic factors play an important role in influencing the provision of cash transfer to orphans and vulnerable children. Management selected, identified needy households with orphans and vulnerable children, formulated policies that governed the cash transfer programme, allocated resources and finances and monitored and evaluated the performance of the programme. Orphans and vulnerable children receiving support in the programme were guaranteed enrolment, retention in school, their attendance was maintained and their life improved overally. The stakeholders played a central role in terms of ensuring sustainability of the programme by providing funding for the program and determining where and when to scale up the program thus influencing its implementation and how much money was spent to target the OVC. Socio economic factors such as poverty, cultural practices, beliefs and gender socialization influenced how the program was implemented in the targeted areas. The study used a descriptive survey method or research design. It was informed by the need to gather information about the characteristics, actions or opinions of a large group of people with a purpose of making generalizations. The sample population comprised of 120 respondents drawn from OVC, parents/guardians of the OVC, assistant chiefs and headmasters/principals. The study findings showed that there was a strong relationship between the provision of cash transfer to OVC and management, education, stakeholders and socio economic factors that interacted in the community. The test of the hypothesis agreed with the alternative hypothesis that the four factors, that is, management, education, stakeholders and socio economic factors indeed significantly influenced the provision of cash transfer to OVC in Malindi, Kilifi County, Kenya. The study recommends that qualified managers handle the CT-OVC Programme. The amount paid to households with OVC should be increased to cater for scholastic materials, school fees and food. The national and county governments should scale up the program to target many needy OVC who are not currently in the programme. Poverty reduction programmes should be enhanced to reduce poverty levels. The study suggests that research should be carried out in other districts and the whole of Kilifi County as a whole to find out the effect of cash transfer program on the OVC since it was introduced in 2009. Also the study suggests that a research should be carried out to determine the sustainability of the Cash Transfer Programme for OVC in Kilifi County since 2009.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Social transfers are regular and predictable, often in the form of cash, provided by the state as part of a social contract with its citizens. They include child support grants, orphan care grants, disability grants, social pensions, and transfers to poor households, among others. Their objective is to alleviate poverty, provide social protection, or reduce economic vulnerability (DFID, 2006).

Cash transfers are either unconditional or conditional. Conditional cash transfers are aimed to promoting particular behaviors, such as school attendance or regular health checkups. Conditional Cash Transfer (CCT) Programmes were born in Latin America. They target poor families offering cash subsidies in exchange of commitment by households to invest in the human capital of their children. Due to poverty, families are unable to invest in their children's health and education. Households forego income when their children are not working on their agricultural plots in case of rural families or on the streets in the case of urban families. This prevents many households from sending their children to school even when attendance is free. Due to the above scenario, the Cash Transfer concept was mooted. Since shortcomings in access to health and education are not unique to Latin America but rather widespread in most developing countries, the use of CTs expanded first in South Asia and more recently in some African countries (Ravallion, 2008).

Since the 1990s, large-scale cash transfer schemes have been launched in a growing number of developing countries, including Brazil, Colombia, Honduras, Mexico, Nicaragua, and South Africa. Increasingly, these schemes are being seen as a right of citizenship, and evidence is growing that they can help tackle hunger, increase living standards, and improve the education and health of the poorest families. The international trend towards investing in social protection in poor countries has reached sub-Saharan Africa, taking on new urgency as HIV/AIDS interacts with other drivers of poverty to

simultaneously destabilize livelihood systems and family and community safety nets (Fiszbein and Schady, 2009).

Poverty is a prevailing feature amongst many developing countries around the world with the ever increasing severe effects of social and economic backdrop felt in countries within sub-Saharan Africa despite much effort put in place to contain the situation. It is arguably a multidimensional challenge found in different forms both in urban and rural areas only possibly differing in its intensity in most of these affected (World Bank, 2012).

According to UNAIDS, 60% of Africa's rural population, consisting chiefly of smallholder farmers, nomads, artisans, fishermen, and indigenous people, are said to fall below the poverty line that was found to be a major cause of deaths in the region, hence, an increasing number of children with one or both parents deceased. Therefore, solutions to poverty require a comprehensive set of well-coordinated measures and cannot be based exclusively on economic policies only. This is the rationale behind the comprehensive poverty reduction strategies being employed by different countries around the world including setting up a poverty eradication strategy, and a kitty to cater for orphans and vulnerable children (UNAIDS, 2010).

Despite an increase in the average Gross Domestic Product (GDP) per capita in Sub-Saharan Africa in the 1980s, poverty levels have remained relatively unchanged in these countries. Cash transfers have played a key role in reducing poverty in industrialized nations for more than 50 years, but until the past decade, cash transfers were thought to be unaffordable or impossible to deliver in poorer countries (World Bank, 2012).

In their extensive review of the evidence for the potential impact of cash transfer programs to strengthen families, Alkire and Suman (2008) argued that cash transfers have demonstrated a strong potential to reduce poverty and strengthen children's education,

health, and nutrition, and thus can form a central part of a social protection strategy for families affected by HIV and AIDS thus continually reducing the deaths and the number of orphans. The government of Kenya established a cash transfer program that delivers financial and social support directly to the poorest households containing Orphans and Vulnerable Children (Carlos and Roger, 2009). The urgency to develop a cash transfer programme in Kenya stemmed from the growing realization that some of the elements of social protection in Kenyan society, especially family and communal mechanisms, were breaking down in the face of the growing HIV/AIDS pandemic (WHO,2010).

There are a rapidly growing number of orphans and vulnerable children, half of which have resulted from HIV/AIDS, frequent drought and the recent unprecedented post-election violence following the disputed 2007 general election. Social protection programmes for the country's poor and vulnerable population have become increasingly important both economically and politically. Categories of the population that have been identified as being more prone to poverty in Kenya are the orphans and vulnerable children, people with disability, the elderly, the urban poor and street families, people living with HIV/AIDS, victims of natural disasters like floods and drought and internally displaced persons –IDPs (Ikiara, 2009).

Moreover in Kenya, the socio-economic and political challenges facing the country have brought worrying trends as 46% of the country's about 40 million people are living below the poverty line (NACC , 2010).Traditional social protection mechanisms are failing due to the enormous economic hardships which majority of households in Kenya face. This has given rise to increased number of destitute and or vulnerable children. 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. Majority of orphans are taken care of by elderly

grandparents and some by fellow children due to the deaths of their parents with no relatives or other guardians ready to take care of them (NACC, 2012).

Kenya's Cash Transfer to Orphans and Vulnerable Children (CT-OVC) Programme started as a pre-pilot project at the end of 2004 covering 300 OVC households in 3 districts namely Kisumu, Garissa and Kwale. By 2011, the targeted number of OVCs was 300,000 with 150,000 households. In Malindi District, the poverty index stands at 70% below the poverty line (KDHS, 2009). It was for this reason that the CT-OVC Programme was introduced in the district in 2007 targeting 215 households in three of the district's sixteen Locations. About 1,000 OVCs were covered. There was a scale up of the programme in 2009 in six Locations capturing 2679 households and approximately 8,000 OVCs. The main aim of the program was to keep orphans and vulnerable children within their families and communities and to promote their development (GOK, 2013).

1.2 Statement of the Problem

The cash transfer program is being implemented in Kenya. When such programmes are successfully implemented like the ones in Latin America, certain things happen. Mexico's Progressa (Progress) programme was the first cash transfer experience. Launched in 1997, it had two primary goals; to improve child education and healthcare and to transfer resources to the country's poor. Progressa produced significant increases in school enrolment especially in middle school, recorded declines in child malnutrition and illness and also it led to reductions in poverty. Brazil's Bolsa Familia (Family Allowance) is the largest Conditional Cash Transfer programme serving 11 million people. It provides financial aid based on meeting certain goals for the household's children and its primary objective is transferring resources to the poor. Argentina's Programa Familias (Families Programme) puts emphasis on current poverty alleviation and income distribution by providing cash transfers to families with children under 18 years whose head of household is currently unemployed and does not receive unemployment benefits. CCTs use an integrated approach to poverty reduction balancing short term goals of social assistance with long term goals of human capital formation.

Cash is given to poor households on condition that they engage in socially desirable actions such as ensuring attendance of school by the children, taking children to visit clinics or regular immunization of children (Zepeda et al, 2009).

However, in Kenya, the programme has faced several challenges. A study by Ikiara (2009) noted that the socio-economic and political challenges facing the country have brought worrying trends ; 46% of the country's 38 million people are living below the poverty line, there are a rapidly growing number of orphans and vulnerable children half of which have resulted from HIV/AIDS, frequent drought and the recent unprecedented post-election violence following the disputed 2007 general election which have all contributed towards creating a dire situation to the country's needy OVC. Social protection programmes for the country's poor and vulnerable population have become increasingly important both economically and politically. There are an estimated 2.4 million orphans in Kenya. Children of parents with HIV and AIDS become vulnerable long before their parents die. Other children are made vulnerable due to one or both parents being ill from a terminal disease like cancer (Ikiara, 2009).

Some of the factors noted that influence the provision of cash transfer to OVC include high poverty levels, low school enrolment, poor retention rates, low literacy levels, poor nutritional levels, negative cultural practices, disintegration of the family unit and the existence of child headed families, government policy on provision of social protection programmes to the poor and donor support towards programmes for OVC. Kenya together with her development partners is demonstrating to the world that the CT-OVC Programme is one of the most effective ways of militating against the vulnerabilities that underpin the situation of children and families (UNICEF, 2008).

Though a lot of studies have addressed the issuance of cash as an incentive to families with OVC, little has been done to specifically address the factors that influence the

provision of cash transfers to OVC. This research addressed this especially in Malindi, Kilifi County.

1.3 Purpose of the Study

The purpose of this study was to examine the factors influencing the provision of cash transfer to orphans and vulnerable children in Kilifi County, Kenya.

1.4 Objectives of the Study

This study was guided by the following objectives:

1. To determine the extent to which management influences the provision of cash transfer to orphans and vulnerable children in Kilifi County, Kenya.
2. To examine the influence of education in the provision of cash transfer to orphans and vulnerable children in Kilifi County, Kenya.
3. To assess the influence of stakeholders in the provision of cash transfer to orphans and vulnerable children in Kilifi County, Kenya.
4. To establish the influence of socio-economic factors in the provision of cash transfer to orphans and vulnerable children in Kilifi County, Kenya.

1.5 Research Questions

The study was guided by the following research questions:

1. How does management influence the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County, Kenya?
2. How does education influence the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County, Kenya?
3. How do stakeholders influence the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County, Kenya?
4. How do socio-economic factors influence the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County, Kenya?

1.6 Research Hypothesis

The study was guided by the following research hypothesis:

1. H₁ Management has a significant influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.
2. H₁ Education has a significant influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.
3. H₁ Stakeholders have a significant influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.
4. H₁ Socio-economic factors have a significant influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.

