

**INFLUENCE OF CASH TRANSFER PROGRAMMES FOR
ORPHANS AND VULNERABLE CHILDREN IN PUBLIC PRIMARY
SCHOOLS IN KWALE COUNTY, KENYA.**

BY

OUNO ONYANGO FREDRICK

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT
OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE
OF MASTER OF ARTS IN PROJECT PLANNING AND
MANAGEMENT OF THE UNIVERSITY OF NAIROBI.**

2015.

DECLARATION

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

Signature..... **Date**.....

FREDRICK O. OUNO

REG NO: L50/70404/2013

Declaration by Supervisor

This Research project has been submitted with my approval as University Supervisor.

Signature **Date**

MR.JOHN BOSCO KISIMBII (Lecturer)

Department Of Extra Mural Studies

UNIVERSITY OF NAIROBI

DEDICATION

This research project is dedicated to all the people who inspired, supported and encouraged me. Special thanks go to my dear wife, Merezzah Onyango for her inexhaustible support and encouragement throughout my studies at the University. To my lovely sons, Alistair and Kinsley I hope this will inspire you to pursue your education and lead successful lives.

ACKNOWLEDGEMENT

These acknowledgements attempt to thank people who in some way supported, guided and encouraged me along the way to completing this research project. I would like to express my sincere gratitude to the University of Nairobi for giving me the chance to undertake my studies and for providing a supportive learning environment.

I acknowledge and express my gratitude and appreciation to my supervisor, Mr. JohnBosco Kisimbii for the professional guidance he gave me while writing this research project.

I want to sincerely thank the Almighty God for my life and strength to complete this research project. My gratitude also goes to all my friends and colleagues who assisted and encouraged me in different ways.

Finally, to my family, thanks for the sacrifices, patience, love and support throughout my research.

TABLE OF CONTENT

	Page
DECLARATION.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
TABLE OF CONTENTS.....	v
LIST OF TABLES.....	viii
LIST OF FIGURES.....	ix
ABBREVIATIONS AND ACRONYMS.....	x
ABSTRACT.....	xi
CHAPTER ONE: INTRODUCTION.....	1
1.1 Background of the Study.....	1
1.2 Statement of the Problem.....	7
1.3 Purpose of the Study.....	8
1.4 Objectives of the Study.....	9
1.5 Research Questions.....	9
1.6 Research Hypothesis.....	11
1.7 Significances of the Study.....	11
1.8 Basic Assumptions of the Research.....	11
1.9 Limitations of the Study.....	11
1.10 Delimitations of the Study.....	12
1.11 Definition of Significant Terms.....	13
1.12 Organization of the Study.....	13
CHAPTER TWO: LITERATURE REVIEW.....	14
2.1 Introduction.....	14
2.2 The concept of Cash Transfer Programmes.....	14

2.3	Cash Transfer Programmes and the OVC Enrolment in Primary schools.....	16
2.4	Schools Development and OVC-CT Programmes Implementation	21
2.5	Participation of Stakeholders in Public Primary	24
2.6	Conceptual framework.....	32
2.5	Summary of Literature Review.....	33
CHAPTER THREE : RESEARCH METHODOLOGY.....		34
3.1	Introduction.....	34
3.2	Research Design.....	34
3.3	Target Population.....	34
3.4	Sample Size and Sampling Procedure.....	35
3.5	Research Instruments.....	35
3.6	Data Collection Procedure.....	36
3.6.1	Instrument Validity.....	36
3.6.2	Instrument Reliability.....	37
3.7	Data Analysis Technique and Presentation.....	37
3.8	Ethical Considerations.....	37
3.9	Operational Definition of Variables.....	38
CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION.....		40
4.1	Introduction.....	40
4.2	Response Rate.....	40
4.3	Demographic Characteristics of Respondents.....	40
4.3.1	Gender of the Respondents.....	41
4.3.2	Age Distribution.....	41
4.3.3	Education Level of Respondents.....	41
4.3.4	Working Experience.....	42

4.4	Support of CT-OVC and Enrollment.....	42
4.4.1	Rating of OVC-CT and Enrollment.....	43
4.5	Results on the Item on School Development.....	44
4.5.1	Achievement of School Development.....	44
4.5.2	Rating of School Development.....	45
4.6	Item on Stakeholder Participation.....	46
4.7	Testing the First Hypothesis Using Chi-Squire.....	47
4.8	Testing of the Second Hypothesis.....	48
4.9	Testing of the third Hypothesis	49
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATION...51		
5.1	Introduction.....	51
5.2	Summary of Findings.....	51
5.3	Discussion of Findings.....	52
5.4	Conclusion.....	53
5.5	Recommendations.....	54
5.6	Suggestions for Further Research.....	55
REFERENCES.....56		
APPENDIX 1	Letter of Transmittal.....	61
APPENDIX 2	Questionnaires.....	62
APPENDIX 3	Interview Guide.....	65

LIST OF TABLES

	Page
Table 3.1 Sample Size.....	35
Table 3.2 Operational Definition of Variables	38
Table 4.1 Sex Distribution of Respondents.....	40
Table 4.2 Age Distribution.....	41
Table 4.3 Academic Qualification.....	41
Table 4.4 Work Experience.....	42
Table 4.5 CT-OVC and Enrollment Increase.....	42
Table 4.6 Rating of CT-OVC and Enrollment.....	43
Table 4.7 Influence on School Development.....	44
Table 4.8 Response Rating on Development	45
Table 4.9 Response Rating on Stakeholder Participation.....	46
Table 4.10 Observed and Expected Responses.....	47
Table 4.11 Chi-Square Testing for first Hypothesis.....	47
Table 4.12 Observed and Expected Responses.....	48
Table 4.13 Chi-Square Testing for Second Hypothesis.....	48
Table 4.14 Observed and Expected Responses.....	49
Table 4.15 Chi-Square Testing for Third Hypothesis.....	50

LIST OF FIGURES

Page

Figure 1: Conceptual Framework.....32

ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
ASALs:	Arid and Semi-Arid Lands
CT:	Cash Transfer
DFID:	Department for International Development
EFA:	Education For All
FPE:	Free Primary Education
GoK:	Government of Kenya
HIV:	Human Immuno-Deficiency Virus
Ksh:	Kenya shillings
LDCs:	Less Developed Countries
OVC:	Orphans and Vulnerable Children
MOE&HRD:	Ministry of Education and Human Resources Development
MoEST:	Ministry of Education, Science and Technology
NGOs:	Non-Governmental Organisations
SPSS:	Statistical Package for Social Sciences
UN:	United Nations
UNESCO:	United Nations Educational Scientific and Cultural Organisation
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund

ABSTRACT

Convention on the Rights of the Child states that every child has the right to the enjoyment of the highest attainable standard of health and the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. In this way, the Convention recognizes that children have a wide range of needs – including, love, safety, nutrition and play – that are fundamental in and for them. The inattention to any of these needs puts a child at a disadvantage, limiting his or her opportunity to grow physically, cognitively, socially and emotionally. It is in this regard that the Kenyan government officially adopted the OVC-CT programme in 2007 with the aims of meeting the MDGs and other basic needs of the poor child. Closely related to this, the researcher has decided to look at education and how the CT-OVC in Kenya has influenced the education of the Orphan and Vulnerable Child in the community. Therefore the research has looked at the impact of CT for OVC programmes implementation in public primary schools in Kwale County. It has concentrated on four major objectives that include: To determine the extent to which the implementation of cash transfer for orphans and vulnerable children influences the enrolment in public primary schools in Kwale County, To examine the extent to which the implementation of cash transfer for orphans and vulnerable children influences the development of public primary schools in Kwale County, and, To examine the extent to which the implementation of cash transfer for orphans and vulnerable children influences the stakeholders' participation in public primary schools in Kwale County. Moderating variables have also been put into consideration. Comprehensive literature review has been done to gather information on the impact of OVC CT programmes in public primary schools from the previous researchers, followed with structured questionnaire distribution and interview as tools to collect data. Random sampling technique and stratified was selected as the appropriate sampling methods giving equal chances to the population. Data has been coded and analyzed using the SPSS 20.0 and Chi-Square was used to test hypothesis.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

According to Abebe (2010), 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, extremely disabled persons grants, social pensions, and transfers to poor households, among others. Their objective is to alleviate poverty/minimize the vulnerability of the victims to poverty, provide social protection at either old age or uncontrolled situations, or reduce economic vulnerability (CALP, 2010). Some cash transfers may be unconditional; others are conditional; aimed to promote particular behaviors, such as school attendance or regular health checkups (UNESCO, 2014).

On the other hand, UNESCO (2011) defines Education. According to it, Education is viewed as a human right and a necessary condition of full exercise of other rights. It is one of the basic rights of every person and has been recognized in the universal declaration of human rights and universal covenant of economic, social and cultural right. One philosopher once said that education's purpose is to replace the empty mind with the open one (UNAIDS, 2010). According to the Irish Aid Education Policy and Strategy (2008), education helps expand the choices and opportunities people have, thus enabling them to take greater control of their lives and escape the vicious cycle of poverty. Clark (1996) defines education as: a lifelong endeavor concerned with ongoing exploration of new knowledge, skills, insights and attitudes and their implications for daily life. In its openness to 'truth', to people in relationships and to the future, education is profoundly an ethical undertaking; thus worth being supported by both CT programmes run in any state.

After a number of countries in the world, a good number of them came up with various ways of taking care of the future of their education especially to the poor children in a number of ways. A report by the World Bank (2012) shows that Conditional Cash Transfer (CCT) Programmes were born in Latin America. This was immediately after the Second World War which saw millions of energetic women and men being moved out of countries like Brazil, Mexico, Haiti etc. to assist in the war in Europe, leaving many untended children. The birth of CCT then in the region had a number of activities attached to them. For example, the Transfers targeted the poor families offering cash subsidies in exchange of commitment by households to invest in the human capital of their children especially in the education of the below 14 children. Due to poverty, families in Brazil for example were unable to invest in their children's health and education (WERK, 2014).

A report by Williams (2010) shows that, in 2000/2001 in Rio de-Generio peri-urbans alone, about 2300 households were affected by extreme poverty that limited up to 5213 children from accessing basic education in the slum elementary schools and basic Medicare. The report continues to indicate that, Households in this Brazil capital for example 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 (World Bank, 2013). A research done by the United Nations (2011), has shown that Brazil has achieved about 67% of educational support to their OVC in the cities, rural places and the natural calamities like drought, flooding and hailstones hit areas. The report shows that in 2005 for example, \$420 million was spent by the government on OVC in schools through the CT programmes; a factor that induced extra cash into the schools that came in through school fees. Besides the money that flew into the schools, the OVC stayed in schools for long (a factor that boosted their grades thus overall improvement in schools performance), increased funds for schools operations (o factor that led to increased funds

for management, new classrooms, laboratories, books etc.) and participation of stakeholders like guardians/parents/teachers or household heads.

Similar studies by the World Bank (2012) indicate that, there are 987 million people living on less than US \$1 a day or around 15 percent of the world's population and a further 2 billion people live on below US \$2 a day. That combined equate to 45 percent of the world's population which means that poverty has not declined in real terms and it is in fact increasing. The ever accelerating poverty levels have seen many deaths occur, especially in Africa and other Asian countries like Bangladesh and Vietnam. These deaths have taken parents who could otherwise take care of their young children, leaving them behind as orphans (WHO, 2010). In sub Saharan Africa, poverty is a prevailing feature amongst the 50 countries around Africa out of the 54 countries due to various reasons like HIV/AIDS epidemic, civil wars/unrests, natural calamities like droughts and extreme hunger, uncontrolled environmental degradation etc. This has left up to 47 million children orphans and vulnerable to uncertainties like lacking basic education and Medicare (WHO, 2012). It is in this spirit that international bodies like IMF, World Bank, USAIDS, UNICEF, UNESCO etc. penetrated sub Saharan Africa countries like south Africa in the early 1990s to insist on the importance of CT programmes; both CCTs and UCTs.

