

CASH TRANSFER FOR ORPHANS AND VULNERABLE CHILDREN AS A FORM OF
HUMAN CAPITAL INVESTMENT IN HOMA BAY COUNTY

BY

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DECLARATION

This Thesis is my original work and has not been presented for an award of a degree, in any University.

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

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Owuor Olungah, PhD

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AMPATH	Academic Model Providing Access to Health Care
APHIA	AIDS, Population and Health Integrated Assistance
ART	Anti-Retroviral Treatment
ARV	Anti-Retroviral
BWCs	Beneficiary Welfare Committee
CCTs	Conditional Cash Transfers
CESSP	Cambodia Education Sector Support Programme
CLP	Child Labour Programme
CSG	Child Support Grant
CT	Cash Transfer
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DAC	Development Assistance Committee
DCO	District Children's Officer
DFID	Department for International Development
DPT	Diphtheria, Pertussis (whooping cough) and Tetanus
EPRI	Economic Policy Research Institute (South Africa)
FGDs	Focus Group Discussions

HIV	Human Immunodeficiency Virus
HSNP	Hunger Safety Nets Programme (Kenya)
ICRC	International Red Cross and Red Crescent Movement
IDIs	In-depth Interviews
IDS	Institute for Development Studies
IMF	International Monetary Fund
IOIE	Initial Operation and Impact Evaluation
KCPE	Kenya Certificate for Primary Education
KIIs	Key Informant Interviews
KNBS	Kenya National Bureau of Statistics
LICs	Low Income Countries
MICs	Middle Income Countries
NACC	National AIDS Control Council
NCST	National Council for Science and Technology
NGOs	Non-Governmental Organizations
OPCT	Older Person's Cash Transfer

OVCs	Orphaned and Vulnerable Children
PETI	Programme for Eradication of Child Labour
PRS	Poverty Reduction Strategy
PSNP	Productive Safety Nets Programme (Ethiopia)
SCF	Save the Children's Fund
SIDA	Swedish International Development Cooperation
SPSS	Statistical Package for Social scientist
STI	Sexually Transmitted Infections
UCTs	Unconditional Cash Transfers
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
VCO	Volunteer Children Officers

ABSTRACT

The study investigated the role of CT-OVC as a form of human capital investment on the beneficiary OVC living in Homa Bay district of Homa Bay County. The CT-OVC is one of the forms of social protection rolled in Kenya transfer under the ministry of devolution and planning with an of fostering OVC in households and building their human capital. The study was therefore focused on as to whether the CT- OVC programme has had an impact on OVC human capital and changed the perception of the society on orphan hood.

The study used a cross-sectional descriptive design applying the theories of human development and resilience. It covered two locations where the CT-OVC programme is implemented in Homa Bay County including, Homa Bay Town and East Kanyada locations. The study examined the conditions under which OVC live, how the beneficiary families use the CT-OVC cash, how it builds OVC human capital both directly and indirectly and whether it helps to cushion OVC related shocks and vulnerabilities. The subjects of study included OVC, OVC caregivers, implementers and knowledgeable stakeholders in CT-OVC issues.

This study mainly used qualitative methods with limited appreciation of quantitative methods. The data collection methods included in-depth interviews, focus group discussions, key informant interviews, case narratives and observations. Qualitative data obtained were analysed thematically and illustrated in form of direct verbatim while basic demographics were analysed using SPSS version 20.

The findings indicate that the CT-OVC is a major form of investment in the human capital of the OVC in Homa Bay District of Homa Bay County. The CT OVC forms the main source of income to most beneficiary households and is used to meet the basic needs of the OVC including food, health, clothing, shelter and education, hence empowering OVC and building

their human capital. The CT-OVC also helps to build the OVC human capital directly in the form of education (cultural capital), income (economic capital), food clothing and health (physical capital), dignity (symbolic capital) and increasing the OVC's social network accounting for social capital.

Indirectly, the CT contributes to OVC human capital through increased household income resulting into better living conditions for OVC. The increased income is invested in agriculture or small business enterprises to boost the household income. The household heads have also acquired a status of financial trust that allows them to borrow either money or essential goods from the local shops to pay later. The findings also show that the CT – OVC has helped to mitigate OVC related shocks that may hinder the proper development of OVC human capital such as child labour, child prostitution, hunger, school dropouts, street life, drug abuse and orphan-hood related conflicts and stigma.

In conclusion, the CT-OVC has and continues to develop the human capital of the OVC and as such fulfils article 43 of the Kenyan constitution on economic and social rights and article 53 which gives the child rights to free and compulsory basic education, to basic nutrition, shelter and health care; to be protected from abuse, neglect, harmful cultural practices, all forms of violence, hazardous or exploitative labour; and to parental care and protection.