1.7 Significance of the Study

With the outstanding rise in the number of orphans and vulnerable children that have left many families and communities with enormous childcare problems, it will be necessary to understand the effectiveness of the social protection programmes for these OVCs. This will therefore create knowledge in this area of study and contribute to the growing body of literature. The study will particularly benefit organizations as well as individuals who have continuously supported social protection programs in Kenya. The information will be useful to the District Children Officers since it will enable them to make effective strategic plans as well as advice the government accordingly to increase allocation of resources to the orphans and vulnerable children.

The county government, chiefs, assistant chiefs and other government representatives will benefit from the information that will be gathered in this study. More importantly, they will be able to advice the public and partners on the importance of bolstering social protection programs to assist orphans and vulnerable children.

Researchers interested in this area will obviously benefit from the study. They will get available information which they will utilize as they endeavour to further the study.

It is worth noting that this study area has not been widely researched and therefore, the study is significant in that it will contribute to the literature.

1.8 Basic Assumptions of the Study

The basic assumptions made by the study included;

- i. Education, for example, the rate of illiteracy, has a significant direct influence in the provision of cash transfer to orphans and vulnerable children in Malindi district. Most of those sampled stated that the programme addresses some of the educational needs.
- ii. Due to the increase in the rate of poverty in most developing countries, there is a direct increase in the number of orphans and this has a great effect in the provision of cash transfer to orphans and vulnerable children in Malindi district.
- iii. Stakeholders and administrators were key players in the provision of cash transfer to orphans and vulnerable children. They were more knowledgeable compared to the OVC and guardians on the implementation of the programme.
- iv. The data collection method chosen was the most appropriate for the study. This is due to the fact that most of the targeted population answered the questions asked to them in a short time.
- v. Respondents answered questions correctly and truthfully. This is proved by the fact that 100 respondents completed filling out the questionnaire and returning it in time.

1.9 Limitations of the Study

The following were some of the limitations of the study;

- i. The study was limited by time due to the distance of linking with the supervisor. However this was overcome by creating time during the weekends and at times travelling the long distance late in the evening to link with the supervisor.
- ii. The road network in Malindi District is poor making travel in some areas to be difficult. Some of the areas are not accessible by road. To address this problem, the researcher used the services of Volunteer Children Officers (VCOs) and

- members of the Location OVC Committees (LOCs) who are based in the rural areas, to reach the remote parts of the district.
- iii. Majority of the respondents in the rural area couldn't read or write or communicate in both English and Kiswahili nor can they comprehend questions (on the Questionnaire). To address this problem, the researcher used the services of translators. These were trained on how to generate the questionnaire before going to the field.

1.10 Delimitations of the Study

The study delimited itself by concentrating on the factors influencing the provision of cash transfer to orphans and vulnerable children. The geographical scope was selected from the orphanages and families with orphans, vulnerable families within Malindi district, Kilifi County. The research targeted the management or heads of secondary schools and of projects that directly touch the orphans or vulnerable children, chiefs, assistant chiefs, orphans in schools/out of schools and primary school head teachers in Malindi, Kilifi County.

The researcher administered questionnaires to school heads and managers of various organizations with knowledge on provision of cash transfer to orphans and vulnerable children and this improved the integrity of the research in terms of quality. The researcher administered both questionnaire and key informant guide to the respondents in order to obtain both quantitative and qualitative information and this improved the research findings in terms of quality.

1.11 Definitions of Significant Terms

Cash transfer- Is the provision of small predictable sums of money to ultra poor families with children to alleviate household poverty. They reduce overall inequality and poverty and improve income (UNICEF, 2010).

Educational illiteracy- the UN defines illiteracy as the inability to read and write a simple sentence in any language.

Orphan- A child whose mother or father or both are dead.

Socio-economic factors- This is based on the notion that society and culture shape our thinking, customs beliefs, values and norms which are part of what shapes a person's identity and reality. It also cuts into the economic level, living standards and the purchasing power of a given group of people at a given time(Kimani,20 05).

Stakeholders- individuals/groups/firms/organizations that have either direct or indirect influence in the provision of cash transfer to orphans and vulnerable children. They include the religious leaders, teachers, the guardians, government, NGOs, politicians

Vulnerable Child- A child who is living in circumstances of high risk whose prospects for continued growth and development are seriously threatened. A vulnerable child is also defined as one whose safety, wellbeing and development are for various reasons, threatened including children who are emotionally deprived and traumatized (UNICEF, 2010).

Vulnerable Group- The bulk of households in need of basic social protection headed by the elderly, widows, children or individuals who are disabled or chronically ill

1.12 Organization of the Study

This research project report is organized in the following way;

Chapter one includes the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions and research hypothesis. It also describes the significance of the study, delimitations of the study, limitations of the study, basic assumptions of the study and ends with the definition of significant terms.

Chapter two consists of the literature review with information from other articles which are relevant to the researcher. It is based on a discussion of the objectives of the study. A conceptual framework is used to show the variables of the study and their accompanying indicators. The chapter concludes with a summary of the literature review.

Chapter three entails the methodology to be used in the research. It captures the design, target population, sample size and procedure, data collection methodology and procedure, validity and reliability of instruments, data analysis and ethical considerations.

Chapter four deals with data analysis, presentation and interpretation.

Chapter five gives a summary of findings based on the objectives of the study, discussions of the findings, conclusions, recommendations and suggestions for further research. The reference section is followed by the appendices section which contains the letter of transmittal and a general respondents' questionnaire.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed literature regarding factors influencing the provision of cash transfer to orphans and vulnerable children in Kenya. It examined how management influenced the provision of cash transfer to OVC. Also, the chapter examined the influence of education in the provision of cash transfer to OVC. Equally so, the chapter attempted to outline the role played by stakeholders in the provision of cash transfer to OVC. Finally, the chapter went on to establish the role of socio-economic factors in the provision of cash transfer to OVC.

2.2 The Role of Management in the provision of cash transfer to Orphans and Vulnerable Children

Since the early 1990s, development policy has increasingly focused on combating poverty and providing social protection for vulnerable groups. There are many types of anti-poverty and social protection interventions ranging across health promotion, education, counseling, public works, and food aid. Cash transfers have received significant attention after well documented successes of conditional cash transfers in Latin America (Rawlings and Rubio, 2003) and largely unconditional cash transfers in Africa (Devereux et al, 2005). As a result, many governments and donors are turning to cash transfers as the mainstay of their poverty reduction and social protection policies; a situation that has called for qualified and focused administrators to manage, handle and supervise the program (DFID, 2005).

The CT-OVC incorporates two features of cash transfer programs found in countries across Sub-Saharan Africa. It targets the poor as well as orphans and incorporates community-based identification mechanisms to select program recipients. The targeting mechanism used by the program is based on geographical locations, the community, and individual selection.

These geographical locations, communities and individuals could be effectively and efficiently identified and reached through a very qualified and trusted group of leaders or managers. The management performs a number of roles as far as the CT-OVC program is concerned which includes: Selecting and identifying the needy households, formulating and coming up with

policies that govern the cash transfer programs, allocating resources and finances, and, monitoring and evaluating the overall achievements or failures of the programs. The research will limit itself to the case of Kenya, given that there is much literature on the role of management in provision of cash transfer to OVC (Fitzgibbon, 2012).

Since the CT-OVC program is entirely aimed at providing efficient and effective support to orphans and vulnerable children, the program divides the Kenyan geographical location into manageable portions that were allocated to given individuals/groups who had the first hand knowledge of the target population. Therefore, districts were selected based on the prevalence of HIV and other technical criteria, such as whether the district would receive donor support. The community based targeting process is led by members of the community called the Location OVC Committees (LOCs) who are in charge of identifying households within selected geographical areas based on eligibility criteria (Trafalon, 2009).

Household eligibility to cash transfer is determined basing on two criteria; the residence of at least one OVC in the household or whose main caregiver is chronically ill and has poverty characteristics (Fizbein and Shaby, 2009). Characteristics of household members include the following: none of the adults in the household should have attained a standard 8 level of education; the caregiver of the household is not currently working or he/she is working but is not a farmer or laborer; or, the caregiver possesses less than two acres of land. House infrastructure indicators include the following: the walls are made of mud/cow dung or grass, sticks, or makuti; the floors or roof are made of mud or cow dung; or, the toilet is a pan, bucket, or the household lacks a toilet (Sudhanshu and Benjamin, 2006). Household consumption indicators include the following: drinking water is sourced from the river, lake, pond or borehole; the household uses firewood for lighting fuel; or, firewood or residue, animal waste, or grass is used as cooking fuel. Household asset indicators include the following: the household lacks property in the village or elsewhere; has two or less zebu cattle; no hybrid cattle; five or less goats; five or less sheep; no pigs; or no camels (Rafael, 2008).

The LOCs are instructed to visit all households that appear impoverished and have children. The LOCs then complete a form that lists the basic eligibility conditions to determine whether the household meets the eligibility criteria. Once the fieldwork is completed, all members of the LOC decide which households qualify or not by discussing the eligibility and needs criteria collected in the targeting form. This preliminary eligibility list is then sent to Nairobi for input into the program's Management and Information System (MIS). In stage two of the targeting process, enumerators return to those households identified by the LOCs as eligible and collect more detailed information on household demographic composition, caregiver characteristics, and the proxy variables listed above. Because at times more households are identified by the LOC than the budget can accommodate, the OVC Secretariat in Nairobi prioritizes households based upon risk factors. The ranking system first prioritizes child headed households (less than 18 years of age) and, among them, households with more orphans or vulnerable children, followed by the eldest caregivers and, within them, households with more orphans or vulnerable children. All the eligible households are listed and ranked for each program location and then validated by a community assembly. At this time, program officers explain the rules of the targeting system and announce each name out loud in the established order according to priority criteria. Households are then invited to apply for the program (Coady, 2004). An additional ranking system is employed to identify families with greater vulnerability (Patrick, 2009). The management both at the local and the national level (OVC Secretariat) play a major role in identifying the households to be prioritized, the number of the households and the amount of resources like money to be allocated to each household (Hartill, 2011).

The context and the needs of the children/orphans served must guide interventions, while respecting the duties and rights of either living parents or guardians. Programs must implement effective measures to prevent gender inequity, mitigate further degradation of family structures, and reduce social marginalization and stigmatization. Care must be taken to ensure that services and materials provided for OVC do not generate jealousy and conflict in their social groups and families. Focusing interventions on the family unit and the community – and not only on the affected child—is usually the best way to promote the best interest of the child (UNICEF, 2012).

The family is generally the optimal environment for a child to develop. Assistance programs should enable vulnerable children to remain in a loving family situation where they can maintain stability, care, predictability, and protection. Supporting family capacity, whether the head of household is an ill or widowed parent, an elderly grandparent, or a young person, helps build a protective environment for effectiveness. There are, however, instances when residential care might be the only practical alternative; for example, abandoned children, particularly HIV positive children, for whom there is no alternative. Every institution that cares for children should give priority to keeping siblings together. Also, it is important to encourage and maintain strong links with extended families, reintegration of children back into the community, and securing a stable, family-based placement (Traflon, 2009).