UNAIDS and UNICEF (2011) argue that, several deaths in south Africa led to orphans in the 1995 to 2005 due to high levels of HIV/AIDS among other causes of deaths and, being orphaned or made vulnerable played a role in whether a child goes to school. The first line of defense for OVCs in South Africa just like any other country is to enable children to remain in school so that they can learn skills to care for themselves. Interventions that assist them to remain in school must address the factors that cause them to drop out. OVCs may lose access to school for several reasons including poverty, school fees, lack of food, need for domestic labour, inadequate school care, stigmatization, and parental sickness or death. School enrolment inequalities among all types of orphans have been documented throughout sub-Saharan Africa (Pfleiderer and

Kantai, 2010).The studies have continued to show that the education levels in the SA universities, colleges, high schools and elementary schools for almost 2 decades now has been rated as among the best in Africa due to the impact created by CT for the OVC who were considered to be creative and performing well once given opportunities to study. Also, schools that were allocated cash in 2005/2009 for example recorded 12% infrastructural development, 43% participation from all the stakeholders like children themselves, guardians and other NGOs etc.

Another report done by the World Bank and the Central Bank of Nigeria in 2010 showed that, 60% of Africa's (specifically Nigerians) 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). This has seen that Nigeria's government under Oleseguni Obasanjo and Omar introduce CT that in return gave positive returns in the central and southern Nigeria parts dominated by Christians whereby the schools got extra coins to build new classes, laboratories, erect electricity, adopt ICT etc. some increased enrollment and other gained other external support as pull factors.

Therefore, 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 most countries especially those in the Central east part of Africa (World Bank, 2012). In Uganda for example, 50 years after independence, over 10 million children have been reduced to extremely vulnerable orphans due to factors like civil wars between the Obote and Idd Amin rebels, the Museveni rebels, the Joseph Kony rebels, the AIDS epidemic that swept almost 1/16 of the young population of Uganda and many more. This

insurgence of increment in the number of orphans led to the number of schools without pupils empty as most pupils couldn't afford to attend the classes, some were held at homes to tend to their almost dying parents, vending local goods to take care of fellow orphans in cases of double orphans, looking for foods in the towns in form of street children and many more. This forced the Museveni government through pressure from the international community like World Bank and the UNICEF to introduce universal education, thus CT programmes for OVC to take care of their health, education, well-being and many more. This has the overall impact of increasing the enrolment of pupils in schools remarkably in Jinja, Mbare, Entebe, Kampala, Tororo, Busoga and many more. The UN (2011) report indicates that the increase of the number of universities that produced teachers in Uganda in the 1990s to mid-2000s was due to the influx in enrolment in the elementary levels as a result of the government chipping in in supporting their education, CTs giving fees support to students thus allowing them stay in schools, the health of the pupils being taken care of; thus allowing them the chance of wanting more education and many more.

In their extensive review of the evidence for the potential impact of cash transfer programs to strengthen enrollment among the under 15s in Kenya Allemano and Argall (2010), 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 impetus for developing 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 (Government of Kenya, 2011a). 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 (OVC) (Government of Kenya, 2011b).

Moreover, in Kenya, the socio-economic and political challenges facing the country have brought worrying trends as 46% of the country's over 40 million people are living below the poverty line (Government of Kenya, 2013). There are a rapidly growing number of orphans and vulnerable children, half of which have resulted from HIV/AIDS, terminal illness like cancer and other lifestyle diseases, frequent drought, tribal classes, radicalization wars and the recent unprecedented post-election violence following the disputed 2007 general election (Government of Kenya, 2011c). Social protection programmes for the country's poor and vulnerable population have become increasingly important both economically and politically (MGCSD, 2013).

According to Pfeiderer & Kantai, (2010), The National Plan of Action for Orphans and Vulnerable children Kenya 2007-2010 states that, a greater number of children are vulnerable due to poverty, disease, abandonment, natural disasters, and civil unrest and other causes. In the face of the growing OVC population, the Kenya National AIDS Strategic Plan 2009/10–2012/13 (KNASP III) state that, in 2008, there were an estimated 110,000, 0 to 14 year old orphaned children living with HIV and about 34,000 new child HIV infections each year. HIV/AIDS has resulted in increased numbers of orphaned and vulnerable children (OVC) in Kenya. The 2003 KDHS shows an estimated 11 percent (1.7m) of all Kenyan children less than 15 years had been orphaned compared to nine percent in 1998. Nyanza Province has the highest rates of HIV infection and the highest level of orphanhood in Kenya with up to 40 percent of children less than 18 years orphaned and the proportion is growing.

According to the National Plan of Action for OVC 2007/2010, an estimated 2.4 million orphans in Kenya are due to HIV and AIDS crisis that has heavily afflicted the country. Estimated number of OVC increased from 1.8 million in 2004 to 2.4 million in 2006, 48% of these linked to HIV and AIDS. In the larger coast region alone it is estimated that there are more than 650,000 OVC, the largest number just like Nyanza province in Kenya (UNESCO, 2012). Kwale County for example is one of the poorest areas in Kenya; it has a high AIDS prevalence rate of about 14.8% which is actually almost double the national

average thus a high number of OVC. The growing number of OVC in one of the most impoverished provinces underscores the need to better understand their situation to make programs for this segment of children more targeted.

In regard to these high rates of poverty, ever increasing numbers of OVC, the low rates of enrolment of pupils in schools led to the integration of OVC programmes in the area besides other CT programmes like the OPCT, PEDCT etc. A report by the Government of Kenya (2014a) that it was due to these reasons that the CT-OVC Programme was introduced in the county in 2007 targeting 215 households in three of the districts. About 1,000 OVCs were covered. There was a scale up of the programme in 2009 in six county regions 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 in education. The overall benefits in the county primary schools from the Programme has been increased school's enrolment in areas like Kinango, Kichaka Simba, Lukore, Taru, Kaya Tiwi, Vanga, Jirani, Mwenzamwinyi and many more, increased numbers of teachers attending teachers training colleges, increased performance since pupils could meet the basic need like food hence high concentration, increased infrastructural facilities and many more (Government of Kenya, 2014b).

1.2 Statement of the Problem

Currently, 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. Orphan-hood and vulnerability are identified as impediments in accessing education and retention in nursery and primary schools for most children (Barnett and Hustedt, 2011). In support of this contention UNESCO (2013) confirmed that OVC are likely to have limited access and retention in schools due to finance, malnutrition, poor health, inadequate uniform and learning materials, lack of school fees and low attention due to hunger.

Financing of education for OVC has the potential to redress these challenges and inequalities but can also reinforce them depending on the availability and adequacy of funds and allocation to competing needs. In Kenya, the level of financing of education OVC remains low weakening initiatives to integrate children with vulnerability in schools. This reflects low political initiative to support OVC through at the preschool level. Households are a source of domestic funding not only for tuition fees but also payment for textbooks, instructional materials, uniforms and other inputs needed for children to attend PNS. Requirements to pay for such inputs may preclude OVC from attending school as households taking care of OVC opt to enrol them in other deviant learning institutions that called for fewer payments. As such the learning process of OVC is ineffective without availability of funds. The society has over the years entrusted the Government of Kenya (GOK) to support schooling at all tiers and to adequately support children disadvantaged through orphan hood and sustained vulnerability.

Provision of special attention to mitigate barriers that impede OVC access to equal benefit with all other children involves interventions such as overcoming hunger, provision of learning materials and continuous capacity building of staff. This is achieved through financing school feeding programmes (UNESCO, 2014) in addition to reduction of direct and indirect costs of education which limits participation of OVC in education and provision of funds for staff development. To increase retention of OVC in schools while addressing other factors such as availability and adequacy of finance which most times is inadequate remains an issue in many PNPS. This has also been a factor that called for much increased funds to fund the OVC's education in Kwale county. The World Bank (2012) has shown that the progress of the CT for the OVC has significant increases in school enrolment especially in middle school, recorded declines in child malnutrition and illness and also it led to reductions in poverty. It is in this view that the study seeks to investigate the impact of CT programmes for OVC implementation on the public primary schools in Kwale County, Kenya.

1.3 Purpose of the Study

The purpose of this study was to investigate the influence of the implementation of cash transfer programmes for orphans and vulnerable children in public primary schools in Kwale County, Kenya.

1.4 Objectives of the Study

This study was guided by the following objectives:

1. To determine the extent to which the implementation of cash transfer for orphans and vulnerable children has influenced the enrolment in public primary schools in Kwale County, Kenya.
2. To examine the extent to which the implementation of cash transfer for orphans and vulnerable children has influenced the development of public primary schools in Kwale County, Kenya.
3. To examine the extent to which the implementation of cash transfer for orphans and vulnerable children has influenced the stakeholders' participation in public primary schools in Kwale County, Kenya.

1.5 Research Questions

The study answered the following research questions:

1. To what extent does the implementation of cash transfer for orphans and vulnerable children influence the enrolment in public primary schools in Kwale County, Kenya?
2. To what extent does the implementation of cash transfer for orphans and vulnerable children influence the development of public primary schools in Kwale County, Kenya?
3. What is the extent to which the implementation of cash transfer for orphans and vulnerable children influence the stakeholders' participation in public primary schools in Kwale County, Kenya?

1.6 Research Hypothesis

The study tested the following research hypothesis:

1. H₁: The implementation of cash transfer for orphans and vulnerable children has a significant influence in the enrolment in public primary schools in Kwale County, Kenya
2. H₁: The implementation of cash transfer for orphans and vulnerable children has a great influence in the development of public primary schools in Kwale County, Kenya.
3. H₁: The implementation of cash transfer for orphans and vulnerable children has a significant influence in the stakeholders' participation in public primary schools in Kwale County, Kenya.

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 was necessary to understand the effectiveness of the social protection programmes for these OVCs. (Pfleiderer and Kantai, 2010). This therefore created knowledge in this area of study and contribute to the growing body of literature. The study particularly benefitted organizations as well as individuals who have continuously supported social protection programs in Kenya.

The information was useful to the County Children Officers (CCO's) and District Children Officers (DCO's) at Msambweni, Kinango and Kwale since it enabled them to make effective strategic plans as well as advice the government accordingly to increase allocation of resources to the orphans and vulnerable children so as to have their presence in schools enhanced.

The county government, chiefs, assistant chiefs and other government representatives benefitted from the information that was gathered in this study. More importantly, they were able to advice the public and partners on the importance of strengthening social

protection programs to assist orphans and vulnerable children. The school heads benefitted from the funds and the school boards of management/PTA also got extra funds that benefitted their school projects.

Researchers interested in this area will obviously benefit from the study. They will get available information which they will utilize as they exertion 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 study was guided by the following basic assumption:

- i. The implementation of CT for OVC in Kwale County boosted students' enrolment and stay in public primary schools.
- ii. The study too presumed that the development of public primary schools in Kwale County is closely linked to the introduction of cash transfer programmes for orphans and vulnerable children who bring inn extra cash to substitute the strained budgets.
- iii. Stakeholders are greatly brought on board immediately cash transfer money and resources for OVC is introduced into the schools.

All the three assumptions were proved to be correct. The Cash Transfer for the Orphans and Vulnerable children indeed had led to increased enrolment of less fortunate children in the public primary schools within the Kwale County. School infrastructure has improved and several stakeholders like politicians, Government, NGOs among others have been brought on board.