1.0 CHAPTER ONE: BACKGROUND TO THE STUDY

1.1 Introduction

Cash transfer (CT) among many other forms of social protection has been embraced by various Sub-Saharan African countries. They are direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise incomes. The term CT encompasses a range of instruments (e.g. social pensions, child grants or public works programmes) and a spectrum of design, implementation and financing options (Department for International Development, 2011). Though the primary purpose of cash transfers is to reduce poverty and vulnerability, evidence shows that they have proven potential to contribute directly or indirectly to a wider range of development outcomes (International Red Cross and Red Crescent Movement, 2007).

The theoretical case for transfers is based on the assumption that since poverty is multi-dimensional, low and variable income is central to the problem. Modest but regular income from cash transfers according to Guhan (1994) helps households to smooth consumption and sustain spending on food, schooling and healthcare in lean periods without the need to sell assets or take on debt.

Over time, transfer income can help households to build human capital (by investing in the OVC's nutrition, health and education), save up to buy productive assets, and obtain access to credit on better terms. Cash transfers can thus both protect living standards (alleviating destitution) and promote wealth creation (supporting transition to more sustainable livelihoods). Depending on context, they may also help prevent households from suffering shocks and transform relationships within society, and between citizens and the state (Guhan, 1994; Devereux & Sabates-Wheeler, 2004).

Cash transfers today form an important and growing part of social protection programming in many developing countries especially in Sub-Saharan Africa. Other than the Kenyan programmes that include Hunger Safety Net Programme (HSNP), Cash Transfer for Orphans and Vulnerable Children (CT-OVC), Older Persons Cash Transfer (OPCT) and Disability Grants (Republic of Kenya, 2012), the following cash transfer programmes have recently been introduced or are being piloted in other African countries; transfers to poorest households (Lesotho, Malawi, Mozambique, Zambia, Zimbabwe), cash relief grants to food-insecure households (Ethiopia), child support grants (Ethiopia, Namibia, South Africa), child care grants focusing on orphans and other vulnerable children (Lesotho, Malawi, South Africa, Tanzania), disability grants (Lesotho, Namibia, South Africa), and non-contributory ‘social pensions’ (Botswana, Lesotho, Namibia, South Africa) (United Nations Children’s Fund, 2011).

The Kenyan CT-OVC Programme is an initiative by the Kenyan government and other development partners including the World Bank, Department for International Development (DFID), United Nations Children’s Fund (UNICEF) and Swedish International Development Cooperation (SIDA).

The impetus for developing CT-OVC in Kenya stemmed from the growing realization that some of the other elements of social protection in the Kenyan society, especially family and communal mechanisms, were breaking down in the face of the growing HIV and AIDS pandemic. This analysis was starkly presented in “Kenya, in the shadow of

death” by Csete (2001): HIV and children’s rights in Kenya.” The publication of the

Children on the Brink report in 2002 further focused Kenyan society on the demographic momentum that would lead to a massively increased numbers of orphans around the world as a result of the HIV and AIDS pandemic (UNICEF, 2012).

The CT- OVC programme was initiated in the year 2004 with an objective of fostering orphans and other vulnerable children, and developing their potential (human capital) (Bryant, 2009). However, a study by Nyambedha (2000) has shown that drastic increase in the number of disadvantaged children in Nyanza due to HIV and AIDS pandemic outstretches the traditional caring mechanisms towards orphans. The extended family system is no longer adequately prepared to meet the orphans’ needs especially in terms of education, health and clothing (Forsythe and Rau, 1996; Nyambedha, 2000).

In some places, Kenyan families are headed by children as young as 10-12 years old (Saoke and Mutemi, 1996). In other instances, children are living comparatively outside any structure, either in orphanages or on the streets (Forsythe and Rau, 1996) and in other cases, children bear the brunt of caring for their ailing parents which condition them to drop out of school (Alviar and Pearson, 2009) hence become vulnerable to abuse by other people who may take advantage of their social and economic situation (Nyambedha, 2000).

Furthermore, children who account for a larger share of the Kenyan population experience the risk of income-poverty and constitute the majority of the poor. Such poverty and vulnerability among children have an impact not only on the quality of their lives, but also on the quantity of their lives too (Barrientos and DeJong, 2004).

In addition, the AIDS and orphan literature has predominantly looked at the human costs of fostering an orphan, downplaying the benefits and their contribution (Ennew, 2005). This is exemplified by studies looking at the anxiety (Ssengonzi, 2007), stress (Oburu & Palmerus, 2005) and financial hardship (Nyambedha *et al.*, 2003) faced by their guardians. Orphans have also frequently been described as “unsocialised”, “uneducated”, “unloved” and “juvenile adults” (Kelly, 2003) who constitute an economic burden to their extended and fostering households (Guest, 2001). Research of this nature has contributed to a simplistic view of parentless children as a burden to their fostering families, stretching the latter to the limit (Foster, 2000; Ssengonzi, 2009; UNICEF, 2003). This pessimistic view has gained a stronghold with researchers, the media and the aid industry, all of whom contribute to the representation of orphans as “helpless” and vulnerable and as a burden to their guardians (Ennew, 2005; Meintjes & Bray, 2005). This presents OVC as deprived and disempowered people with no dignity and value.