Families and communities have important roles to play in raising children. Sustainability requires fortifying the abilities of communities, local government, and indigenous institutions to continue providing for vulnerable children and their families after external assistance is no longer available. Orphans and their families or guardians should participate to the fullest extent of their capacities, through the entire project cycle of planning, implementing, monitoring, and evaluating the OVC program. Participation increases program responsiveness to the best interests of the child and his or her families, and improves the likelihood of making a measurable difference in their lives (Hartill, 2011).

Issues of gender are important in OVC programs. Careful attention should be given in conceptualizing and implementing OVC activities to ensure that differing needs of boys and girls are identified and addressed appropriate to their developmental stage. Girls and boys living outside of caring families often face additional discrimination and threats of violence, exacerbated for girls as they reach puberty. Within HIV/AIDS-affected communities, the girl child often faces a disproportionate level of risk and vulnerability for exploitation, physical and sexual abuse, trafficking, HIV infection and burdens of caring for family members (UNAIDS, 2012).

Programs must address these risks and strive to relieve the excessive burden that caring for family members often places on children and youth. Strategies for addressing these issues may include interventions that ensure girls have all that is necessary to continue in school, including secondary or vocational level schooling. This may include ensuring funds for fees, transport, books and uniforms and that there is family or caretaker support for staying in school. Other strategies include creating safe social spaces for pre-adolescent and adolescent girls, such as through youth centers or child clubs. These can provide psychosocial support, along with age-appropriate learning materials in the areas of reproductive health, nutrition, and HIV prevention (WHO, 2009).

Programs that provide community-wide cash transfers, microenterprise opportunities, old age pensions or other targeted financial and livelihood assistance can be effective in supporting orphans. For this to be achieved, an organized system for distributing and allocating funds and other resources should be taken into account. In Uganda for example, after a randomized clinic trial studied 268 adolescent orphans in their final year of primary school from fifteen primary schools in Rakai District, it found that at ten months post-intervention, adolescents who had participated in an economic empowerment intervention had significantly better self-esteem and self-rated health measures than the control group. This was attributed to the fact that sufficient funds were allocated for the exercise and other resources like food aid, sanitary towels and even cloths (CALP, 2010).

The major role of management is to provide resources at the national or local level so that the groups involved can operate effectively and efficiently so as to reach the OVC well (Babbie, 2012). In a report about resource allocation in Uganda by Ssemwala et al, 2009, it was noted that the SUUBI economic intervention focused on increasing assets for families and provided workshops on asset-building and planning, monthly meetings with mentors on life planning, and a Child Development Account (CDA) for each adolescent with a 2:1 match of contributions that could be used for “secondary education, vocational training and/or for a small family business”. The average monthly net deposit was \$6.33, which accumulated to \$228 per year, enough to cover almost two years of secondary education. The study participants had an average age of

13.7 years. The proportion of study participants who were paternal, maternal and double orphans was 41%, 19% and 40%, respectively (Ssemwala et al, 2009).

2.3 The Role of Education in the provision of cash transfer to Orphans and Vulnerable Children

As the HIV epidemic continues to unfold across sub Saharan Africa, countries are still struggling to find effective means to address many of its negative impacts at individual, family and community levels. One of the most complicated challenges is how to support the growing number of orphans and other children made vulnerable by the direct and indirect effects of HIV on their households. In particular, there have been many individual and institutional efforts to assist these children through schools and other educational services and institutions. But there has been little research into the actual impact of most of these interventions and this has called for more educational support to OVC (UNICEF, 2012).

There is a significant diversity of evidence that indicate that both conditional and unconditional cash transfers to OVC tend to improve school enrolments and attendance. Cash transfers can be an important complement to direct education investments. Increased income security enables households to pay fees or other costs associated with attending school. It also reduces the burden on children, particularly girls, to contribute to family income, enabling them to participate in school. At the same time, where cash transfers have improved nutrition, this can probably help children to learn better. The evidence is more limited and less conclusive on whether cash transfers result in improvements in final educational outcomes, which will fundamentally depend on the quality of education services (MOE, 2010).

One of the five core objectives of the CT-OVC programme is primary education, with the intention of increasing access to school (enrolment, attendance and retention) for children (4 to 17 years, up to standard 8 (MDGs, 2010). Many researches have been carried out by scholars across the country and Africa in general, that have found that education is a major determinant of funds/resource allocation by donors, governments, Non Governmental Organizations and other stakeholders to orphans and vulnerable children. This is attached to the major reasoning that

education if well assimilated and take in will help to elevate the poverty stricken households to medium class families. Across all communities where research was conducted, the value of education was emphasized and educational purposes are seen as a household budget priority for the CT rather than using supporting productive opportunities (Ellerman, 2009).

Interest in the impact of cash transfers on education derives from the body of evidence demonstrating the role that children's educational status plays in explaining the intergenerational transmission of or escape from poverty (PEPFAR, 2012). Cash transfers have the potential to increase children's education in several ways. First, the cash can be spent on school fees, uniforms, supplies, and other school-related expenses. Second, the transfers can compensate for lost income from child labor, so that parents are more likely to enroll children and they will miss fewer school days. Third, cash can contribute to food budgets so that children are better fed and can concentrate and perform better in school. These effects can potentially be realized through CCTs and UCTs (PEPFAR, 2012).

Cash transfers may have particular advantages for girls who are orphans or disadvantaged in the context of HIV and AIDS. Girls are at risk of being withdrawn from school because they are often the ones who bear the burden of care for children and ill adults in HIV-affected households or in single and incapable families. Staying in school may have benefits for girls in addition to education. In Malawi and South Africa, trials are under way to examine the impact of randomized CCT interventions that provide cash transfers conditioned on school attendance. In both countries, girls are targeted because the incidence and prevalence of HIV are higher among young adult females than among males of the same age. In South Africa, young women are infected at three to four times the rate of young men. By the time a woman reaches age twenty-one, she has a one in three chance of being infected (WHO, 2012).

In the Malawi CCT study, an average transfer of \$10 per month, along with payment of secondary school fees, was found to significantly reduce early marriage, teenage pregnancy, and self-reported sexual behavior. For young women who were out of school at baseline, the probability of getting pregnant declined by more than 30 percent. Furthermore, the incidence of

the onset of sexual activity was 38 percent lower among all program beneficiaries compared to the control group, whose members did not receive the transfers. The transfers also had an impact on sexual activity and risk behaviors: the reduction in onset of sexual activity was 5.5 percentage points among girls out of school at baseline and 2.5 percentage points among girls in school at baseline, representing a reduction of 46.6 percent and 31.1 percent, respectively. Although there was no impact on condom use, girls who were in school at baseline were significantly less likely to have sexual intercourse on a weekly basis and to have an older sexual partner. Although these changes in sexual behavior do not necessarily result in a decline in HIV incidence among program beneficiaries, the findings are promising, because the impact of this program improved school attendance and increased in a girl's age at first marriage and pregnancy. This improved outcomes for the next generation (Baird et al, 2009).

A study in Kenya by Duflo et al in 2006 suggests a possible causal relationship between schooling and HIV risk factors: an intervention paying for school uniforms was found to reduce dropout rates, teen marriage, and childbearing. This in turn reduced the rate of poverty, reduced the rate of deaths and consequently reduced the number of orphans in general. In major studies in Kwale, Kisumu, Garissa and Kangundo districts, it was discovered that educated girls took care of themselves than non educated girls thus reducing the risk of early marriages, teen pregnancy, and, exposure to HIV/AIDS. Cash transfers have the direct influence when injected into education since they play major roles in keeping girls in school because of either the financial assistance or the conditionality or both. This approach to social protection can potentially serve a preventive function vis-à-vis HIV, as well as a mitigating function against the deadly disease that has been a major cause of the increased number of orphans and vulnerable children in the country (Duflo et al , 2006).

UNICEF in 2011 published a report on the rationale for the introduction of cash transfers to OVC in education and their advantage. The report showed that there were a number of possibilities for bringing cash transfers into education projects to benefit OVC and the affected communities. Building and rehabilitating schools can be achieved using cash for work or cash grants approaches, and providing cash or vouchers for school materials or to meet some of the

indirect costs would also be appropriate as provided through the cash transfer initiatives. Education materials are increasingly procured locally. In the Democratic Republic of the Congo, UNICEF has for example, provided school materials for 3 million orphans and vulnerable children since 2004, all procured in the region. Building of schools, water and sanitation work, needs a degree of skilled as well as unskilled labour. In Aceh, Mercy Corps at first contracted out the skilled labour, and tried to manage unskilled labour themselves as cash for work, but this proved difficult. Later, the contractor was hired to provide skilled and unskilled labour and was asked to include people from affected communities like single parents or poor guardians to orphans for unskilled labour so as to boost their lives by getting some income (UNICEF, 2010).

In 2007, a three-year longitudinal randomized control study was conducted in Zimbabwe to determine if providing educational support to orphans, vulnerable children and girls was effective to combat factors associated with increased HIV risk, reducing poverty and the death rates in general. In the intervention, school students received educational support in the form of fees, books, uniforms and other school supplies and additionally female teachers were selected to act as helpers in monitoring school absences. Retention rates were significantly higher in the intervention cohort; the control group was 6 times more likely to drop out of school and 3 times more likely to get married. Additionally, the intervention group participants were significantly less likely to be absent from school and to report that they delayed sexual debut. Girls in the intervention group were also more likely to endorse gender equality. In this study, 10 high schools were selected and all orphaned girls were invited to participate in the study. A total of 326 agreed to participate and were included in the final analysis, with each primary school randomized to the intervention or control group. School support decreased HIV risk; in addition, it provided numerous educational benefits to orphans. Although students were entitled to schooling regardless of ability to pay, a fee was requested for and children were chased away if they didn't pay. It was therefore evident that education plays a major role in reducing the projected number of OVC in Zimbabwe, consequently, reducing the demand for cash transfer to OVC in the future. If education is provided to all, there will be less dependence on cash transfers since all the educated OVC will be able to be better producers than consumers of grants, donations and ideas (USAID, 2009).

In a study by Harvey and Bailey (2011), households received mosquito nets and blankets, and food supplements (maize, oil, sugar) every two weeks for a cost of \$100 per year per child; 53 orphans received the intervention and 52 remained in the control group. The community visitor had 10 children in the experimental group on a monthly basis and also visited schools on a weekly basis to monitor attendance. The community visitor could buy sanitary napkins for girls during menses or arrange clinic visits for malaria or parasites. The budgeted cost to the intervention group was \$200 per year per child. After one year, those in the control group were significantly more likely to drop out of school (14% compared to 4%) and begin sexual intercourse (33% compared to 19%). This research concludes by arguing that the provision of education and information to OVC will minimize their level of manipulation that will eventually expose them to more abject poverty. Equally, education provision and internalization could determine whether the provision for cash transfer programs could operate in a particular area (Harvey and Bailey, 2011).

2.4 The Role of Stakeholders in the provision of cash transfer to Orphans and Vulnerable Children

Stakeholders can affect and be affected by organization's actions, objectives and policies. Some examples of key stakeholders in the provision of cash transfer to OVC in Kenya include the government and its agencies, UNICEF, DFID, Non Governmental Organizations, the World Bank, politicians and other donors, suppliers, unions, and the community from which the business draws its resources. However, not all stakeholders are equal (GOK, 2009).