1.9 Limitations of the Study

The study was faced by a major limitation of time, whereby it 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.

The road network in Kwale county especially Kinango, Vanga, Kichaka Simba etc. 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 county.

Majority of the respondents in the rural area cannot read or write or communicate in both English and Kiswahili nor can they comprehend questions on the Questionnaire. To address this problem, the researcher acquired the services of translators and enumerators.

1.10 Delimitations of the Study

The study was delimited itself by concentrating on the impact of the implementation of cash transfer to orphans and vulnerable children in public primary school. The geographical scope was selected from the orphanages and families with orphans vulnerable families within Kwale county. The research targeted the management 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 Kwale County.

The researcher found it easy doing the research since he is familiar with most of the organizations that support orphans and vulnerable children in Kwale County besides being aware of a number of projects that have succeeded in providing funds for the OVC in schools and this made it easier for him to obtain the required data from the target population. The researcher used a consent form to seek the permission of the respondents to participate in the study and this assured the respondents of their voluntary participation in the research.

The researcher gathered specific information only by administering 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.

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).

Enrollment- It refers to the increase of numbers of pupils in schools due to registration.

Orphan- A child whose mother or father or both are dead and are below the age of 18 years.

Participation- This refers to the involvement of various parts/bodies in an activity that draws its objectives from a common binding goal.

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 etc.

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).

1.12 Organization of the Study

This research project 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 TWO

LITERATURE REVIEW

2.1 Introduction

This section summarizes the literature that is already in existence regarding the impact of cash transfer to orphans and vulnerable children in primary school. It examines how OVC's enrollment in these schools is either accelerated or limited by this cash transfer implementation, the extent to which school development has been affected due to the implementation of the Programme, and, the extent to which stakeholders like the government, school boards, local administrators (assistant chiefs/chiefs) and politicians are going to be affected by implementing the Programme. These discussions are done in reference to the objectives as outlined in chapter one though a quick overview of the concept of cash transfer programmes is also given.

2.2 The Concept of Cash Transfer Programmes

Whereas in the developed countries more than 90% of the population is covered by various forms of State or market-organised social security systems, in developing countries well over 50% of the population remains uncovered against basic risks. Cash Transfer programmes have gained popularity as an approach in the provision of social protection to the poor and other vulnerable groups, Barca, et al (2010). Cash Transfer programmes are non-contributory schemes usually funded by the State that provide cash on a regular and reliable basis to households or persons who meet certain eligibility criteria. They can be given to households as a unit because they meet poverty or vulnerability criteria, to an individual such as an elderly or disabled person, or to families based on the presence of individuals such as children, girls, or fostered orphans. The key feature of cash transfer programmes that distinguish it from other forms of social assistance is that the recipient is given the choice of how to manage the money, i.e. how to spend the money. The donor is thus not, by way of programme design, concerned with the recipients' usage of the cash, Devereux and Vincent (2010).

The introduction of Cash Transfer programmes in Latin America in the 1990s, provided lessons that have been borrowed and replicated in many developing countries to mitigate chronic poverty and vulnerability. Among the countries they are being implemented include Mexico, Honduras, Nicaragua, Brazil, Turkey, Zambia, Malawi, South Africa, Kenya and Mozambique. While the

implementation details vary from country to country, many are modeled on the Mexican PROGRESA, MGCSD (2013). There are many proponents of Cash Transfers though their approaches are different. The World Bank focuses on the link between social protection and pro-poor growth, World Bank (2011), while other organizations like the FAO, FAO Council (2014) argue from the human rights perspective. Others argue from the perspective of specific vulnerable groups such as children or the elderly, Help Age International (2014).

However, all these groups conclude that Cash Transfers have a positive impact on beneficiaries in most of the instances, Pfeiderer & Kantai (2010) in their extensive review of the evidence for the potential impact of CT programmes argued that Cash Transfers have demonstrated a strong potential to reduce poverty and strengthen children's education, health and nutrition. On the other hand, Adato and Hoddinott (2007) as cited in GOK (2010b) argued that though Cash Transfer programmes as currently designed are an important part of poverty reduction strategy especially in dealing with human capital development of children, they require complementary approaches to promote economic development and job creation for persons in the other life cycles.

Looking at the Kenya OVC-CT Programme, the number of orphans and vulnerable children has been on the increase in the last two decades. Traditional social protection mechanisms have been strained. The country has an estimated 2.4 million orphans, half of which have resulted from death of parents due to HIV and AIDS crisis, NACC (2011). Besides the orphans, there are many more children made vulnerable by a myriad of factors such as disease, disasters and violence. A large majority of the orphans live in extreme poverty with relatives or guardians who have limited means. Poor, elderly grandparents have become the majority caretakers of the orphans. There are also a number of households which are headed by a child, as a result of death of parents, with no relatives or other guardians willing and able to take care of the orphaned children, USAID (2013). Such orphans and other vulnerable children may have difficulties in accessing necessary services and basic needs like education, health care, proper nutrition, sense of belonging and love amongst other needs.

This leaves them vulnerable to the ravages of ill health, social exclusion in society, unemployment in later life, and consequently, intergenerational transfer of poverty, Haveman and Wolfe (1995) as cited in Sanganyi, (2010). This has long term negative impact on the economic growth and development of the country. This has made the Government to put in place initiatives to support households to take care of these orphans and vulnerable children. In response to the plight of OVCs especially those arising from HIV/AIDS, the Government, with technical and financial support from UNICEF initiated the Orphans and Vulnerable Children Cash Transfer Programme (OVC- CT) as a pilot in 2004. After a successful demonstration period, the OVC-CT programme was formally approved by Cabinet, integrated into the national budget and started being up-scaled rapidly in mid-2007 across Kenya. The objective of the program is to provide regular cash transfers to families living with OVC to encourage fostering and retention of the children within the community and to promote their human capital development. Eligible households, those who are ultra-poor and contain an OVC, receive a flat monthly transfer of Ksh 2000. Beneficiary households are informed that the care and protection of the resident OVC is their responsibility for receiving the cash payment.

Currently there are no punitive sanctions for noncompliance with this responsibility, although several districts are testing punitive measures to see if they enhance the impact of the program, GOK (2012). The OVC-CT Programme is the government's flagship social protection program, reaching over 130,000 households and 230,000 OVCs across the country as of December 2012 and is currently the largest CT Programme in the country. It is implemented by the Government through the Department of Children's Services (DCS) in collaboration with key Development partners like the World Bank, DFID and UNICEF. However the president of Kenya Uhuru Kenyatta in 2014/2015 budget, he allocated 9 billion Kenyan shillings to all the CT programmes; raising the coverage of the amount to over 512,000 OVC across the country (GoK, 2014).

2.3 Cash Transfer Programme and OVC Enrolment in Primary Schools

Education can be said to be the process of acquiring, learning or internalizing of new ideas either in a formal, non-formal or informal setting, Oxford Policy Management, (2010). 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; owing to the fact that the number stands at over 19.1 million OVC across Africa. In particular, there have been many individual and institutional efforts to assist these children through schools and other educational services as a realization of how important education is and how great it can change their lives, National Council for Children's Services, (NCCS) (2010). But there has been little research into the actual impact of most of these interventions and this has called for more and more calls for 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, MacAuslan and Schofield (2011).

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 (MGCSD, 2011). Many researches have been carried out by scholars across the country and Africa in general on the influence of OVC-CTs on the enrolment of children in schools. For example, Mustapha (2010) carried out a research entitled 'Societal Responses to the State Of Orphans and Vulnerable Children In Kano Metropolis-Nigeria,' and realized that the CT for OVC programme had increased the enrollment in the Kano community in Nigeria by 25% between 2006 to 2010, the retention and school attendance increased by 12% and 14% respectively, Hanlon et al (2010) wrote, 'Just Give the Money to the Poor,' and found out that education is a major determinant of funds/resource allocation by donors, governments,

NGOs and other stakeholders to orphans and vulnerable children. This is attached to the major reasoning that education if well assimilated and taken 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 Hanlon et al, (2010).

A research by Government of Kenya in 2013 in selected districts that had benefited from the OVC-CT Programme since 2007 to mid-2013 shows that, Although Kenya has a policy of free primary education, approximately KSh1120 (around US\$13) had to be paid per term for specific purposes or children would be barred from school. For households with several OVC, this cost was a burden that could be difficult to meet. A head teacher in Kangundo district testified to the role of the CT for OVC children, noting that there were 21 OVC in his school of whom 8-10 were CT beneficiaries. His impression was that the children supported by CT were better dressed, were well fed and could concentrate more than other non-CT beneficiary OVC. Very importantly, the transfer minimized disruption in schooling due to inability to pay charges, contributing to retention, quality and progression. His perception was that it also had the important function of reducing child labour by providing aspiration, occupying time and reducing negative risk coping mechanisms (Government of Kenya, 2014a).

The report continue to show the link between CT-OVC and its influence in enrolment in schools by saying that beyond primary school, the objectives of the CT programme do not include support for secondary education, yet the Research Team identified examples of where it helped OVC attend secondary school. Nonetheless, interviews with head teachers and discussions with OVC school children and their careers revealed that moving on to secondary school was a challenge for OVC especially given these were districts where overall secondary school attendance was low and there was no such support just it was in the cases of elementary levels. Notably in the report were Awendo, Homabay, Garissa, Tana River, Wajir, Pokot and Kwale. Key informants and group participants confirmed that there was a high OVC exit risk in the transition from primary to secondary school. In Awendo District for example, beneficiaries explained that the CT was used by some households to pay for private primary education in

village ‘academies’ (a basic building with limited facilities). They explained that the main reason priority was given to private payment at a young age was because children from underprivileged backgrounds who had good marks then had a chance of accessing free secondary education through government provision, and these private schools were thought to provide a better level of education. Here, education is seen as the major motivator and reason as to why provision of cash transfer targeting OVC comes into play (Government of Kenya, 2014a).

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, UNICEF (2010). Cash transfers have the potential to increase children’s education by several means. 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, UNICEF (2010).

Cash transfers may have particular advantages for girls who are orphans or disadvantaged in the context of HIV and AIDS, UNAIDS (2012). 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, Van Dijk (2007). 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, UNICEF (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 (Devereux and Vincent, 2010). 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 impacts of this program has improved school attendance and increases in a girl's age at first marriage and pregnancy and this improves outcome for the next generation. Further rounds of data collection are expected to test the program's impacts on HIV incidence, Baird et al (2009).

One study in Kenya by Duflo et al (2006) cited in Government of Kenya (2013) 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. It is from these random researches by various scholars that the researcher has a view that OVC-CT programmes have a direct impact in increasing the enrolment, retention and attendance of children in schools; a factor that is to be sought in the field.

2.4 Schools Development and OVC-CT Programme Implementation

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 like infrastructural facilities that included classrooms, pit latrines, playing grounds, laboratories, electricity, water and sanitized waste disposal structures 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. Another report by UNICEF in the same year December shows that education materials are increasingly procured locally in almost 99% of the primary public schools in Africa, UNICEF (2011). A research entitled, 'Benefits of CT programmes in LDCs' Education system,' carried out in the Democratic Republic of the Congo for example shows that UNICEF has provided school materials for 3 million orphans and vulnerable children since 2004 to 2010, all procured in the region (UNESCO, 2013).

Building of schools, water and sanitation work, needs a degree of skilled as well as unskilled labour. In Aceh for example, Mercy Corps organisations that dealt with CT for the OVC that was geared towards improving the education structures, 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. In this way, almost 56% of the primary/ ECECs in Zimbabwe saw a great improvement in terms of infrastructure and sanitation by 27% and 43% respectively between 2005 to 2009. This was due to the fact that the parents/guardians of the orphans who were hired to give labour in the school projects gave their best to these projects since they felt that they were giving to their own children. 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 and the results were documented, UNAIDS (2011).