However, according to Guhan (1994), Social protection can be conceptualized as being protective (protecting a household’s level of income and/or consumption), as preventive (preventing households from resorting to negative coping strategies that are harmful to children such as pulling them out of school and involving them in child labour), and as promotional (promoting children’s development through investments in their schooling, health and general care and protection). Devereux and Sabates-Wheeler (2004) have also argued that social protection can be transformative, helping to tackle power imbalances in society that encourage, create and sustain vulnerabilities, and support equity and empowerment, including that of children and young people.

With the CT-OVC intervention to subvert child suffering, this study therefore, sought to explore how the cash transfer for orphans and vulnerable children (CT-OVC) in Kenya acts as human capital investment to address a myriad of children's problems since child-sensitive approach to social protection, as stated by Holmes and Jones (2010) necessitates a comprehensive understanding of the multiple and often intersecting vulnerabilities and risks that children and their care-givers face. The overriding question for this study was, "has the CT-OVC acted as human capital development mechanism?"

1.2 Statement of the problem

With the OVC being presented as needy, poor, "unsocialised", "uneducated", "unloved" and "juvenile adults" (Kelly, 2003) who constitute an economic burden to their extended and fostering households and face countless shocks (Guest, 2001), the CT-OVC programme was introduced to tackle OVC vulnerabilities.

Programme evaluations have shown that the programme has had a significant positive impact on beneficiary households in terms of expenditure on education, health and food (Davis *et al*, 2012: 4, 6). Headlines are dominated by a significant increase (7.8%) in secondary education enrolment for children older than 12 years (Holmes and Jones, 2010). Further evaluation results have revealed increase in real household consumption levels of recipient households by Ksh 274 per adult equivalent (Jackson *et al.*, 2011).

There has been a 15% increase in the frequency of consumption of five food groups (meat, fish, milk, sugar and fats) (Republic of Kenya, 2012: 85), extra income has also translated into increased household ownership of a number of assets including mosquito

nets; there has also been 12% point increase in ownership of birth certificates or registration forms for children and reduced HIV-related risky behaviour among young people (Jackson *et al.*, 2011).

Since the programme was started to deal with OVC problems, there is need to investigate the impacts of the programme on OVC's human capital and not the household and whether the impacts trickle down to the OVC who are the main target. In addition, these evaluations have depended on figures forgetting the quality of service which may adversely affect the OVC. Despite quantitative data collected showing a positive trend in the programme impact, there is need to interact directly with the OVC who are the intended beneficiaries to know the quality of service and the direct impact of the programme on their human capital. Furthermore, the human capital indicators that have been used in the evaluations reflect multiple, complex determinants that may take longer to change (Fiszbein *et al.*, 2011) this calls for periodic study to help identify the trends in human capital development especially among children.

It was therefore, imperative to investigate whether the programme is fulfilling its ultimate mandate or it has outlived its purpose. The questions arising were: What do the beneficiary households use the CT money for? How does the CT build OVCs human capital both directly and indirectly? Does the CT help cushion OVC related shocks and vulnerabilities?

1.3 Research Objectives

1.3.1 General Objective

To explore the relationship between CT-OVC and human capital investment among the OVCs in Homa Bay District of Homa Bay County.

1.3.2 Specific Objectives

- i. To establish the actual uses of the CT-OVC money by the beneficiary households
- ii. To investigate how the CT-OVC build OVCs human capital both directly and indirectly (child dignity, value and power relations physical, social, economic, cultural)
- iii. To establish how the CT-OVC helps cushion OVC related shocks and vulnerabilities (child labour, orphan-hood, HIV and AIDS, child prostitution).

1.4 Justification of the Study

Hearing what children have to say often gives external actors new insights into their wishes and needs and provides relevant information about activities and plans that can be undertaken to change policies to empower them as well as provide more protection, care and understanding as voiced by Save the Children (2011).

This study should inform child poverty eradication strategies through human capital development and add to the body of knowledge on social protection crucial for the implementation of the social pillar of vision 2030.

The study should be of great importance to various government agencies including the Ministry of Devolution and Planning in formulating policies that will uplift the living standards of the OVCs as well as OVCs households. It should also act as a rich source of information to Homa Bay County government and the donors partnering with the Ministry of Devolution and Planning in deciding the future direction of the programme.

Finally the study is useful to other scholars as a source of knowledge for further research. This study is also important to scholars who are interested in this area to identify the knowledge

gaps that exist and strive to fill the void. This research also adds to the bank of knowledge on child research methodology.