The CT-OVC Programme is a government initiative supporting very poor households that take care of orphans and vulnerable children to enable them grow up in a family setting. 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 programmes, with the development partners taking the lead in the provision of technical expertise and financing. The government's share of the financial resources made available for the implementation of the CT programmes has increased from low levels when the

programmes were initiated to a point where its contribution currently is virtually equal to that of the donors (World Bank, 2012). 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 twelvefold between 2005/06 and 2008/09, from US \$ 800,000 to over US\$ 9 million respectively (Kenya budget speech, 2009). The Kenyan government came up with three cash transfer programmes among which the Orphans and Vulnerable Children (OVC) cash transfer programme was introduced (World Bank, 2012).

According to Moore (2009), the OVC cash transfer program 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 collapsed. Kenya has an estimated 2.4 million orphans and vulnerable children half of which have resulted from death of parents due to the HIV and AIDS crisis that has heavily afflicted both the 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 and neighbouring countries like Uganda, Botswana, Lesotho, Malawi and Ethiopia show that poor, elderly grandparents have emerged as the most important category of caretakers for the orphans in these countries (African Union, 2011).

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. (Overseas Development Institute, 2012). 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. 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 targeted 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 (Oxfam, 2013). 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. Donors in OVC have increased from the initial three, (World Bank, UNICEF and DFID) in 2004, to several donors funding the OVC program in 2009. These include Academy for Educational Development (AED) Capable Partners Program; APHIA II Eastern through AMREF; The Coca Cola Africa Foundation; Stephanie and Larry Flynn Jr. Trust Fund, and Shell Foundation (World Bank, 2012).

The donors are the major funds providers besides the government to OVC programs and therefore their increase means an increase in the amount of resources. In 2004 for example, the Emergency Plan awarded supplemental funding to Pathfinder's USAID-funded COPHIA program to expand existing OVC services through grants and capacity building of CBO partners all over the sub Saharan Africa countries that were having the cash transfer in OVC programs like Malawi, Kenya and South Africa (Abebe, 2011).

A report by the government of Kenya in 2010 shows that Supplemental funding is utilized for training on OVC issues (e.g., child/orphans counseling and pediatric HIV/AIDS), as well as grants to support CBOs for direct service provision. Pathfinder also receives assistance from corporate and private donors, for example, Barclays Bank supported OVC in vocational training and provided youth with business starter kits. In addition, the Citigroup Foundation (through Citibank) provides funds for equipment and travel allowances for trainers and trainees for community vocational training centers where they can meet the OVC easily. Private donations to Pathfinder also supported the building of classrooms for one community school. At the CBO

level, resources come from a variety of sources including other international donors or NGOs, as well as from in-kind community donations (e.g. food, clothing). Donors hence have been found to play a major role in resource allocation to the existing OVC support programs both in the country; regionally nationally, locally (Van Breda, 2010).

There is increased attention in the literature on social protection and cash transfers on issues of politics and political economy (UNICEF, 2010). Recent research stresses the importance of politics and regional trajectories (context, capacity and institutional setting) in understanding social protection policies and programmes, cash transfer programs and other related programs with a focus on the political conditions necessary for the adoption and sustainability of social protection programmes. For example, while electoral politics play an important role in cash transfers targeting OVC in Latin America and parts of South Asia; this has not been the case in Africa (Baird et al, 2009).

Experience shows that effective cash transfer programmes require a supportive domestic political environment for their initiation, expansion and financing. In many countries, cash transfer programmes targeting OVC have been introduced by dominant political parties, with a key role played by ‘executive champions’ (UN, 2012). Studies have found that although fiscal constraints are a key challenge to affordability in LICs, political factors and competing domestic policy preferences tend to play a greater role in the degree of governmental support for transfers. Crises often create the political space for developing cash transfer programmes for OVC especially when the targeted orphans come from different politically important regions and the politicians feel that some of their opponents are trying to use these programmes to undermine their popularity and control (Barrientos,2010).

Programmes have often been seen as a component of nation-building. Often, it is claimed that economic elites and the middle class will oppose cash transfers to OVCs because they fear they will lead to dependency and tax increases (UN, 2010). However, the interventions often prompted the evolution of political constituencies broadly supportive of direct cash transfers. Political economy analysis from the 1997–1998 Asian economic crises suggests that civil society

actors played a significant role in pushing for greater investments in social protection responses and other programs that took care of the poor and disadvantaged in the society. To date, this appears to be an area that has been under-researched. Good monitoring and evaluation and the publication of results helps to inform public debates and support civil society engagement. In countries such as Mexico, independent and credible evaluations have helped to ensure sustained social and political support, which have enabled programmes to evolve and scale up over time. Evidence of success is critical for long-term political sustainability. The political conditions required for sustainability of social protection programmes are less daunting than for initial adoption, as coalitions of support for adopted programmes and political pressure can build quickly (World Bank, 2009).

Political trends coming as a result of political instability and divisions, conflict, violence, insecurity, and restrictions on free movement were seen as key vulnerabilities leading to increased rates of deaths thus increasing the number of orphans. In Kenya for example, during the 2007/2008 election violence, most women and children were affected leaving them in a poor state and more orphaned (GoK,2009). This is also true in Uganda's Kaberamaido district where the population has suffered from multiple displacements and widespread loss of assets over a lengthy period due to attacks by the Lord's Resistance Army (LRA) and cattle raids by the Karamojong. Community members recalled how 'animals were stolen, leaving people in total poverty and misery'. Children were abducted, some people were killed and women were raped by the Karamojong.

2.5 Role of Socio-economic factors in the provision of cash transfer to Orphans and Vulnerable Children

According to the Oxford Dictionary (2010), socio-economic factors are the social and economic experiences and realities that help mold one's personality, attitudes, and lifestyle. The factors can also define regions and neighborhoods. Law-enforcement agencies throughout the country, for example, often cite the socio-economic factor of poverty as being related to areas with high crime rates. Poverty, culture, history, beliefs, gender socializing and family headship form among the many social factors that determine the provision of cash transfer to OVC.

There are major socio-economic challenges facing children who are orphans in developed and LDCs like Pakistani, Malawi, Nigeria, Kenya, Lesotho among others, and it is no wonder that it has been rated as one of the worst places for children to grow up (UNAID, 2010). In Pakistan for example, it was quite apparent from the data collected in many studies that many orphans are struggling to remain in school as a result of a variety of socio-economic challenges and cultural practices, but particularly the impact of HIV and AIDS and extreme poverty (World Bank, 2010). The great majority of the students in school are either double orphans or paternal orphans, circumstances that usually imply reduced financial means for staying in school or attending regularly. Although there are a number of programmes that assist double orphans with their school needs, there are very few programmes aimed at assisting other vulnerable children and such programmes only minimally help these children. In fact, the effects of HIV and poverty are complex and cumulative with a negative impact on the child's attendance at the point where a child loses both parents (UNICEF, 2010).

In Kenya, many children who are orphans, particularly boys in the rural areas, are forced to drop out of school because of poverty or the loss of one or both parents. Girls were reportedly forced to interrupt their schooling to look after younger siblings or ailing members of their families or eventually opt out of school into early marriage to escape extreme poverty. Early marriage often by young girls to much older men has been reported as increasing the vulnerability of these young girls to contracting HIV (MOH, 2012).

In general, children affected by HIV and AIDS as well as extreme poverty are reportedly exposed to sexual and physical abuse. Many orphans usually end up in the care of relatives, particularly grandparents. It was not surprising therefore that many talked of reduced support both in terms of following up on their school work and particularly in terms of financial support in various interviews carried out in poverty stricken areas like Kwale district (DFID, 2010).

Worse still, some of the children eventually become heads of households and have to push schooling lower down their lists of priorities. The situation of some of these children is truly tragic. What was most stark in terms of orphaned and vulnerable children was the extent to which they prioritized poverty as the reason why they drop out of school and the source of their misery. These are serious challenges to schooling which are extremely difficult to overcome. Some important insights regarding traditional fostering are brought out by the cultural anthropologist Joan Silk. First, in most of the societies, natural parents who give up the primary responsibility for raising their children and by an extent, orphans, typically delegate care of their offspring to close kin. Second, natural parents are uniformly reluctant to give up their children or orphans to other people due to being poor and unable to care for them, and often express regret at the necessity of doing so. Third, parental investment is not necessarily terminated when adoption and fostering arrangements have been completed. Even after their children have left their households, natural parents may maintain contact with them, continue to contribute some resources to their care, and retain their rights to retrieve their offspring if they are mistreated. Fourth, natural parents are often very selective in their choice of prospective foster and adoptive parents; they typically prefer adults who can offer their children better economic prospects than they can themselves. This however tends to affect the entry of groups, donors and even NGOs in the provision of cash to OVC in communities since the community will always hold sway in decision making and control (World Vision, 2010).

A study by Garcia and Moore (2010) ,revealed that families in South Africa feel it was against tradition, and still is, for a woman to desert the responsibility of taking care of the children; whether ill or not. The history of apartheid also came into practice and a lot of households got affected whereby men could be forced to work away from their homes as semi-slaves. One striking aspect of family structure in South Africa that has implications for the care of children is the high level of father absence (up to 52 percent). This means that most children grow up without a father in their home or in their lives. History may explain this fact. Apartheid legislation has had long term effects on family structures, particularly for black South Africans. By being circumscribed to live in certain restricted areas, homelands or townships, black South African fathers were separated from their families (Garcia and Moore, 2010).

Restricted housing options and labour migration patterns often meant that one or both of a child's parents were not present most of the year. Non-marital births also increased greatly during the apartheid (Burman, 1996). Mothers rely increasingly on other family members for support and with raising children, in particular grandparents. More specifically, customary law practices in South Africa dictates that the transfer of a child from the mother's family to the father's family is usually governed by the payment of bride wealth: if no lobola was paid to the bride's father by the groom at the time of marriage, then the child remains with his mother. Since bride wealth is only paid when there is a marriage, an illegitimate child generally remains legally with the mother's family. Moreover, when the mother marries a man who is not the biological father, the child does not usually accompany her to her new married home. Her new husband has no obligation in either civil or customary law to support the child. Thus, when a woman remarries, it is likely that her child stays with the maternal family, usually under his grandmother's care. Another important factor affecting children's living arrangements is HIV/AIDS high prevalence. As the father is likely to be absent, when a mother is affected by HIV/AIDS, children are often fostered in by relatives.

In Kenya, culture dictates that a man should be the sole bread winner of the family. This way, many men are exposed to health hazards at a tender age and some are pushed by the continuous insatiable needs by their families forcing them to engage in criminal activities, leading to high death rates among male parents thus many widows. Separation in Kenya due to distance has seen many families break and later on the women are affected most especially when the husband goes to a urban working place, remarries a young woman and leaves the ailing one in the village who later on passes on. This leaves the family with orphans who later lack direct support they need (DFID, 2009).