According to UNAIDS (2011), 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 that included basic necessities like food, writing materials, school uniforms, sanitary pads for the children and the learning environment especially the classrooms that were renovated by use of funds from the CT for OVC. 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, Gray et al, (2011).

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, UNICEF (2014). A similar comparative study was carried out in Tanzania and Kenya and had similar outcome. The study that was carried out by the World Bank in 2008 to 2010 in 10 districts in Kenya and Tanzania (Shinyanga, Tabora, Mwanza, Tanga and Kigoma-Tanzania, Kisumu, Homabay, Kuria, Wajir and Taita-Taveta-Kenya) shows that, since the introduction of the OVC CT Programme Tanzania by Hon. Benjamin Mkapa and in Kenya by the Hon. Kibaki and Hon. Raila government in early 2006/2007, formerly the number of children enrolled in the primary schools increased by four folds. This means that the income for the schools in these areas also increased tremendously. This flew down to the amount of projects that increased since there

were enough resources to support the projects. Also congestion in the classes, laboratories and toilets called for new and better structures to be built. In Kubweye primary school Kuria, and Tabora community school Tabora, the schools built new 10 holed school latrines in the year 2008/2009, Elimu Bora primary in Shinyanga and Wajir Municipal school build 5 new classes between the year 2007 to mid-2009 and many more (UNICEF, 2011; UNICEF, 2012 ; Government of Kenya, 2010).

Since the introduction of OVC funds in Kenya, a number of studies have been done by both local researchers/academicians and international bodies. A randomized trial with 105 orphans of ages 12 to 14 years in Kenya carried out by Sanganyi, N.M.O. (2010) found out that provision of school fees, uniforms and a community visitor who monitored school attendance resulted in decreased school dropout and delayed sexual debut consequently reducing the need and magnitude of operation of the cash transfer providers

The study carried out in Nairobi's major three slums in 2010 - Kibera in Langata constituency, Mathare/Huruma of Kasarani Constituency and Mukuruini of Starehe constituency- had the results documented by the University of Nairobi. In the study, all the participating 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, Sanganyi (2010).

Contrary to Sanganyi who concentrated on the individual wellbeing of the OVC in relation to education, Ikiara, G.K. (2010) strictly looked at how the school benefits from CT programmes in his study, 'Political Economy of Cash Transfers in Kenya. According to him, school heads had an extra flow into their schools up to the tune of Ksh. 900 million since the Programme was started in 2007. Since then, politics has hit major schools like those in the North Eastern parts of the county, South rift, Ukambani part Eastern province and the southern Nyanza. However, he argues that the politics comes in due to the fact that this Programme has brought in an extra resource called 'free money.' In his study, he showed that out of the sampled 55 primary schools across these regions, 45 of them had built new classes using the money given by the government as cash transfers, 49 schools had refurbished their classes and sanitation system like the latrines, 30 schools in Nyanza and Ukambani had erected new water tanks for water storage, 34 schools had hired new PTA teachers and 12 schools had acquired school feeding programmes that aimed at elevating effects of hunger among the young learners. This to a great extent has conclusively impacted positively on the school image especially the learning space and infrastructure, USAID (2012).

2.5 Participation of Stakeholders in Public Primary

A stakeholder in CTs is defined by the USAID (2010b) as a person, group or organization that has interest or concern in an organization that is supporting the CTs or UCTs in either the developed, MDCs or the LDCs. The 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, NGOs, 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 (Government of Kenya, 2010a).

According to the Government of Kenya (2010a) the CT-OVC Programme is a government initiative supporting very poor households that take care of orphans and vulnerable children to enable them take care of those children to grow up in a family setting. From this definition only, the first stakeholder of the Programme thus it the government of any country, Kenya included.

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 a low level when the programmes were initiated to a point where its contribution currently is virtually equal or greater than that of the donors; owing to the fact that the president Uhuru Kenyatta's government increased the amount to Ksh.9 billion in the financial year 2014/2015 (GoK, 2014).

This sharp increase has led some of the people interviewed to predict that the government's share is likely to overshadow that of the donors in the coming three 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). Currently, after the government realizing the role the money plays in improving the welfare of the students in schools and the state of schools at general, the figure directed to the OVC had shoot up to over Ksh. 3.2 billion since 2010 to 2014 (Government of Kenya., 2014a). The Kenyan government came up with three cash transfer programmes among which the Orphans and Vulnerable Children (OVC) cash transfer programme was introduced.

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 due to social crimes and diseases. These kids need formal education just like the privileged children. This can only be possible if straight measures and encouraged participation is guaranteed from major stakeholders like the government. 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 neighboring 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, Emiliana (2011).

A report done by Government of Kenya, (2010b) shows that the government of Kenya just like any government in the world has been charged by its constitution with the major role of providing Education For All (EFA) in regard to the MDGs of 2015. MDG 7, 5 and 4a strictly talks of education providence, maternal-child health, poverty reduction and diseases eradication. It is in this regard that the government through its former vice president Moody Awouri it had accelerated the provision of CT for OVC that ran across the major affected districts in the country initially and today being implemented in all the sub-counties across the country. Studies have shown that the government has been in the fore front in allocating the cash to the children in its national budget, rolling the money through the Ministry of Labour and Social Work to all the decentralized levels in the districts, employing and paying the handlers like children officers at both the counties and district levels, allocating what some schools serving the OVCs get, how they get the money, which projects they use them for, the government has been having a body that monitors and evaluates the relevant use of the funds and many more (UNESCO, 2012). therefore, the government has been a major participant as the stakeholder in this Programme by providing fund, technical expertise in Programme finances monitoring and evaluation, sourcing for more funds from other bodies and formulating policies that are aimed and seeing the Programme work (GOK, 2012).

Another directly linked stakeholder who has been felt by the CT-) OVC Programme across the globe and by local example in our country-Kenya is the single parent, the guardian or the old caregiver of the OVC, or the orphan caregiver incases of double orphan cases. According to the USAID (2011), there are an alarming large number of households which are headed by a child, as a result of the death of parents, with no relatives or other guardians willing and able to take care of the orphaned children. As a result of this socially and politically volatile social crisis arising from this rapidly increasing number of OVC, the Ministry of Home Affairs under Kenya's former Vice-President Hon. Moody Awori, under whose mandate children affairs fell

under, felt concerned and sought advice and assistance from UNICEF office, Nairobi. This set off a series of discussions with UNICEF and a number of other donors to explore possible options. While there have been questions raised over whether the decision to start Kenya's OVC-CT Programme was an initiative of the government or the result of pressure from some development partners, government officials interviewed argued that the Ministry of Home Affairs through the former Vice-President, took the initial step of consulting UNICEF in Nairobi which then took a leading technical, advisory and financing roles without which the OVC-CT Programme would not have taken off when it did (UNICEF, 2010).

In their research, Allen, et al (2010) argued that, Kenya's government looked at the role of the guardians or caregivers in the wellbeing of the orphan and vulnerable child. Results from a study that was carried out in 10 districts in Kenya, namely: Kirinyaga, Kitui, Mwingi, Gucha, Kisumu west and east and many more showed that the government was instructed by the UNICEF to regard the caregivers as the central component of the funds since they are the ones who could receive the money on the behalf of the orphans, assign the money according to their school and home needs, participate in school projects that help their children and many more. This led to the introduction of seminars and sensitization programmes for the caregivers in areas like Kwale, Wajir and Isiolo in 2007 (Government of Kenya, 2010b). Therefore, since the introduction of CT-OVC in the country, the guardians have been involved in school development projects by participating in building projects, giving attention to school development projects for the OVC in their hands' welfare, following the performance of these OVC and finally taking care of the learning environment of these children, UNESCO (2011).

A brief related history by UNICEF (2013) on the stakeholders of OVC-CT Programme in Kenya shows that, Kenya's OVC-CT programme started as a pre-pilot project at the end of 2004 covering 500 OVC households in three districts (Kisumu, Garissa, Kwale) .This pre-pilot phase was aimed at providing lessons on a number of aspects of the planned programme such as targeting, selection procedures and estimation of implementation costs, according to interviews with representatives of some of donor institutions which have been involved in the process of establishing the OVC-CT programme. The programme was substantially expanded during its

phase II which started in June 2006. The new phase was designed to cover 30,000 OVC in seven districts. This phase was also used to test the impact and challenges of introducing conditional cash transfers (CCT) in a few districts, as well as the possibility of using the country's Post Office network as a system for transferring the money to the selected OVC beneficiaries. 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 (USAID, 2010a).

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 Supplementary 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 a 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; nationally, locally and regionally; thus their total effect is being felt in the performance and the resources base in the schools across the country. Donors have also brought in extra training for the teachers who should be handling these students, training of expertise who should manage the special cases of the students like the cases where the kids are stigmatized and many more, Obayi (2011).

Besides the government, guardians and the donors, there is another category of stakeholders who have been brought into participation of these programmes as a result of CT-OVC Programme across the country. This category is that of local leaders like chiefs/assistant chiefs and the politicians. In Brazil, all CTs whether UCCTs or CCTs are viewed as political moves or government interventions that are aimed at upgrading the lives of the disadvantaged people in the country ranging from the aged, extremely disabled, OVC, the people faced with extreme hunger and other natural unfortunates like earthquakes, The Hague Global Child Labour Conference (2010). In this view, all the CTs in Brazil have been implemented and monitored, by extension, by the local leaders and the local politicians who participate either voluntarily or under some payment in identifying the needy children, aged people or disabled people in their community they raising their relevance in serving the locals they lead ,UNAIDS and WHO, (2012).

In their writing, Hanlon, et al. (2010) wrote on the role of politics and politicians in CT programmes implementation in Kenya, Rwanda, Lesotho, Namibia, Guinea Bissau and DRC. They argue that, various experiences from these countries show 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’ (Oxford Policy Management, 2010). 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 or some are trying to better their voters populations than others, thus this makes the politicians to participate in various projects initiated by the CT-OVC in schools (National Council for Children’s Services-NCCS, (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 and OVCs because they fear they will lead to dependency and tax increases (UN, 2010). However, the interventions examined by CPRC 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, World Bank (2012). 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 (Government of Kenya, 2008). 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.

Reports by UNAIDS and WHO (2012) on the Role of New Politics in Changing Lives of the Orphans shows that, after the violence that erupted as a result of disputed 2007 elections, politicians in Kenya who were affected strongly supported the activities of the OVC and other CT programmes as one way of helping their communities that were disadvantaged. In the central rift valley, central Kenya, Luo Nyanza and north eastern parts of the country had up to 4 out of 10 MPs and 5 out of 8 local leaders sensitizing, supporting and rallying for the money the government had brought to help the poor, orphans that were affected by the PEV and the aged who were helpless after their bread winners were killed in the war. The report also continues to show that in Eastern province prominent politicians supported the move of introducing the CT for OVC in schools as it helped the children become better citizens and compete favorably just like their counterparts from wealthy backgrounds. In Endau, Sombe, Kyanika and Ikutha areas of the dry Kitui, Hon. Kiema Kilonzo and Hon. Charity Ngilu went to various churches like AIC Sombe to rally support for the OVC-CT funds adoption for children's education, rally the hunger CT Programme to elevate the hunger and many more in 2010. The same is also quoted in the Government of Kenya (2014a) coupled with some similar citations of some local chiefs in Mandera who teamed up in the same year to ensure that the money allocated to the orphans was well utilized especially in schools. However no research has been carried out in Kwale County to establish the participation of stakeholders in these funds especially as it related to the education part.