A common fear is that women will have less control over how cash is spent than over in-kind resources such as food aid, and that men may be more likely to misuse cash by buying items such as alcohol or cigarettes. Resources that women can control are widely seen as leading to better outcomes for children's well-being and household food security. Understanding intra-

household decision making processes is always difficult and the only clear conclusion from the existing literature is that more research is needed. Where men do control how cash is spent, this may create tensions within households (Devereux et al 2006).

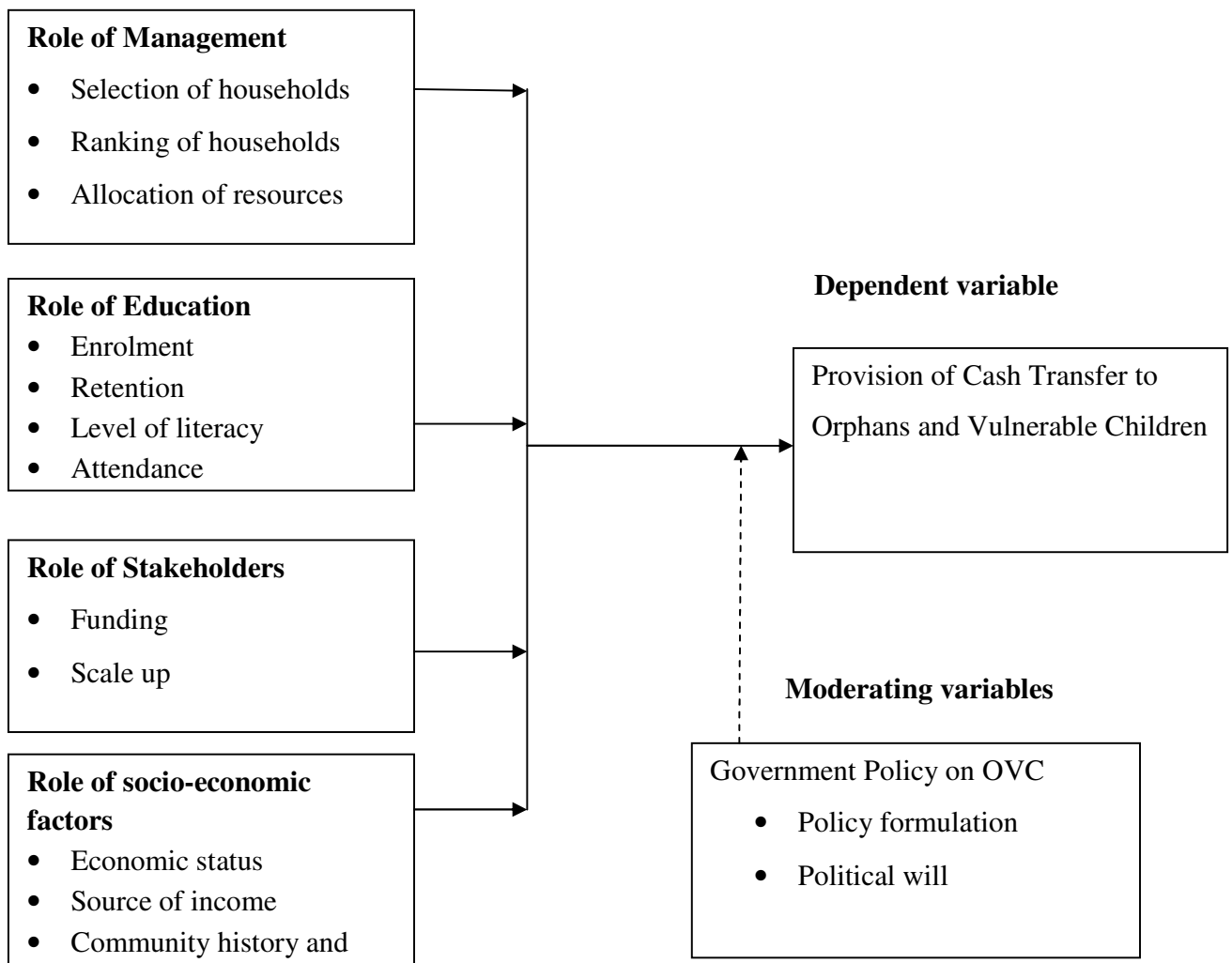
HIV/AIDS has serious impacts on family systems and structures across the globe. The rise and emergence of child-headed families is a noticeable and drastic impact that HIV/AIDS has had in many families in sub-Saharan Africa. Previous studies conducted in many parts of Southern Africa show that there has been a significant increase in the proportion of children who are double orphans due to HIV/AIDS (Meinjes et al, 2009). These double orphans are children who have lost both parents and as evidence tend to show in Southern Africa, these children are living on their own and rarely receive any form of support from extended kinship networks. The prevalence of child-headed families in Zimbabwe is reported to be increasing steadily. The average number of children who are living without parental care and supervision in Zimbabwe was estimated to be above 100 000 in 2010 (Meinjes et al, 2009).

Studies have also concluded that there are more than 50,000 child-headed families across Zimbabwe (Chigwenya et al 2008). Child-headed families besides having to live without parents are faced with many problems and poverty remains the greatest challenge. Prior studies conducted in the different parts of Africa have shown that orphaned children from child-headed families live in poor conditions than other children who have living parents (Van Breda, 2010). These studies suggest that child-headed households are more economically vulnerable than adult headed families. There is consensus in literature that poverty, child destitution and orphan hood are closely intertwined. The absence of parents in child-headed families meant that most of orphaned families are faced with hunger, malnutrition, destitution and economic exploitation. In orphaned families, children are forced to prematurely look for work opportunities as a way of meeting their day-to day economic demands. Most of the children in families where parents are absent face the burden of taking care of the family financially. Such a need to take care of the family has resulted in cases where some of the children end up being victims of crime, economic exploitation and prostitution (Abebe, 2009).

2.6 Conceptual framework

The conceptual framework outlines the dependent, independent and intervening variables as discussed in the literature review and elaborated in the Figure 1 below. It helps one to understand the relationship between the variables of the study.

Independent variables



2.7 Summary of Literature Review

The above framework shows the interconnections between study variables that are affecting the provision of cash transfer program. The dependent variable is the provision of cash transfer to OVC that is affected by the independent variables as shown on the figure.

It is imperative to note that cash transfer programs have been the central part of child protection. There are various variables that determine the provision for cash. The management of the cash transfer has a great influence on the efficiency of the program. Management of the cash transfer programme is imperative in enhancing their effectiveness and operation. Due to poor management of the resources, the funds targeting the OVCs could fail to reap much benefit especially if some community members in this group fail to get enough funds. This hinders effectiveness of the programme.

Education plays a major role in influencing the implementation of cash transfer programmes. The programmes target OVC and the major aim is not making them wealthy but reducing poverty levels and this is mainly done by providing education to the OVC (UNICEF, 2012). The socio-economic status of the community; poverty levels, beliefs, culture and religious views have either a positive or negative influence on the cash transfer programs. Stakeholders such as politicians and governments, donors and NGOs have a positive role too in determining the provision of cash transfers to OVC. If we have more OVCs accessing good food, education, shelter and clothing, then we would say the cash transfer programme is effective.

Literature has revealed that developed countries have made remarkable investment in cash transfer for OVC and have reduced the rate of OVC in the community unlike the LDCs. On the other hand, developing countries, Kenya included, are rapidly and heavily investing in cash transfer programmes despite the other challenges they face for instance, HIV pandemic, civil wars, drought and famine (WHO, 2012).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter outlines the methodology used in the research; it talks about the research design, target population, sampling procedure, methods of data collection, validity and reliability of data collection instruments, methods of data analysis, operational definition of variables and finally ethical considerations.

3.2. Research Design

Research design refers to the procedures selected by a researcher for studying a particular set of questions or hypothesis; this includes the researcher's choice of quantitative or qualitative methodology, and how, if at all, causal relationships between variables or phenomena are to be explored. (Orodho, 2009).

This study employed the use of a descriptive survey research design. Kraemer (1993) describes a descriptive survey as a means of gathering information about the characteristics, actions or opinions of a large group of people. Surveys are capable of obtaining information from large samples of the population.

This design is suitable as it will bring out information on attitudes that would be difficult to measure using observational techniques. Equally, surveys require minimal involvement to develop and administer and are quite easy for making generalizations. (McIntyre, 1999).

3.3 Target Population

Target population is a set of people or objects the researcher wants to generalize the results of the research (Borg and Gall, 1989). In Malindi District in the five locations where the CT-OVC Programme is implemented, we have about 600 OVC under the care of 525 guardians/parents. We have 20 primary schools in the same area and 15 assistant chiefs in the five locations. This gives a study population of 1200.

Table 3.1 Population survey grid of respondents

Category	Total Number
Parents/Guardians	525
Assistant chiefs	15
Headmasters/Principals	20
OVC	600
Total	1200

Source: Malindi District Children’s Office Annual Report of 2013.

3.4 Sample Size and Sampling Procedure

Sample design is a definite plan determined before any data are actually collected for obtaining a sample from a given population, the statement about the sample should be true in relation to population (Orodho, 2008). According to Mugenda Mugenda (1999), for descriptive study, 10% of accessible population is enough. Given that the target population is heterogeneous due to the nature of the factors influencing the provision of cash transfer to OVC in the area of study, stratified random sampling was used to allow full participation of the respondents.

From the five locations, 1 assistant chief represented each location, 12 OVC were randomly selected from each location, 1 head teacher per location and 10 guardians per each location making up a total of 120 respondents.

Table 3.2 Random sample of respondents targeted for research

Category	Number to be sampled
Parents/Guardians	50
Assistant chiefs	5
Headmasters/principals	5
OVC	60
Total	120

3.5 Data Collection Instruments

The questionnaires and interview schedules are the main instruments of data collection that were used. The questionnaire helped the researcher to collect data on knowledge, opinions as well as attitudes of respondents towards provision of cash transfer to OVC. The questionnaire was suited for this study because it is practical and was used to collect data from a large number of people within a short time and in a relatively cost effective manner.

The questionnaires were used to collect data from the OVC, guardians/parents. Observation was expected to be used to help gather crucial data that couldn't be obtained through interviews and questionnaires. The interview guide was used to gather data from the principals, head masters and assistant chiefs to establish the cash transfer policies, resource allocation and their influence on the provision of cash transfer to OVC in Malindi, Kilifi County.

Piloting was done to test the validity and reliability of the instruments. The instruments were piloted in two schools and the procedure repeated in two weeks. The schools where the piloting was done were part of the study sample to avoid biased results of the study. Piloting helped the researcher to eliminate any ambiguity in the research instruments to ensure they generated valid results of the research.

The questionnaire was administered by the researcher and selected enumerators. Both open ended and closed ended questions were used. Open ended questions enabled respondents to

provide sufficient details while close ended questions enabled the researcher to easily quantify results by the use of SPSS.

3.6 Validity and Reliability of Research

Validity is a measure of how well a test measures what it is supposed to measure. It is the degree to which results obtained actually represent the phenomenon under investigation. Reliability is the measure of the degree to which a research instrument yields consistent results after a repeated trial.