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. It also gives a summary of the independent factors together with the indicators that can be measured in the field during the research.

Independent variables

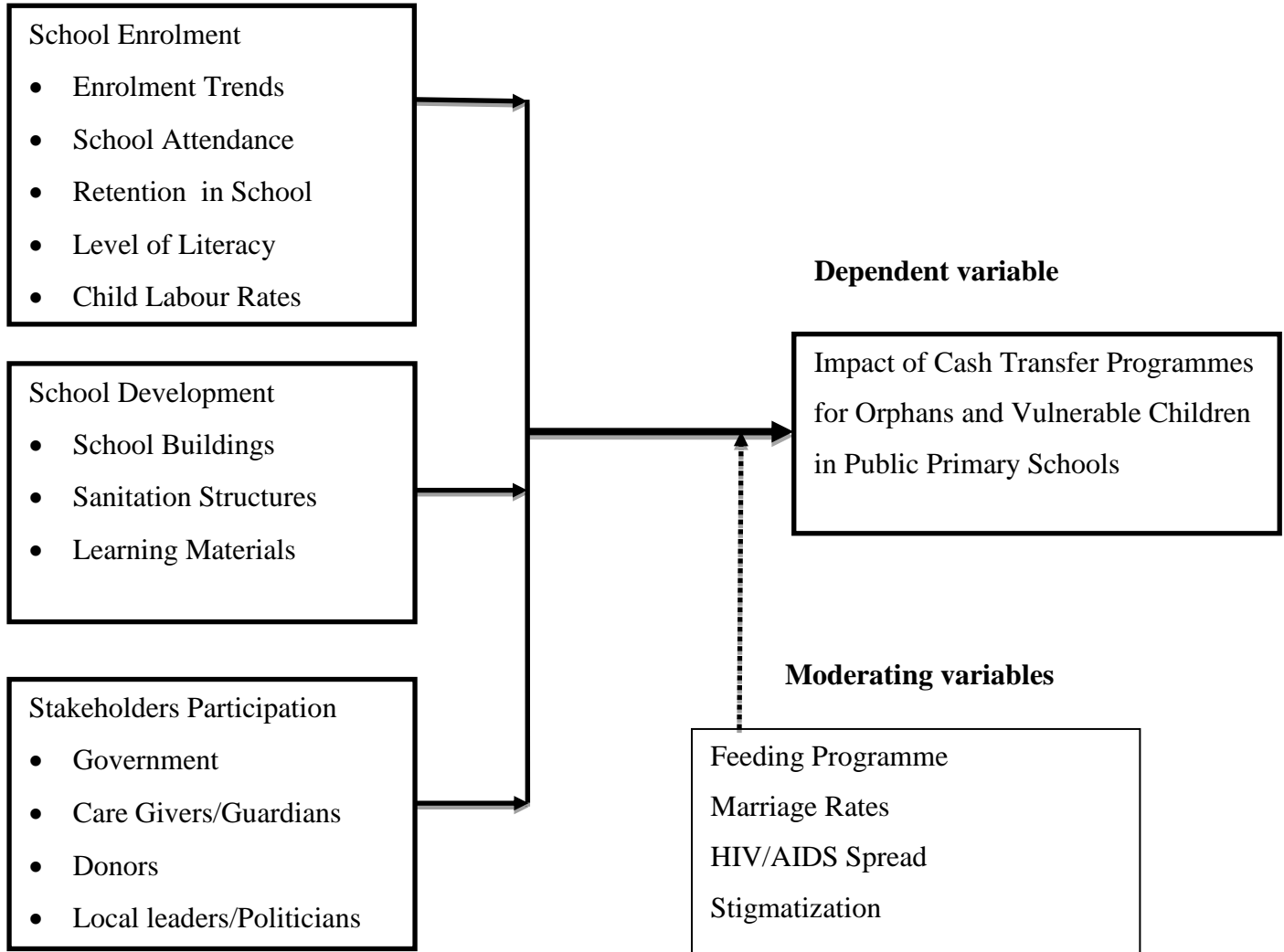


Figure 1: Conceptual Framework

The above framework shows the interconnections between study variables that are bringing a general impact in the public primary schools as a result of introduction and maintenance of the CT Programme for OVC. The dependent variable is the Impact of Cash Transfer Programmes for

Orphans and Vulnerable Children in Public Primary Schools that is affected by the four independent variables on the left hand as shown on the figure.

The independent variables that have been attached to impacting in one way or the other in the implementation of OVC-CT programmes in public primary schools include: school enrolment, school development and stakeholders participation in various school programmes. These three above mentioned factors have their various indicators that will be measured in a scale to assess the rate at which this factors influence the dependent variable.

Accompanying the dependent variable on the far right is the intervening variables. These are variables/factors that also in one way or the other interact to influence the provision of CT-OVC. They include Feeding Programme, Marriage Rates, HIV/AIDS Spread and Stigmatization.

2.7 Summary of Literature Review

Literature has revealed that developed countries have made remarkable in education and for a long time has also adopted strategies that are aimed at changing the lives of the disadvantaged in the community especially the OVC, PWEDs, OP and hunger stricken people. In this, the government has its investment in cash transfer for OVC this has been felt in the education systems whereby school enrolments by the OVC has increased for long, the school structures and status have changed and the rates at which stakeholders like community leaders are participating in these programmes is worth a critical analysis. The research has looked at three factors that have been adopted as the independent variables and the intervening variables are on the far right together with the intervening variables. These are the factors the researcher wants to address and show how they bring an impact in the general outlook on the public primary schools in the Kwale County.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research design, target population, sample size and sampling procedures, research instruments, validity and reliability of the research instruments, procedures for data collection and analysis, and ethical considerations made in the study.

3.2 Research Design

The research was conducted using descriptive survey design. Mugenda and Mugenda (2003) define survey as an attempt to collect data from members of a population in order to determine the current status with respect to one or more variables. The rationale behind the use of survey research design is to help the researcher to collect information from the sample through questionnaires and interview schedule. Survey design involves describing the nature of the current condition; identifying the problem in existing situations; assessing the needs to describe what exists in what amount and what context. Borg and Gall (1989) note that descriptive survey research is intended to produce statistical information about aspects of education that interest policy makers and educators. This design is applicable to the study as the researcher was able to generate a wide range of both quantitative and qualitative data after which descriptive comparisons were made in order to describe the impact of OVC CT programmes in public primary schools and describe the needs emerging in the study. Also five chiefs will be sampled for the study since they are the ones who identify the OVC in the locational levels.

3.3 Target Population

A population is an entire group of individuals, events, objects or items having common observable characteristics from which samples are taken for measurement (Mugenda and Mugenda, 2003). The target population for this research was the 310 head teachers of the primary schools in the county that are registered by the MOE and are said to have benefited from the CT-OVC for the last five years i.e., November 2014 backwards to 2007 since the Programme was rolled out. This study focuses on the head teachers because they are the ones who shoulder most of the impacts, roles and responsibilities associated with money coming from the government in form CT to the OVC in schools.

3.4 Sample Size and Sampling Procedure

Mugenda, (2003) defines a sample as a subject of a target population to which the researcher intends to generalize the findings. An ideal sample he observes that it should meet three basic qualities that includes: adequacy of representation of the population, for which it is to be generalized, should be economically viable and timely. He observes a sample as a smaller group obtained from a more narrowly defined and manageable population otherwise known as the “accessible population” , Mugenda and Mugenda (1999). A sample of 93 school heads which is 30 percent of the target population was selected using systematic sampling procedures. This was proposed by Gay (2003) who said that a sample size of at least 10 percent is sufficient. One school head teacher was selected from the major primary schools in the five regions (cluster 1- Matuga, cluster 2-Kinango, cluster3-Lungalunga, cluster 4-Msambweni and finally cluster 5- Lukore) using purposive sampling making a total sample population 93 respondents. Census sampling was used to sample 5 Chiefs from each region for interview. Data collected was analyzed using SPSS version 20.0.

Table 3.1: Sample Size

Region	Total Population (N)	Sample Size (N x 0.3)
Matuga	67	20
Kinango	64	19
Lungalunga	55	17
Msambweni	71	21
Lukore	53	16
Total	310	93

3.5 Research Instruments

Survey research design mainly involves the use of questionnaires, inventories and interviews to gather information, Robers (1984). Ball, (1977) argue that questionnaires are more effective when used with an adult population. The main data collection tool for the study was the questionnaire and interview schedule. The questionnaires were both open and closed ended

questions and were personally administered by the researcher and the research assistants in order to maintain and ensure quality. This mode of administration was to promote a high rate of response. Key informants were interviewed using a key informant questionnaire guide. This was to give more in depth and was meant to generate purely qualitative data that helped to capture information about cash transfer program for OVC in primary schools.

3.6 Data Collection Procedure

A pre-test evaluation was conducted prior to data collection to enable the researcher to test the viability of the data collection instrument and besides familiarize with the study area i.e. geographical location, mood of the population in relation to perceptions, challenges etc. The questionnaires were administered by trained research assistants/enumerators who conducted the pre- field and post field data collection. A one day training session was conducted for research assistants to internalize with the data instrument, study area, approaches used and what is expected from them based on ethical standards of research.

The questionnaires were administered orally with the guide of research assistants to the targeted sample population of respondents who are willing to be interviewed. There were key informant interviews targeting respondents considered to have key information about the study topic. These were mainly conducted to the chiefs. Direct administrations of questionnaires were maintained too for school heads.

Upon receiving authorization permit to carry out the research from the ministry of labour and social services, the researcher made familiarization visits to all the selected schools in the County prior to the data collection date. The questionnaires were there after filled in by the respective respondents and the researcher will collect them.

3.6.1 Instrument Validity

Mugenda and Mugenda, (2003) explains validity as the accuracy and meaningfulness of inferences made by a research instrument. The common factor model proposes that each observed response is influenced partially underlying common factors and partially by underlying unique factors, Wang (2009). Orodho (2009) observes that validity is the degree to which the result obtained from the analysis of the data actually represents the phenomenon under study

Content validity of the instruments was used to measure the degree to which the items represents the specific areas covered by the study. Therefore, content validity of the instruments was determined by experts in School of Continuing and Distance Education of the University of Nairobi Mombasa campus. The experts advised on the questionnaire and the questionnaires open-ended items to be corrected. The corrections on the identified items were incorporated into the instruments so as to increase its content validity. Finally the validity of the questionnaires' open-ended items were ascertained by lecturers from the Department extra- mural studies of the University of Nairobi.

3.6.2 Instrument Reliability

Reliability has to do with the quality of measurements. In research, the term reliability means "repeatability" or "consistency" of measures, Kasomo (2006). In the piloting process split-half method will be used by administering the questionnaires' closed-ended items which were subjected to a pilot study utilizing a sample of 8 randomly selected respondents. The data values collected were operationalised and the numerical scores were split into two using 'odd number versus even number items' process to get two sets of values which were correlated using Pearson Product Moment Correlation Coefficient and obtained a correlation of 0.82. This is sufficient as proposed by Kasomo (2006) who argued that at least 0.75 is sufficient.

3.7 Data Analysis Technique and Presentation

The raw data was edited once the data collection process is completed. Coding was done in order to translate responses into specific categories. The quantitative data from the questionnaire was analyzed using both descriptive statistics and inferential statistics. Frequency distribution tables showing responses and percentages constructed. Hypothesis was tested using Chi-Square. The qualitative data obtained through interview schedules were analyzed by determining the main theme and content, and thereby make statements on how these themes of data are related.