3.6.1 Validity of the Research Instrument

Norland (1999) refers to validity as the quality that a procedure or instrument or a tool used in research is accurate, correct, true and meaningful. The research used content validity as a measure of the degree to which the data collected using the questionnaire represents the objectives of the study.

The instrument was verified by the sub-county children officer in charge of Malindi Sub-county of Kilifi County who implements the Cash Transfer OVC Programme, to assess what the instrument is trying to measure and his opinions were incorporated in the final questionnaire.

3.6.2 Reliability of the Research Instrument

Mugenda (2003) says that reliability is concerned with estimates of the degree to which a research instrument yields consistent results after repeated trials. In this study, reliability will be determined by a test-retest administered to 20 subjects not included in the sample.

Interviewers were asked to carefully note any ambiguity or inappropriate questions that are not clear or offending. Input from invaluable sources was obtained during the study that was useful in modifying the questionnaire before a final set of questions were produced.

3.7 Data Collection Procedure

A questionnaire and face to face interview guide were used since they were the best tools for this study that aimed at establishing the factors influencing the provision of cash transfer to OVC in Malindi, Kilifi County. The questionnaire was prepared on the basis of a review of literature on provision of cash transfer to OVC. Data collection tools were piloted and suggestions made before finalizing the questionnaire. The study utilized a self administered questionnaire and an in depth interview schedule and equally referred to the existing secondary data. The researcher got a permit from the graduate school and relevant authorities to undertake research. The sub-county children's officer was contacted and informed that the study will take place in the area. The researcher visited the sampled households and offices and administered the questionnaires and conducted the interviews. Appointments to the sampled households and offices were arranged prior to the visits to avoid any inconveniences to the respondents. The researcher emphasized that the information given was specifically used for the study and it was private and confidential and that names was not be necessary.

3.8 Data Analysis

Quantitative data obtained from the open ended questions was coded to facilitate quantitative analysis. The coded data was analyzed by use of descriptive statistics comprising of frequency tables. The hypothesis was tested by use of Chi Square. Data analysis was done by use of SPSS 17.0

3.9 Ethical Considerations

All government authorities were informed prior to the study to avoid suspicions and resistance from the community members. Consent was sought from the respondents whose participation in this study was voluntary. The information they provided was treated with utmost confidentiality. Privacy and dignity of the respondents was considered during the research. Names of the respondents were not exposed and codes were used instead. The respondents were assured that a feedback session were organized in order to disseminate the research findings to the Ministry of Labour, Social Security and Services where the CT-OVC Programme is implemented as well as other interested stakeholder

3.10 Operational Definition of Variables

Research objectives	Type of variable	Indicator	Measure	Level of scale	Research design	Data collection method	Level of analysis
To determine how management influences the provision of cash transfer to OVC in Malindi, Kilifi County	Independent variable: Management	Targeting of households Validation of households	The selection procedure. Tools for selection of households No of households selected.	Nominal scale	Survey	Questionnaire	Descriptive : Central tendency
To examine the influence of education in the provision of cash transfer to OVC in Malindi, Kilifi County.	Independent variable: Education	Enrolment rate. Level of education.	Number of school going children. Education attainment	Nominal scale.	Survey.	Questionnaire	Descriptive : Central tendency.
To examine the influence of stakeholders in the provision of cash transfer	Independent variable: Stakeholders	Allocation of resources. Sourcing for funds. Monitoring and	Amount allocated. How often funds are given.	Nominal Scale.	Survey.	Questionnaire.	Descriptive : Central tendency.

to OVC in Malindi, Kilifi County.		evaluation.					
To establish the influence of socio-economic factors in the provision of cash transfer to OVC in Malindi, Kilifi County.	Independent variable: socio-economic factors	Source of income. Economic status of the family.	Ability to access basic needs. Assets.	Nominal scale.	Survey.	Questionnaire.	Descriptive : Central tendency.

CHAPTER FOUR

DATA ANALYSIS,PRESENTATION AND INTERPRETATION

4.1 Introduction

The data collected was keyed and analyzed by simple descriptive analysis using Statistical Package for Social Scientists (SPSS) version 17.0 software. The data was then presented through tables and narrative analysis. The chapter presents data in different sub-sections that is; general information on category of gender, position, experience and level of education of the respondents, the influence of management, education stakeholders and that of socio-economic factors in the provision of CTs in different sections.

4.2 Response Rate

Questionnaires were administered to 50 guardians, 5 assistant chiefs, 5 headmasters and 60 orphans by 5 enumerators/informants in the larger Malindi District of Kilifi County. Out of the 120 questionnaires issued, 100 were returned, fully filled. One on one interviews were done on 4 top managers of the CT funds at the district level. Total response rate for the questionnaires was 83% while 17% of the questionnaires were never returned or returned without being fully filled.

4.2 Demographic Characteristics and Basic Information of the Respondents

The study wanted to find out the bio data of respondents, age and educational level as shown in the tables below.

4.3.1 Bio-data of the Respondents

The study found out the sex composition of the respondents as shown in the table 4.1 below.

Table 4.1 Sex Distribution of Respondents

Category	Sex	Frequency	Percentage
A/Chiefs	Male	5	5%
Guardians	Male	15	15%
Head teachers	Male	4	4%
OVC	Male	24	24%
Guardians	Female	25	25%
Head teachers	Female	1	1%
OVC	Female	26	26%
		100	100%

From the table above, male gender dominates. Male respondents made majority of the respondents at 57% while the female respondents who participated in the study made 43%.

4.3.2 Age Distribution of Respondents

The study sought to find out the age brackets of the respondents in the study and the results were as shown in table 4.2 below.

Table 4.2 Age Distribution of Respondents

Age	Frequency	Percentage
10-17	50	50%
18-30	10	10%
31-40	5	5%
41-50	5	5%
51-60	10	10%
61-70	15	15%
Over 70	5	5%
Total	100	100%

The table shows that majority of the population that participated in the study was between ages 10 -17 years with ages 10-17 making 50% .This was followed by extremely old people who made 15%. The groups were very vital for the study because they were directly affected by CTs for OVC. Ages 18-30 made 10%, 31-40 made 5%, 41-50 made 5%, 51-60 made 10%, 61-70 made 15% while over 70 years made 5%.

4.3.3 Educational Level of Respondents

The study sought to establish the level of education of the respondents since pupils, teachers/head teachers, assistant chiefs and guardians were part of the population.

Table 4.3 Academic Qualification of Respondents

Education level	Frequency	Percentage
Primary	61	61%
Secondary	19	19%
Vocational Training	10	10%
None	04	04%
Diploma	04	04%
Degree	02	02%
Masters	00	00%
Total	100	100%

Respondents who reached secondary and primary dominated. This is a group purely made of the OVC in primary schools and most of the young/ aged guardians/ single parents/household heads. Respondents who reached primary were represented by 61%, secondary 19%,vocational training 10%, illiterate 04%, diploma 4%,degree 02 % while those with a masters degree; 00%.

4.4 Management's Role in the Implementation of OVC funds

Management roles like selection of households, ranking them and allocating resources greatly has a role in the implementation of CT projects.

4.4.1Resources Allocation to OVC

A question was asked on whether the management did enough in allocating resources equitably and he following results obtained.

Table 4.4 Equitable Allocation of Resources

Equal Resources Allocation	Frequency	Categories	Percentage
YES	30		30%
NO	60		60%
NOT SURE	10		10%
Total	100		100 %

The table above shows that 60 % of the respondents feel that the management is not fair in resources allocation.30% feel that the management is being fair by distributing resources equally while 10% are not sure. This brings the general view that the management of the funds has failed to fairly allocate the resources without favour.

4.4.2 Ranking of OVC by Management

In a question aimed at testing the views of respondents on how the management gave priorities and ranked the OVC for funds allocation and the results in table 4.5 below were obtained.

Table.4.5 Ranking of OVC

Ranking	Frequency	Percentage
Extremely well	5	5%
Well	5	5%
Fairly well	10	10%
Poor	25	25%
Very Poor	55	55%
Total	100	100 %

The study found that 55% rated the ranking done by the management as very poor, 25% went for poor, 10% for fairly well, 5% well and finally 5% rated the management as doing extremely well in ranking done by the management to OVC.

4.4.3 Management and Identification of OVC

It is the people who manage the OVC money that come up with policies and regulations in identifying the deserving OVC. The research's results on identification were as follows.

Table 4.6 Identification of OVC

Identification process	Frequency	Percentage
Chiefs/asst.	54	54%
Religious leaders	16	16%
Teachers	20	20%
Village elders	5	5%
Community health workers	5	5%
Total	100	100%

The study found out that chiefs and their assistants were the major people/avenues used to identify OVC at 54%, teachers followed at 20%, religious leaders followed at 16%, and finally village elders at 5% and community health workers at 5%.

4.4.4 Management's Interview Response

Out of the 4 top managers interviewed at the district level, 3 strongly argued that the money provided by the government for OVC CT is very little that it cannot cater effectively for managerial roles, it doesn't last the OVC for the required 30 days and in most cases it takes a long time and procedures to be released. 1 of the managers was of a different opinion whereby he/she argued that the money was enough to cater for the OVC's needs since children never

needed much in their budgets.100% Response from the 4 managers interviewed were for the opinion that there was great political interference from both local, county and national politicians on how the funds are allocated and dispersed regionally especially from the MPs. All the four managers also felt that the programme is not sustainable since it has created dependency on government; with little avenues being sought to get more funds.

4.5 Role of Education in OVC CTs

Education helps in reducing the level of poverty and it is one factor that easily brought OVC together in schools. The study tried to find out whether CTs for OVC had any impact in their school enrolment, retention and debt clearance.

4.5.1 Education and the Living standards of OVC

The research asked the respondents whether education had any relationship with improvement of OVC's lives in schools and results below obtained.

Table. 4.7 Role of Education in OVC's Life Improvement

Life Improvement	Frequency	Percentage
YES	52	52%
NO	30	30%
NOT SURE	18	18%
Total	100	100%

The study found out that most of the orphans and vulnerable children's lives have greatly improved due to the introduction of CT funds at 52%, 30 % feel that the OVC's lives have not been any better in schools while 18% of the respondents are not sure of how the funds are influencing the lives of OVC in schools.

4.5.2 Cash Transfer Funds and OVC's Education

The respondents indicated their positions on the factors below and how they influence OVC CT programme implementation. **1= Strongly Disagree 2= Disagree 3= Weakly agree 4= Agree 5= Strongly agree**

Table 4.8 OVC's Education and CTs

Factor	1	2	3	4	5
Cash transfer schemes provide enough schools fees for OVC in your areas	40	20	10	20	10
Cash transfer for OVC provide enough learning support materials	35	25	11	19	10
Performance by the OVC who benefit from cash transfers has improved	10	10	20	25	35
Retention rate of the OVC has increased since the introduction of CTs	05	07	09	20	59

40% of the respondents strongly disagreed with the view that CT schemes provided enough schools fees for the OVC, 20% disagreed, 10% weakly agreed, 20% agreed while 10% strongly agreed. On the provision of enough learning materials to OVC by CT funds, 35% strongly disagreed, 25% disagreed, 11% weakly agreed, 19% agreed while 10% strongly agreed. The respondents had the following views on the performance of the OVC who benefits from the CTs and how it improved or dropped. 10% strongly disagreed that performance of the OVC had improved since the introduction of OVC CTs, 10% disagreed, 20% weakly agreed, 25% agreed while 35% strongly agreed. On the issue of retention rate, 05% strongly disagreed, 7% disagreed, 9% weakly agreed, 20% agreed while 59% strongly agreed.

4.6 Stakeholders' Roles in the provision of cash transfer to OVC

The research aimed at getting the major role stakeholders of the OVC CT funds and the results below obtained at various categories.

Table 4.9 Major Stakeholders

Identification process	Frequency	Percentage
NGOs	16	16%
Government	54	54%
Donors	20	20%
CBOs	5	5%
Total	100	100%

The respondents had the view that most funding at 54% comes from the central government, 16% from NGOs, 20 % from donors and 5% from community based organizations.

Table 4.10 Views of the Respondents on the Stakeholders

Factor	SA	A	U	D	SD
There is enough funding from the stakeholders towards CT for OVC	2	4	14	30	50
Stakeholders have greatly scaled up OVC CTs in the recent past	10	10	10	30	40
The number of stakeholders for OVC CTs have been on the rise	30	20	20	25	5
The number of OVC benefitting has increased tremendously	20	30	20	15	15

When asked to indicate the extent to which they agreed with the statements in relation to CTs and OVC, the following results were obtained: 2%strongly agreed, 4% agreed, 14% were uncertain, 30 % disagreed and 50% strongly disagreed with the fact that there was enough funding from the stakeholders towards the OVC CTs, 10%strongly agreed, 10% agreed, 10% were uncertain, 30 % disagreed and 40% strongly disagreed with the fact that in the recent past stakeholders have scaled up the CTs for OVC, 30%strongly agreed, 20% agreed, 20% were uncertain, 25 % disagreed and 5% strongly disagreed with the fact that the number of stakeholders for the OVC CTs has been on the rise, 20%strongly agreed, 30% agreed, 20% were

uncertain, 15 % disagreed and 15% strongly disagreed with the fact that the number of OVCs benefiting from the CTs has increased tremendously.

4.7 The role of Socio-economic Factors in the provision of CT to OVC

The research sought to show how the levels of poverty, HIV/AIDS epidemic and other issues in the community influenced the level of OVC.

Table 4.11 Relationship between HIV/AIDS and OVC

Increase of OVC as a result of HIV/AIDS	Frequency	Percentage
Yes	54	54%
No	20	20%
Not sure	16	16%
Total	100	100%

On the question whether most of the number of OVC cases are as a result of HIV/AIDs, 54% greatly agreed with the view, 20% said no while 16% were not sure whether the probable cause was HIV/AIDS.

Table 4.12 Relationship between Socio-economic Factors and OVC

Factor	SA	A	U	D	SD
Most OVC are found in poor families living below 1 US dollar a day	60	20	5	10	5
Physical and child abuse is common among the OVC in your area	50	25	10	15	0
OVC benefitting from the cash transfer are highly stigmatized	45	35	5	10	5
Female OVC are the most affected with negative happenings in the society	70	20	5	5	0

The respondents were asked to indicate the degree to which they agreed or disagreed with the statements in the table above and the following results were found: 60% Strongly agree, 20% Agree, 5% Uncertain, 10%Disagree and 5% strongly disagree on the idea that most of OVC are found in poor families , 50% Strongly agree, 25% Agree, 10% Uncertain, 15%Disagree and 0% strongly disagree on the idea that physical and child abuse is common among the OVC, 45% Strongly agree, 35% Agree, 5% Uncertain, 10%Disagree and 5% strongly disagree on the idea that OVC benefitting from the cash transfer are highly stigmatized, and, 70% Strongly agree, 20% Agree, 5% Uncertain, 5%Disagree and 0% strongly disagree on the idea that female OVC are the most affected with negative happenings in the society.

Table 4.13 Source of Income for OVC

Identification process	Frequency	Percentage
Government	35	35%
Fellow orphans	10	10%
Cash transfers	35	35%
Religious organizations	20	20%
Total	100	100%

When asked on the source of income for the cash used for CTs targeting orphans, 35% argued that the money comes from the government, 10% came from fellow orphans in cases of standard orphans, 35% cash transfer and the rest 20% came from religious organizations. This shows most OVC rely on funding from the government and cash transfers.

4.8 Testing of hypothesis using chi-square

In this study the four hypotheses were tested using chi-square.

4.8.1 Testing of the first hypothesis

In this study sought to test the following hypothesis.

H₁; Management has a significant influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.

Table 4.14 showing observed and expected responses on how management gave priorities and ranked OVC for funds allocation

Scale	Extremely well	well	fairly well	poor	very poor
Observed (O)	5	5	10	25	55
Expected (E)	100	100	100	100	100

Table 4.15 showing Chi-Square testing for the first hypothesis

O	E	(O-E)	(O-E) ²	(O-E) ² /E
5	100	-95	9025	90.25
5	100	-95	9025	90.25
10	100	-90	8100	81
25	100	-75	5625	56.25
55	100	-45	2025	20.25
$\sum (O-E)^2/E = 338$				

$\chi^2_C = 338 > \chi^2_{\alpha=0.05} = 9.488$ at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 338 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis thus Management has a significant influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.

4.82 Testing of the second hypothesis:

The study sought to test the following hypothesis:

H₁; Education has a significant influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.

Table 4.16: Showing observed and expected responses on whether cash transfers provide enough school fees to retain OVC in schools

Scale	strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Observed (O)	40	20	10	20	10
Expected (E)	100	100	100	100	100

Table 4.17 showing Chi-Square testing for the second hypothesis.

O	E	(O-E)	(O-E) ²	(O-E) ² /E
40	100	-60	3600	35
20	100	-80	6400	64
10	100	-90	8100	81
20	100	-80	6400	64
10	100	-90	8100	81
$\sum (O-E)^2/E = 326$				

$\chi^2_C = 326 > \chi^2_{\alpha, 0.05} = 9.488$ at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 326 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis thus education has a significant

influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.

4.8.3 Testing of the third hypothesis

The study sought to test the following hypothesis:

H₁; Stakeholders have a significant influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.

Table 4.18: Showing observed and expected responses on whether number of stakeholders for OVC CTs has been on rise.

Scale	strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Observed (O)	30	20	20	25	5
Expected (E)	100	100	100	100	100

Table 4.19 showing Chi-Square testing for the third hypothesis.

O	E	(O-E)	(O-E) ²	(O-E) ² /E
30	100	-70	4900	49
20	100	-80	6400	64
20	100	-80	6400	64
25	100	-75	5625	56.25
5	100	-95	9025	90.25
$\sum (O-E)^2/E = 323.5$				

$$\chi^2_C = 323.5 > \chi^2_{0.05} = 9.488 \text{ at 4 degrees of freedom and 5\% level of confidence.}$$

Since the calculated chi-square value of 323.5 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis thus stakeholders have a significant

influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.

4.8.4 Testing of the fourth hypothesis

The study sought to test the following hypothesis:

H₁; Socio-economic factors have a significant influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.

Table 4.20: Showing observed and expected responses on whether most OVC are found in poor families living below 1 US dollar a day.

Scale	strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Observed (O)	60	25	5	10	5
Expected (E)	100	100	100	100	100

Table 4.21 showing Chi-Square testing for the fourth hypothesis.

O	E	(O-E)	(O-E) ²	(O-E) ² /E
60	100	-40	1600	16
25	100	-75	5625	56.25
5	100	-95	9025	90.25
10	100	-90	8100	81
5	100	-95	9025	90.25
$\sum (O-E)^2/E = 333.75$				

$$\chi^2_C = 333.75 > \chi^2_{\alpha, 0.05} = 9.488 \text{ at 4 degrees of freedom and 5\% level of confidence.}$$

Since the calculated chi-square value of 333.75 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis thus socio-economic factors have a significant influence in the provision of cash transfer to orphans and vulnerable children in Malindi, Kilifi County.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the study findings, discussions, conclusions and recommendation of the research. The chapter also contains suggestions of related studies that may be carried out in the future.

5.2 Summary of Findings

The study was to investigate the factors influencing the implementation of cash transfer programme for orphans and vulnerable children in Malindi District, Kilifi County. From an analysis and review of the research data and additional data gathered through focus group discussions a number of issues became apparent.

The first objective of the study was to determine how management influences the provision of cash transfer to OVC in Malindi, Kilifi County. Data analysis, interpretation of interview responses and questionnaire responses from the respondents of the study revealed that the management has a great influence in the provision of OVC CTs. Up to 60% of the respondents felt that management was not fair in distributing the OVC CT funds and this greatly influenced the provision of CT funds to OVC. The management performed poorly in ranking the deserving OVC whereby some of the beneficiaries were people who never deserved the funds extremely while the extreme cases were left out. Management greatly relies on local administrators like chiefs to identify the needy orphans; a case that has seen most of them favour their friends' /relative OVC while leaving out the true deserving OVC.

In relation to the second objective which sought to examine the influence of education in the provision of cash transfer to OVC in Malindi, Kilifi County, it was found that CTs have greatly increased the retention rates of pupils in schools. Also, the need for more education by the OVC has forced the government to increase funding for OVC, the OVC's academic performance and lives in schools has greatly improved due to the cash transfers by the government. 35% of the

respondents felt that CTs are not providing enough funds for the orphans and vulnerable children in the form of school fees and money needed for materials support like uniforms and books.

On the third objective that sought to examine the influence of stakeholders in the provision of cash transfer to OVC in Malindi, Kilifi County, it was found out that most funding at 54% comes from the central government, 16% from NGOs, 20 % from donors and 5% from community based organizations. This means that the decision by the government greatly affected the performance of CT provision either positively or negatively. 50% of the respondents felt that the stakeholders have not given enough funds for the provision of CTs for OVC and this greatly influenced their performance, stakeholders have not greatly scaled up OVC CTs in the recent past with major efforts done lying at above 40%, the number of stakeholders for the programme have been found to increase with over 30% of the respondents supporting this and, the results showed that the number of beneficiaries to the CTs for OVC has greatly increased at about 50% for both the respondents agreeing and strongly agreeing.

Finally, the objective that sought to establish the influence of socio-economic factors in the provision of cash transfer to OVC in Malindi, Kilifi County was followed by the results that follow: 54% of the OVC came from families that were very poor and that were as a result of HIV/AIDS. This shows that most of the deaths from HIV are the poor families and they lead to great numbers of orphans being left behind, Physical and child abuse was common among the OVC at the rate of above 50%, the community stigmatized the OVC who benefitted from the CTs at the rate of above 45%, and, 90% of the female OVC were mostly affected with negative happenings in the society like rape, child abuse, early marriages, illiteracy and many more. Also the study showed that most of the funds for the OVC came from the government sources at 35% and the CT schemes at 35%.