3.8 Ethical Considerations

There are numerous ethical considerations that the researcher observed during the study. The researcher obtained the respondents' consent before carrying out the study. The researcher then explained the reason for the study to the respondents. The respondents were assured that the information they provided was to be treated with extreme confidentiality. No names were used and codes will be used if necessary for confidentiality.

3.9 Operational Definition of Variables

Table 3.1 Variables Definition

Research objectives	Type of variable	Indicator	Level of scale	Research design	Data collection method	Level of analysis
To determine the extent to which the implementation of cash transfer for orphans and vulnerable children influences the enrolment in public primary schools in Kwale County, Kenya.	Independent variable: School Enrolment	Enrolment Trends. School Attendance. Retention in School. Level of Literacy. Child Labour Rates.	Likert Scale	Survey	Questionnaire	Descriptive: Central tendency
To examine the extent to which the implementation of cash transfer for orphans and vulnerable children influences the development of public primary schools in Kwale County, Kenya.	Independent variable: School Development	School Buildings. Sanitation Structures. Learning Materials.	Likert Scale	Survey.	Questionnaire	Descriptive: Central tendency.

<p>To examine the extent to which the implementation of cash transfer for orphans and vulnerable children influences the stakeholders' participation in public primary schools in Kwale County, Kenya.</p>	<p>Independent variable: Stakeholders Participation</p>	<p>Government. Care Givers. Donors. Local leaders/Politicians.</p>	<p>Likert Scale</p>	<p>Survey.</p>	<p>Questionnaire.</p>	<p>Descriptive: Central tendency.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------	--------------------------------------------------------------------------------	---------------------	----------------	-----------------------	-------------------------------------------

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

The data collected from the field was keyed and analyzed by simple descriptive analysis using Statistical Package for Social Scientists (SPSS) version 20.0 software. The data was then presented through frequency tables and narrative analysis. In this note therefore, this chapter presents results of the research in different sub-sections that focuses on the objectives of the study and the items questioned in the questionnaire.

4.2 Response Rate

In the study, questionnaires were administered the total population of 93 head teachers, and interview schedules were conducted between the researcher and five chiefs who were randomly selected. The response rate was 96.77% positive, meaning that 90 questionnaires were fully filled and returned. These are the questionnaires valid for the study, three (3) questionnaires were not valid for the study.

4.3 Demographic Characteristic 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 Gender 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

Gender	Frequency	Percentage
Female	18	20%
Male	72	80%
Total	90	100%

In the responses given, the male teachers were the majority in leadership positions while the female were disadvantaged maybe due dynamics in leadership positions. Male respondents made majority of the respondents at 80% while the female respondents who participated in the study made 20%. In the interview sessions, all the five identified chiefs were male.

4.3.2 Age Distribution

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

Table 4.2 Age Distribution

Age	Frequency	Percentage
Below 20	0	00%
Between 20-29	0	00%
Between 30-39	9	10%
Between 40-49	45	50%
Over 50	36	40%
Total	90	100%

The table shows that majority of the population that participated in the study were over 40 years who attracted the response rate of over 90%, this was followed by 30-39 years at 10%. This shows that those in the management are experienced and have better understanding of issues.

4.3.3 Educational Level of Respondents

The study sought to establish the level of education of the respondents and the results indicated.

Table 4.3 Academic Qualification

Education level	Frequency	Percentage
Others	00	00%
K.C.S.E	02	2.2%
Diploma	72	80%
Bachelor's Degree	14	15.6%
Masters Degree	2	2.2%
Total	90	100%

Respondents with a diploma level of education dominated at 80%. They were followed by those with a degree at 15.6%, Masters and KCSE tied at 2.20% this shows they're more knowledgeable.

4.3.4 Working Experience

The working experience of the respondents was as shown in the table 4.4 below.

Table 4.4 Work Experience of the Respondents

Work experience	Frequency	Percentage
Below 2 years	00	00%
2-5 years	00	00%
6-10 years	00	00%
11-20 years	18	20%
21-30 years	36	40%
Above 31 years	36	40%
Total	90	100%

20 % of the respondents were below with 11-20 year of work experience, 21-30 years had 40% of the respondents, above 31 years had 40%, while the rest had 00. The information gathered shows that majority of the respondents have enough years of experience to have knowledge and deeper understanding of the problem being investigated.

4.4 Support for CT-OVC and Enrollment

Respondents were asked whether they supported the idea that CT-OVC has led to increased enrolment in schools and the responses below were arrived at.

Table 4.5 CT-OVC in Enrolment Increase

Gender	Frequency	Percentage
Yes	72	80%
No	9	10%
Not sure	9	10%
Total	90	100%

In relation to the idea that school enrolment has increased due to OVC-CT programmes, 80% of the respondents support the idea by indicating the yes answer, 10% went against while 10% were never aware of the CT-OVC programme and its effects. Some explanations given in relation to the answers above were: the 80% who said yes felt that the number of pupils in schools has

increased due to the fact that some of the pupils could get food from the cash provided, other could contribute towards the shared cash programme, others had the ability to pay some levies levied on them and others could afford the purchase of school uniforms and other materials. Those with no answer felt that the, money was very little and couldn't make any big impact in the children's school attendance.

4.3 Rating of OVC-CT and Enrollment

On a likert scale of degree of measure of 1-5 where 1=strongly disagree, 2=disagree,3= Weakly agree , Agree =4 Strongly Agree =5, the research sought to find out the rating of number of factors in relation to school due to OVC-CT programme and results given as shown in table 4.6.

Table 4.6 Rating of Education

Factor	1	2	3	4	5
Since the introduction of CT-OVC enrolments trends in schools have been positive for the past 5 years.	6	7	11	47	19
To what extent do you agree with the idea that CT funds for the OVC has led to increased school attendance by the children.	7	8	26	21	28
Retention in school has been brought about by CT-OVC provision.	10	9	20	25	26
Levels of literacy have reduced since the introduction of OVC-CT in schools.	7	4	27	27	25
Child labour rates have dropped as a result of children attending schools.	7	7	18	40	18

The study had a number of responses in relation to the various rated factors. From the responses gotten in the study therefore, 6 of the respondents strongly disagreed with the idea that since the introduction of CT-OVC enrolments trends in schools have been positive for the past 5 years, 7 respondents disagreed, 11 weakly agreed, 47 agreed while 19 strongly agreed. The idea that CT funds for the OVC has led to increased school attendance by the children had, 7 respondents who strongly disagreed , 8 disagreed, 26 weakly agreed, 21 agreed while 28 strongly agreed with the idea. In relation to the idea of retention in school has been brought about by CT-OVC provision, 10 respondents strongly disagreed , 9 disagreed, 20 weakly agreed, 25 agreed while 26 strongly agreed with the idea. The statement on whether levels of literacy have reduced since the

introduction of OVC-CT in schools had, 7 respondents strongly disagreed, and 4 disagreed, 27 weakly agreed, 27 agreed while 25 strongly agreed with the idea. On the argument that, child labour rates have dropped as a result of children attending schools, 7 respondents strongly disagreed, and 7 disagreed, 18 weakly agreed, 40 agreed while 18 strongly agreed with the argument.

In an interview with the 5 chiefs, all of them agreed that they were aware of the CT-OVC programme run by the government, they have been involved in all the occasions in identifying the needy children especially the orphans who have benefited from the funds. The CT has motivated many orphans to go to school. On one way they quoted the orphans have benefited is by getting some cash that has facilitated their education process through such gains like purchase of school books, uniforms and paying some small school fee levy laid on them.

4.5 Results of Item on School Development

The respondents were asked a number of questions in relation to an item on School Development and different results given as follows.

4.5.1 Achievement of School Development

When asked on whether they thought that school development has been achieved since the introduction of cash from the CT for OVC in the primary schools, the respondents had the following responses

Table 4.7 Influence on School Development

Gender	Frequency	Percentage
Yes	72	80%
No	18	20%
Total	90	100%

From the responses, 72 respondents supported the idea by saying yes while 20% of the total 90 went against the idea.

4.5.2 Rating of School Development

When asked to rate various activities in relation to school development using a scale of: Strongly Disagree = 1, Disagree = 2, Weakly Agree =3, Agree =4, Strongly Agree =5, results below were obtained.

Table 4.8 Responses on Rating

Factor	SD	D	WA	A	SA
Provision of CT for OVC in the area has led to improved school buildings.	2	5	30	40	13
Sanitation structures like latrines and disposal sites have been improved due to the introduction of CT for OVC in the county.	10	10	13	42	15
The situation and providence of learning materials like stationary, uniforms etc. has increased since the introduction of CT-OVC in Kwale county.	9	6	23	32	20

From the responses, 2 respondents strongly disagreed with the idea that provision of CT for OVC in the area has led to improved school buildings, 5 disagreed, 30 weakly agreed, 40 agreed, while the majority at 13 strongly agreed. In regard to the statement, Sanitation structures like latrines and disposal sites have been improved, 10 respondents strongly disagreed, 10 disagreed, 13 weakly agreed, 42 agreed, while the majority at 15 strongly agreed. The final statement that read, the situation and providence of learning materials like stationary, uniforms etc has increased since the introduction of CT-OVC in Kwale County attracted responses as follows: 9 respondents strongly disagreed, 6 disagreed, 23 weakly agreed, 27 agreed, while the majority at 32 strongly agreed.

In an interview with the chiefs, 4 of the 5 argued in support of the idea that since the government started giving various CT cash to the aged, OVC and disabled people, development has been felt. The old people for example paid for their grandchildren in schools. The OVC programme was seen to have increased the rate of completion of school building projects, renovation and many more. Only 1 felt that the amount allocated to the OVC was very little and caused little impact as far as classrooms or any other schools construction projects are concerned.

4.6 Item on Item of Stakeholders Participation

Respondents were asked to rate in a scale of 1-5 on how they agreed with the following statements where: Strongly Disagree = 1, disagree = 2, weakly agree =3, agree =4 strongly agree =5 and results were given in the table below.

Table.4.9 Responses Ratings

Factor	1	2	3	4	5
The government has been the major stakeholder and participant in Primary schools that have OVC in relationship to their benefits.	2	2	4	40	42
Caregivers/ guardians have made a major component of the participants in schools development projects that are tied to OVC benefiting from CTs.	9	29	9	32	11
Politicians have been in the fore front in advocating for CT programmes for better education of the OVC.	30	32	9	20	19
Local leaders(chiefs/assistant chiefs) have been instrumental in CT-OVC implementation in schools	8	9	7	30	36

From the study, 2 respondents strongly disagreed with the idea that the government has been the major stakeholder and participant in Primary schools that have OVC in relationship to their benefits, 2 disagreed, 4 weakly agreed, 40 agreed, while the majority at 42 strongly agreed. In regard to Caregivers/ guardians, 9 respondents strongly disagreed, 29 disagreed, 9 weakly agreed, 32 agreed, while the majority at 11 strongly agreed. On the idea that read, Politicians have been in the fore front in advocating for CT programmes for better education of the OVC had, 30 respondents who strongly disagreed, 32 disagreed, 9 weakly agreed, 20 agreed, while the majority at 19 strongly agreed. Finally on the idea of local leaders(chiefs/assistant chiefs) have been instrumental in CT-OVC implementation in schools, had 8 respondents who strongly disagreed, 9 disagreed, 7 weakly agreed, 30 agreed, while the majority at 36 strongly agreed.

From the interview that had a question requiring the chiefs to state whether they were involved in the identification and the process of taking care of the CT for OVC money in the county, the unanimously agreed that the government has for a long time been involving them in every step and this government through the ministry of labour has been the major stakeholder in providing the CT programmes.

4.7 Testing the First Hypothesis Using Chi-Square

H₁: The implementation of cash transfer for orphans and vulnerable children has a significant influence in the enrolment in public primary schools in Kwale County, Kenya

Table 4.10
Showing Observed and Expected Responses

Scale	SD	D	WA	A	SA
Observed (O)	6	7	11	47	19
Expected (E)	18	18	18	18	18

Table 4.11 Showing Chi-Square Testing

O	E	(O-E)	(O-E) ²	(O-E) ² /E
6	18	-12	144	8.0
7	18	-11	121	6.72
11	18	-7	49	2.72
47	18	29	841	46.72
19	18	1	1	0.05

$$\sum (O-E)^2/E = 64.21$$

$\chi^2_c = 64.21 > \chi^2_{0.05} = 9.488$ at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 64.21 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, the implementation of cash transfer for orphans and vulnerable children has a significant influence in the enrolment in public primary schools in Kwale County, Kenya.

4.8 Testing of the Second Hypothesis

H1: The implementation of cash transfer for orphans and vulnerable children has a great influence in the development of public primary schools in Kwale County, Kenya.

Table 4.12 Showing Observed and Expected Responses

Scale	SD-1	D-2	WA-3	A-4	SA-5
Observed (O)	2	5	30	40	13
Expected (E)	18	18	18	18	18

Table 4.13 Showing Chi-Square Testing for the Second Hypothesis

O	E	(O-E)	(O-E) ²	(O-E) ² /E
2	18	-16	256	14.22
5	18	-13	169	9.39
30	18	12	144	8.0
40	18	22	484	26.89
13	18	-5	25	1.39

$$\sum (O-E)^2/E = 59.89$$

$\chi^2_c = 59.89 > \chi^2_{0.05} = 9.488$ at 4 degrees of freedom and 5% level of confidence.

Since the calculated $\chi^2_{0.05}$ square value of 59.89 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, the implementation of cash

transfer for orphans and vulnerable children has a great influence in the development of public primary schools in Kwale County, Kenya.

4.9 Testing of Third Hypothesis on the Health Provision

H1: The implementation of cash transfer for orphans and vulnerable children has a significant influence in the stakeholders' participation in public primary schools in Kwale County, Kenya.

Table 4.14 Showing Observed and Expected Responses

Scale	SD (1)	D (2)	WA (3)	A (4)	SA (5)
Observed (O)	2	2	4	40	42
Expected (E)	18	18	18	18	18

Table 4.15 Showing Chi-Square Testing for the Third Hypothesis

O	E	(O-E)	(O-E) ²	(O-E) ² /E
2	18	-16	256	14.22
2	18	-16	256	14.22
4	18	-14	196	10.89
40	18	22	484	26.89
42	18	24	576	32.00

$$\sum (O-E)^2/E = 98.22$$

$\chi^2_c = 98.22 > \chi^2_{0.05} = 9.488$ at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 98.22 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, the implementation of cash transfer for orphans and vulnerable children has a significant influence in the stakeholders' participation in public primary schools in Kwale County, Kenya.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, 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 purpose of this study was to determine the impact of CT programmes for OVC implementation on the public primary schools in Kwale County, Kenya. From an analysis and review of the research data and additional data gathered through interviews and questionnaires filled, a number of issues became apparent.

As per the first objective that sought to determine the extent to which the implementation of cash transfer for orphans and vulnerable children influences the enrolment in public primary schools in Kwale County, a number of arguments became apparent. In relation to the idea of school enrolment has increased due to OVC-CT programmes, 80% of the respondents support the idea by indicating the yes answer, 10% went against while 10% were never aware of the CT-OVC programme and its effects. Some explanations given in relation to the answers above were: the 80% who said yes felt that the number of pupils in schools has increased due to the fact that some of the pupils could get food from the cash provided, other could contribute towards the shared cash programme, others had the ability to pay some levies laid on them and others could afford the purchase of school uniforms and other materials. Those with no answer felt that the money was very little and couldn't make any big impacts in the children's school going. An interview with the chiefs also had the results that showed, the CT has motivated many orphans to go to school.

As per the second objective which sought to examine the extent to which the implementation of cash transfer for orphans and vulnerable children influences the development of public primary

schools in Kwale County, it had responses as follows: 72 respondents supported the idea by saying yes to the OVC –CT’s positive influence on development while 20% of the total 90 went against the idea. On a rating, 2 respondents strongly disagreed with the idea that provision of CT for OVC in the area has led to improved school buildings, 5 disagreed, 30 weakly agreed, 40 agreed, while the majority at 13 strongly agreed. In an interview schedule with the 5 chiefs, 4 were with the idea that the CT-OVC had had a noticeable impact on the school development projects especially the school infrastructure while one felt that the money was minimal.

On the third objective that sought to examine the extent to which the implementation of cash transfer for orphans and vulnerable children influences the stakeholders’ participation in public primary schools in Kwale County, 2 respondents strongly disagreed with the idea that the government has been the major stakeholder and participant in Primary schools that have OVC in relationship to their benefits, 2 disagreed, 4 weakly agreed, 40 agreed, while the majority at 42 strongly agreed. In regard to Caregivers/ guardians, 9 respondents strongly disagreed, 29 disagreed, 9 weakly agreed, 32 agreed, while the majority at 11 strongly agreed. From the interview that had a question requiring the chiefs to state whether they were involved in the identification and the process of taking care of the CT for OVC money in the county, the unanimously agreed that the government has for a long time been involving them in every step and this government through the ministry of labour has been the major stakeholder in providing the CT programmes.

5.3 Discussion of Findings

From the results of the study, there is a great relationship between the contributions and implementation of OVC-CT programme in Kwale County and the education. Therefore, from the findings on the support on the first of objective that touched on influence of Cash transfer on school enrolment, 80% of the respondents supported the idea and from an interview with the chiefs, it had results that showed, the CT has motivated many orphans to go to school. This can be further supported by MacAuslan and Schofield, 2011, according to him 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 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

As per the second objective which sought to examine the extent to which the implementation of cash transfer for orphans and vulnerable children influences the development of public primary schools in Kwale County, it had responses as follows: 72 respondents supported the idea by saying yes to the OVC –CT’s positive influence on development while 20% of the total 90 went against the idea. On a rating, 2 respondents strongly disagreed with the idea that provision of CT for OVC in the area has led to improved school buildings, 5 disagreed, 30 weakly agreed, 40 agreed, while the majority at 13 strongly agreed. In an interview schedule with the 5 chiefs, 4 were with the idea that the CT-OVC had a noticeable impact on the school development projects especially the school infrastructure while one felt that the money was minimal.

In regard to the findings UNICEF (2011) found out that there were a number of possibilities for bringing cash transfers into education projects like infrastructural facilities that included classrooms, pit latrines, playing grounds, laboratories, electricity, water and sanitized waste disposal structures 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. Another report by UNICEF in the same year December shows that education materials are increasingly procured locally in almost 99% of the primary public schools in Africa (UNICEF, 2011).

As per the third objective that sought to examine the extent to which the implementation of cash transfer for orphans and vulnerable children influences the stakeholders’ participation in public

primary schools in Kwale County, 2 respondents strongly disagreed with the idea that the government has been the major stakeholder and participant in Primary schools that have OVC in relationship to their benefits, 2 disagreed, 4 weakly agreed, 40 agreed, while the majority at 42 strongly agreed. In regard to Caregivers/ guardians, 9 respondents strongly disagreed, 29 disagreed, 9 weakly agreed, 32 agreed, while the majority at 11 strongly agreed. From the interview that had a question requiring the chiefs to state whether they were involved in the identification and the process of taking care of the CT for OVC money in the county, the unanimously bought the idea and agreed that the government has for a long time been involving them in every step and this government through the ministry of labour has been the major stakeholder in providing the CT programmes

In support of the findings Srinivas (2012) wrote in order to develop the health and nutrition situation in Kenya, around 157 NGOs have brought in sanitary toilets, papers and towels for 7.9 million people and safe water for 1.5 million people through establishment of 1.5 million tube-well in dry ASALs, 186 rural sanitation center and 2500 latrines . In Kenya, till 2009, 85% children were vaccinated and 90% families' women were given training on how to make oral saline under the EPI project carried out by the World Vision, WHO, PI, USAID and many INGOs/NGOs. In one research done on about 214 households in Kenya's slums, it was found that, in terms of food intake, knowledge on nutrition, mother and child care, tendency to take purified water etc. those poor people under NGO projects had daily intake of 2,171 calorie where as those not included in the projects took only 1,982 calorie. 50% children under NGO funded project for example have normal nutrition and those not included under NGO, only 30% children aged nine years have normal nutrition. In other words, NGOs are playing notable role in changing poverty state by bringing in primary and other health and nutrition care services within the reach of poor people (Mbatia and Shrum, 2010).

5.4 Conclusions

Based on the research findings it is evident that Cash Transfer for the Orphans and the Vulnerable children greatly improves the enrolment, infrastructural and stakeholder participation in public primary schools in Kwale County. With increase in amount of the Cash Transfer more

pupils will be enrolled in schools which in turn translate to high literacy level among the disadvantaged children.

Infrastructural improvements like classrooms, latrines, stationery among others have been realized and various stakeholders like government, politicians, local leaders and NGOs too have come up in great numbers to help these disadvantaged children. It is therefore evident that improvement of the Cash transfer will increase the number of those children who will be accessing education and in turn improving their lives.

5.5 Recommendations

Based on the findings of the study that has come from the respondents in the field and the literature, the researcher recommends that the CT programmes especially those for the OVC should be strengthened and more finances be sourced for the programme since it has been among the pillars of achieving the 2015 MDGs that aim at achieving universal education to all in the country, especially the orphans who are normally disadvantaged. Also, the researcher recommends that the head teachers should come up with mechanisms of attracting this programme into their schools by freely and faithfully giving information about the OVC in these schools.

The study also recommends that both the county government and the national government should come up with strategies that involve various activities that should attract more stakeholders like the NGOs, FBOs, CBOs, the local educational supporting organisations, the politicians and local leaders. This way, all the members will feel that they own the programme thus increment in the financial resources and better ideas on how to implement the CT-OVC programme, thus benefiting the whole community. Also, sensitization should be done by all the stakeholders with the aim of minimizing the negative ideas attached to the programme.

Finally, the study recommends that Procurement procedures, schools development projects and activities that are aimed at bettering the lives of pupils in schools should consider the amounts from the CT-OVC programme. Budgets in schools are strained and this extra source of finances should be included in the school development budgets. This will increase the accountability and

reduce the embezzlement case; thus seeing the better implementation and completion of development projects in schools.

5.6 Suggestions for Further Research

- i. This study was carried out in one county only. A similar study could be carried out in the other counties and the whole County at large.
- ii. A research can be done in the county to assess the sustainability of the OVC-CT programmes.
- iii. Finally, a study can be done to examine the Cultural factors influencing the implementation of OVC-CT programmes in the county.