5.3 Discussion of Findings

The study has shown that there is a great influence/relationship between the provision of cash transfer for OVC and management, education, stakeholders and the socio-economic factors interacting in the community.

The findings indicated that up to 60% of the respondents felt that management was not fair in distributing the OVC CT funds and this greatly influenced the provision of CT funds to OVC. This means that management has the sole role of determining who to get the funds meant for OVC, and, who is to miss. According to Fitzgibbon (2012), geographical locations, communities and individuals could be effectively and efficiently identified and reached through a very qualified and trusted group of leaders or managers. Therefore, managers are the overall people who can fairly and expertly determine who to get the amount, by what extent and when.

According to the World Bank (2009), the management performs a number of roles as far as the CT-OVC program is concerned as follows: Selecting and identifying the needy households, formulating and coming up with policies that govern the cash transfer programs, allocating resources and finances, and, monitoring and evaluating the overall achievements or failures of the programs. However, most of the management was found to favour the allocation of funds, and regularly allocating funds to OVC who did not deserve and to some extent coming up with policies that don't favour the provision of CTs to OVC thus affecting the implementation of programmes aimed at providing CT funds for orphans and vulnerable children.

On the role of education on the provision of CTs for OVC, from the study, 50% of the respondents argued that the provision of CT funds to the orphans improved their living standards both at school and homes thus reducing their dependency and the number of students. Also the rate of students enrolled in schools and their retention rates have increased due to the funds and other support given by the CT schemes for OVC. According to the MDGs (2010), one of the five core objectives of the CT-OVC programme is provision of primary education, with the intention of increasing access to school (enrolment, attendance and retention) for children (4 to 17 years, up to standard 8. From the research, it was therefore found that the school enrollment and retention had greatly increased due to the provision of CTs. However, the OVC CTs have not provided enough funds in form of school fees and other funds that aim at making the lives of

students comfortable in school. Therefore, education has a great relationship with the provision of OVC CTs since the funds are greatly tied to the education and life betterment of the OVC.

On the role of stakeholders, the research found out that the greatest stakeholder of the CT programme is the government that rated at 54%. This could be attributed to the fact that the government through its ministries has seen the importance of owning the programme that is aimed at helping the poor. It has also been found out by the study that the scaling up of the programme, the number of stakeholders and the funds allocated to the CT programmes by the OVC has greatly increased over the past years. According to the World Bank (2012), 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 in 2006 to a point where its contribution currently is virtually equal to that of the donors and has gone beyond. Financial resources are central in managing and running the CT programmes. The government and other stakeholders like CBOs and NGOs have greatly given funds and greatly influenced the implementation of CT for OVC in the community. However, despite the fact that the stakeholders have played a great role in increasing and scaling up of the CT for OVC, the funds allocated by these stakeholders are at low limits thus influencing the provision of CT scheme for OVC negatively.

Finally, the poverty levels, views and activities of the society and how the society handles the OVC in the community has greatly been found to influence the provision of CT programmes. HIV/AIDS was found to give the highest number of OVC in the community with 54% of the cases being reported as a result of HIV/AIDS. Poverty stricken families reported about 80% OVC. This means that poverty levels are greatly tied with the number of those people who are affected with HIV/AIDS and related deaths. Stigmatization was common at 45% to those OVC benefitting from the CTs and these affected the provision of CT for OVC negatively. The Community members greatly abused the orphans through child labour, physical abuse especially the girls and this has an overall effect to the OVC. According to MOH (2012), in Kenya, many children who are orphans, particularly boys in the rural areas, are forced to drop out of school

because of poverty or the loss of one or both parents. Girls were reportedly forced to interrupt their schooling to look after younger siblings or ailing members of their families or eventually opt out of school into early marriage to escape extreme poverty. Early marriage often by young girls to much older men has been reported as increasing the vulnerability of these young girls to contracting HIV. Therefore, the socio-economic factors interacting in the society greatly influenced the provision of CT for the OVC.

5.4 Conclusion

Due to the ever increasing number of orphans and vulnerable children due to the number of deaths being experienced due to HIV/AIDS, natural hazards like famine/hunger and many more, OVC cash transfers have become very common. The research sought to find out the factors influencing the provision of cash transfer funds programme to the orphans and vulnerable children in Malindi District of Kilifi County.

The findings showed that the management is not becoming very fair and professional in identifying, allocating and ranking of the needy OVC for funds considerations. This has greatly influencing the provision of CTs funds to the deserving OVC negatively in the community.

Education was found to be the core-objective of the OVC CT provision and the main target of school retention, performance improvement and enrolment taking the centre stage. However, school performance had improved, enrollment improved though in most cases the CTs had not done enough in providing funds enough for school fees for the pupils and other required funds for better performance.

The government has been the central stakeholder in the CT programme support. Also other donors and NGOs are doing a lot in providing funds and other support. The number of stakeholders was found to be on the increase though the state of funding is still low. Scaling up has greatly increased since the start of the programme. This has had an overall implication in the implementation of CT programme for OVC.

Socio-economic factors like poverty and HIV/AIDS have greatly interacted to increase the number of OVC who need to be supported by the CT programmes annually. For example, the research found out that the poverty rates have a direct link with the number of people dying due to HIV/AIDS and the number of people in need of support from the OVC funds.

5.5 Recommendations

Based on the findings of the study, the researcher recommends that:

1. Qualified staff be hired and the whole management system of the CT for OVC funds be restructured to give it a fair operation that will appeal to the community and the fund's target population. Policies and regulation should be formulated to eliminate the chains tied to poor identification and ranking of the OVC by the management in the community for better and smooth operations of the CTs aimed at taking care of the OVC.
2. Much should be done by increasing the amount paid to the OVC in form of school fees, money to take care of their personal school effects and many more. Also food should be provided to the OVC since some of them lack even breakfast in the morning from their schools and this will help them remain in school for long; avoid being absent and post improved grades.
3. Both the national government and county government should invest heavily in the CT programme for the OVC. The government should increase its funds and also invite other stakeholders like CBOs, churches, businessmen and local leaders so as to scale up the CT OVC programme.
4. The Kenyan government, religious organizations, donors and all the ministries in the country should hold hands in order to solve the poverty index problem. They should stage increased campaigns aimed at reducing poverty and HIV/AIDS at large thus reducing the number of dependents on OVC CT provisions.

5.6 Suggestions for Further Research

1. This study was carried out in one district only. A similar study could be carried out in the other districts and the whole County at large.
2. A study can be carried out to find out the effect of cash transfer provision programme on OVC since it was started in 2009 in Malindi district.
3. A study can be carried out to determine the sustainability of the CT programme for OVC in the larger Kilifi County since 2009.

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APPENDICES

APPENDIX 1:

Letter of transmittal

Eric Lee Mugaisi

P.O Box 618

Malindi.

Tel: 0724954940.

Email: mugaisilee@yahoo.com

Dear participant,

My name is Eric Lee Mugaisi and I am a student undertaking a Master of Arts Degree in Project Planning and Management at the University of Nairobi, Mombasa Campus. To fulfill the completion of this course, I am carrying out a study on the factors influencing the provision of cash transfer to OVC in Malindi, Kilifi County. Since the matter affects the whole community, I am inviting you to participate in this research study by completing the attached questionnaire.

If you choose to participate in this research, please answer all questions as honestly as possible. Participation is strictly voluntary and you may decline to participate at any time. In order to ensure that all the information will remain confidential, you do not have to include your name. The data collected will be for academic purposes only.

Thank you.

ERIC LEE MUGAISI

REG. NO: L50/83965/2012

Signature.....

APPENDIX 2:
RESEARCH QUESTIONNAIRE

A. Bio-Data (Tick where appropriate (√))

1. Gender: Male () Female ()
2. Age: 10-17yrs () 18-30yrs () 31-40yrs () 41-50yrs () 51-60yrs () 61-70yrs () Over 70yrs

B. Basic Information

3. School /Clan name_____ Type of occupation_____

4. Level of education:

Primary () Secondary () Vocational Training () None () Diploma ()
Degree () Masters ()

C. Item on the Role of Management

Clearly state how you agree with the following about your school:

5. Do you think the management of the cash transfer for Orphans and Vulnerable Children is doing enough in allocating resources equitably? Yes () No () Not Sure ()
6. Give a reason for your answer in 5 above_____
7. How do you rate the extent to which management has reached the deserving orphans and vulnerable children in the community for support through cash transfers?
- Extremely well () Well () Fairly well () Poor () Very Poor ()
8. Give a supporting reason for 7 above_____
9. Indicate the way through which orphans and vulnerable children are identified in your location.
- Through: Chiefs () Religious leader () Teachers () Village elders ()
Community health workers ()

D. Item on the Role Education

10. Do you think education has helped in improving the lives of orphans and vulnerable children in your location? Yes () No () Not Sure ()
11. Give a reason for your answer above_____

12. a). Indicate your position on the factors below appropriately: **1= Strongly Disagree 2= Disagree 3= Weakly Agree 4= Agree 5= Strongly Agree**

Factor	1	2	3	4	5
Cash transfer schemes provide enough schools fees for OVC in your areas					
Cash transfer for OVC provide enough learning support materials					
Performance by the OVC who benefit from cash transfers has improved					
Retention rate of the OVC has increased since the introduction of CTs					

12 b).Interview Questions for the Managers

- Do you think that the government and other stakeholders are allocating enough funds for OVC CT? Explain -----

- How do you think is the sustainability of the OVC CT scheme in Kenya? -----

- Give your position on the role of politics in OVC CTs-----

E. Item on Stakeholders' Role

13. Who are the major stakeholders funding the cash transfers for orphans and vulnerable children in your area? NGOs () Government () Donors () CBOs ()

14. Indicate the extent to what do you agree that the following statements in relation to CTs and OVC.

SA-Strongly agree, A- Agree, U- Uncertain, D-Disagree, SD- strongly disagree

Factor	SA	A	U	D	SD
There is enough funding from the stakeholders towards CT for OVC					
Stakeholders have greatly scaled up OVC CTs in the recent past					
The number of stakeholders for OVC CTs have been on the rise					
The number of OVC benefitting has increased tremendously					

E. Item on Socio-economic Factors

15. Do you think the increase in the number of orphans and vulnerable children (OVC) is as a result of HIV/AIDS epidemic?

Yes () No () Not sure ()

16. Give a reason for your answer above_____

17. Indicate the degree to which you agree or disagree with the following statements.

SA-Strongly agree, A- Agree, U- Uncertain, D-Disagree, SD- strongly disagree

Factor	SA	A	U	D	SD
Most OVC are found in poor families living below 1 US dollar a day					
Physical and child abuse is common among the OVC in your area					
OVC benefitting from the cash transfer are highly stigmatized					
Female OVC are the most affected with negative happenings in the society					

18. What is the source of income for most orphans and vulnerable children (OVC) in your area?

Government () Fellow orphans () Cash transfers () Religious

Organizations ()