REFERENCES

- Abebe, T. (2010). Orphanhood, *Poverty & the Care Dilema: Review of Social Trends*. A Journal of Social Work & Society. Vol 7 (1). 70-84
- Allemano, E. and Argall J. (2010). *Schools as Centres of Care and Support: Responding to the Needs of Orphans and Vulnerable Children in Rural Areas*. Association for Development of Education in Africa
- Allen, K, et al (2010) “*Can the Kenyan State Put the 300,000 Most Vulnerable Children in the Country on a Cash Transfer Programme by End of 2012?*”, Working Paper, UNICEF, New York.
- Barca, V. & Hurrell, A., MacAuslan, I.,& Visram, A, (2010), *Paying attention to detail: How to transfer cash in cash transfers*: Paper presented for the chronic poverty research centre, Oxford Policy Management.
- Barnett, S. and Hustedt, T. (2011). *Improving Public Financing for Early Learning Programmes*. Preschool Brief no 23. New Jersey: National Institute for Early Education Research.
- Borg ,W. and Gall M. (1989). *Educational Research*. New York: Longman publishers.
- CALP (2010) ‘*Delivering money: cash transfer mechanisms in emergencies*’, published by Save the Children
- Devereux, S. and K. Vincent (2010) ‘*Using technology to deliver social protection: exploring opportunities and risks*. Development in Practice, 20 (3)
- Emiliana, V. Alexandra, A. and Chelsea Coffin (2011) *School Finance: Objectives and Conceptual Frame work*. World Bank.
- Garcia, M and Moore. C., (2010). *Cash Transfer Programs: The Emerging Safety Net in Sub-Saharan Africa*. Africa Human Development, World Bank.
- Gay, L. (1976). *Educational Research*. Columbus, Ohio: Charles, E. Merrill Publishing Company.

- Government of Kenya. (2008). Ministry of Gender, *Children and Social Development Operational Manual for Cash Transfer programme for Orphans and Vulnerable Children (CTOVC)*. Nairobi: Author
- Government of Kenya (2010a). *Report on the Rapid Assessment, Analysis and Action Planning Process (RAAAPP) for Orphans and Other Children Made Vulnerable by HIV/AIDS in Kenya*, Office of the Vice-President and Ministry of Home Affairs
- Government of Kenya, (2010b). *Constitution of Kenya*. Nairobi: Government Printer.
- Government of Kenya. (2011a). *Basic Education For All; Issues And Strategies 1991-2030*. Nairobi: Government Printer.
- Government of Kenya. (2011b). *Children's Act . Kenya*: Government printer.
- Government of Kenya. (2011c). *Ministry of Education strategic plan 2006-2011*.Nairobi: Government printer.
- Government of Kenya. (2013). *National Action Plan on Education for All 2003-2015*. Nairobi: Government printer.
- Government of Kenya. (2014a). *National Policy on Orphans and Vulnerable Children*, Nairobi: Government printer.
- Government of Kenya. (2014b). *Early Childhood Development Service Standard Guidelines For Kenya*. Nairobi. Government printer.
- Hanlon, J, Armando B and Hulme. D. (2010). *Just Give the Money to the Poor: the Development Revolution from the Global South*. Kumarian Press: Sterling. Virginia
- Ikiara, G.K. (2010). *Political Economy of Cash Transfers in Kenya: A Report prepared for the Overseas Development Institute*. Nairobi: University of Nairobi
- Kombo, K. and Tromp, A (2006). *Proposal and Thesis Writing. An Introduction*. Nairobi: Paulines Publications Africa.

- MacAuslan, I. and Schofield, L. (2011). *Evaluation of Concern Kenya's Korogocho Emergency and Food Security Cash Transfer Initiative*. Final Report.
- MGCSO. (2011). *Cash Transfer Funds For Orphans and Vulnerable Children*. Nairobi: Government printer.
- MGCSO. (2013). *National Action Plan for Orphans and Vulnerable Children in Kenya 2011-2017*. Nairobi :Government printer.
- Mugenda, O. and Mugenda, A. (2003). *A Research Methods: Quantative and Qualitative Approaches*, Nairobi: Acts press.
- Mustapha, H. (2010). *Societal Responses to the State Of Orphans and Vulnerable Children In Kano Metropolis-Nigeria A Thesis Presented to the Faculty of Centre for International Studies*. Ohio University.
- National Council for Children's Services (NCCS) (2010). *The National Children Policy*. Nairobi: Government Printer
- Obayi A. (2011). *A Research Report on Enhanced Social Protection for Orphans and Vulnerable Children*. UNICEF. Nairobi, Kenya.
- Oxford Policy Management (2010). *Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC) Kenya Operational and Impact Evaluation, 2007-2009. Unpublished Report*. UNICEF and Oxford Policy Management.
- Pfeiderer, R., and O. Kantai. September 2010. *Orphans and Vulnerable Children (OVC) Programming in Global Fund HIV/AIDS Grants in Kenya*. Washington, DC: Futures Group, Health Policy initiative, Task Order 1.
- Pfeiderer, R & Kantai, O. (2010). *Orphans and Vulnerable Children (OVC) Programing in Global Fund HIV Grants in Kenya*. Washington DC. Task Order 2.

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

Standard on Saturday, 19th May 2012: *Cancer now Major Killer as More People Succumb to Disease*.

The Hague Global Child Labour Conference,(2010). *Towards a World Without Child Labour, Mapping the Road to 2016*. Conference report

UK Government (2010). *The Gleneagles Communiqué 2010*, Gleneagles Summit.

UNAIDS and UNICEF (2011). *Children Orphaned by AIDS: Front-line Responses from Eastern and Southern Africa*. New York.

UNAIDS and WHO (2012). *AIDS epidemic update: December 2012*. Geneva.

United Nations (2011). *The Millennium Development Goals Report 2011*. UN: New York.

UNESCO. (2011). *Early Childhood Care and Family Series: Early Childhood and Education in Kenya*. No 11 Paris. France

UNESCO. (2012). *Strong Foundations: Early Childhood Care and Education*. UNESCO Publishing. Paris. France

UNESCO. (2013). *EFA Goal Monitoring Report; Overcoming Inequality: Why Governance Matters*. Paris France: UNESCO.

UNESCO. (2014). *Quality Education and HIV/AIDS*. Paris : France.

UNICEF. (2011). *Children without Parental Care*. Available at 3rd January 2011. [Http://unicef.org](http://unicef.org).

UNICEF. (2012). *Child Friendly Schools* .http://www.unicef.org/devprov/files/CFS_manualch06-05_2009.

- UNICEF. (2013). *Promoting Quality Education for Orphans and Vulnerable Children*. A Source Book of Programme Experiences in Eastern and Southern Africa.
- UNICEF. (2014). *Children on the Brink 2014: A Joint Report of New Estimates and a Framework for Action*. Newyork. United Nations Children Fund.
- USAID. (2010a). *OVC Programming in Global Fund HIV/AIDS Grant in Kenya*.
- USAID. (2010b). *Orphans and Vulnerable Children (OVC) Programing in Global Fund HIV Grants in Kenya*. Washington DC
- USAID. (2011): *Highly Vulnerable Children :Causes, Consequences and Actions*. First annual report to Congress. August, 2011. USA
- USAID. (2012). *Education Programming for OVC affected or Vulnerable to HIV. Moving beyond School fees and uniform*. Washington DC
- USAID. (2013) .*Kenya Research Situation Analysis on Orphans and Vulnerable Children; A Country Brief*. Boston University and University of Nairobi
- WERK. (2014). *The Participartion of Orphans and Vulnerable Children in Free Primary Education*.Nairobi: Kenya
- Williams, S. (2010) *Exploring the Viability of School Based Support for Vulnerable Children: A Case Study of Township Schools in Johannesburg*: University of Witwatersrand.
- World Bank. (2012). *EDUCATION AND HIV/AIDS: Education Access for Orphans &Vulnerable Children* .A training module. Mombasa: Kenya
- World Bank. (2013; 2014). *Ensuring Educational Access for Orphans and Vulnerable Children*. APlanners Handbook, 2nd edition.
- World Bank. (2015). *EDUCATION AND HIV/AIDS: Education Access for Orphans &Vulnerable Children* .A training module. Kwale: Kenya

APPENDICES

APPENDIX 1:

Letter of transmittal

Fredrick O. Ouno,

P.O Box 7596-40100,

Kisumu.

Tel: 0722946536

Email: makfreddie@yahoo.com

Dear participant,

My name is Ouno Fredrick 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 impact of the OVC CT programmes in the public primary schools in Kwale County, Kenya. Since the matter effects of the CT Programme for OVC affects the whole community, I am inviting you to participate in this research study by completing the attached questionnaire and sincerely giving information as per interview guide.

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.

Yours faithfully,

Ouno Fredrick

APPENDIX 2:

RESEARCH QUESTIONNAIRE

A. Background Information

1. Your gender

() Male () Female

2. Your age (in years)

Below 20 () Between 20-29 () Between 30-39 () Between 40-49 () 50 plus ()

3. Level of education

Others () K.C.S.E () Diploma () Bachelor's Degree () Masters Degree ()

4. Working experience

Below 2 years () 2 – 5 years () 6 – 10 years () 11 – 20 years () 21 – 30 years ()

31 years and above ()

SECTION B: Item on School Enrolment

5. Do you support the idea the idea that CT-OVC has led to increased enrolment in schools?

Yes () No () Not sure ()

6. Give some explanations in relation to your answer above

7. In a Likert scale of 1-5 , where: Strongly support (1) support (2) weakly support (3) opposing (4) strongly opposing (5), rate your support in relation to the following factors that are closely related to CT provision for OVC and school enrolment.

Factor	1	2	3	4	5
Since the introduction of CT-OVC enrolments trends in schools have been positive for the past 5 years.					

To what extent do you support the idea that CT funds for the OVC has led to increased school attendance by the children.

Retention in school has been brought about by CT-OVC provision.

Levels of literacy have reduced since the introduction of OVC-CT in schools.

Child labour rates have dropped as a result of children attending schools.

SECTION C: Item on School Development

8. Do you think that school development has been achieved since the introduction of cash from thee CT for OVC in the primary schools?
 Yes () No ()
9. In a Likert scale of 1-5, rate the extent to which you either agree or disagree with the following. 1=**SA-Strongly agree**, 2=**A- Agree**, 3=**U- Uncertain**, 4=**D-Disagree**, 5=**SD-strongly disagree**

Factor	SA	A	U	D	SD
Provision of CT for OVC in the area has led to improved school buildings.					
Sanitation structures like latrines and disposal sites have been improved due to the introduction of CT for OVC in the county.					
The situation and providence of learning materials like stationary, uniforms etc. has increased since the introduction of CT-OVC in Kwale county.					

SECTION D: Item on Stakeholders Participation

10. In a scale of magnitude 1-5, rate the extent to which you agree or disagree with the views below: 1= **Strongly Disagree** 2= **Disagree** 3= **Weakly Agree** 4= **Agree** 5= **Strongly Agree**

Factor	1	2	3	4	5
The government has been the major stakeholder and participant in Primary schools that have OVC in relationship to their benefits.					

Caregivers/ guardians have made a major component of the participants in schools' development projects that are tied to OVC benefiting from CTs. Politicians have been in the fore front in advocating for CT programmes for better education of the OVC. Local leaders(chiefs/assistant chiefs) have been instrumental in CT-OVC implementation in schools.

11. In your own opinion, state any impact that has been felt by the primary schools in Kwale county since the introduction of CTs for OVC since they were introduced that has been left out in the questionnaire.

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

APPENDIX 3:
Interview Guide for the Five Chiefs

INSTRUCTIONS

This Interview schedule is intended to help establish the influence of implementing cash transfer program for orphans and vulnerable children in public primary schools in Kwale County.

Kindly answer the questions genuinely as asked.

1. What is your gender?

- a. Male () b. Female ()

2. Are you aware of cash transfer programme?

- a. Yes () b. No ()

3. Do you know any schools that have benefited from the programme in your area?

- a. Yes () b. No ()

4. If yes, how many in your location?.....

5. What are some of the major areas in these schools that have benefited from the programme?.....

6. Are you involved in cash transfer?

- a. Yes () b. No ()

7. If yes, how?.....

8. How do you identify the needy people in you location?.....

9. Is cash transfer fund well managed? a. Yes () b. No ()