1.5 Scope and Limitations of the study

This study was carried out in Homa Bay County South Nyanza region and investigated the role played by cash transfer in human capital development especially among the OVCs. It collected the views of children, guardians, community leaders who monitor the programme, Voluntary Children Officers (VCOs) and District Children Officers (DCOs) and NGOs who interact closely with the OVC and the CT-OVC Programme.

The study used the human development approach as the explanatory theory looking into how the CT-OVC creates access to services that enhance human capital development of the OVCs either directly or indirectly. Although there are other forms of cash transfers apart from the OVC's, this study did not delve into such.

Due to financial limitations, the study did not delve into other issues such as targeting procedures, impacts of conditions, policy implications among others.

The study was politically interpreted during data collection since it coincided with the voter registration process and campaigns for the 2013 general elections with some respondents demanding cash to give information. Some respondents also refused to take part in the study thinking that the study would require their national identification cards and tamper with their voter registration details or deny them rights to vote. This was overcome by explaining the purpose of the study and letting those not willing to participate to withdraw at their own volition before commencing the interviews.

Minors were interviewed both in school and at Home. Consent was first taken from their guardians and teachers and then from themselves. This was to uphold the rights of both OVC and their guardians (see appendix for assent form).

1.6 Definition of key terms

An orphan: is a child who has lost one or both parents.

A child: A person who is under the age of 18 years of age.

A vulnerable child: is one whose safety; well-being and development are for various reasons, threatened. This includes children who are emotionally deprived or traumatized.

Orphaned and vulnerable children: Is a person who is under the age of 18 years whose safety; well-being and development are for various reasons, threatened. This includes children who are emotionally deprived or traumatized.

Cash transfer: Is a form of social protection involving direct transfer payment of money to eligible people. Cash transfers are usually provided by the state or federal governments.

Vulnerability: The conditions determined by physical, social, economic, environmental and political factors or processes, which increase risk and susceptibility of people to the impact of hazards.

CT- OVC: Is a Kenyan government initiative supporting very poor households that take care of orphans and vulnerable children to enable them take care of those children and help them to grow up in a family setting.

Human capital: Is a blend of innate ability, health, education, and skill acquired through life experience. It includes well-being in that it embeds multiple dimensions—education, physical

health, and behavioural health—into a single construct. Human capital is therefore, a conglomeration of social capital, physical capital, cultural capital as well as symbolic capital that helps an individual to survive in a given environmental setting.

Investment: Refers to the contribution of something such as time, energy, money or efforts to an activity project or undertaking in expectation of a benefit.

2.0 CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This section covers a range of issues on cash transfer in relation to child human capital. The section reviews how OVC-CT relates to human capital development in terms of education, health, clothing, housing, nutrition, participation and dignity. It reviews the roles and effects of CT-OVC on OVC's welfare.

2.2 The Background of CT-OVC

Under international human rights law, States are legally obligated to establish social protection systems. This duty flows directly from the right to social security, which is articulated in Article 22 of the Universal Declaration of Human Rights and in Article 9 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).

In Kenya, Social protection stems from article 43 of the Kenyan constitution. The article accords everyone the rights to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; to accessible and adequate housing, and to reasonable standards of sanitation; to be free from hunger, and to have adequate food of acceptable quality; to clean and safe water in adequate quantities; to social security; and to education.

The constitution further supports child social protection through article 53 of the Kenyan constitution; this section accord children including the OVC the rights to free and compulsory basic education; to basic nutrition, shelter and health care; to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour; to parental care and protection, which includes equal

responsibility of the mother and father to provide for the child, whether they are married to each other or not; and

Social protection systems such as cash transfer should protect individual women, men and children against the risks of impoverishment in situations of sickness, disability, maternity, employment injury, unemployment, old age, death of a family member, high health care or child care costs, and general poverty and social exclusion.

Social protection measures can include e.g. cash transfer schemes, public work programmes, school stipends and lunches, social care services, unemployment or disability benefits, social pensions, food vouchers and food transfers, user fee exemptions for health care or education, and subsidised services.

Cash transfers are direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise and smooth incomes (DFID, 2011). With the objectives; social security, human capital development, and poverty alleviation; a new generation of cash transfer programmes, specifically targeting children from poor households, were introduced in Latin America during the past decade (Barrientos & DeJong, 2004; Rawlings and Rubio, 2003).

The CT-OVC emanated from the Programme for the Eradication of Child Labour (PETI) which began in 1996 in the coal mining areas of Brazil and later extended to sisal and sugarcane production areas provided social transfers to households to take their children to school and remove them from the workforce. An evaluation by the World Bank in 2002 found that the programme had been successful (World Bank, 2006). The Bolsa Escola programme in Brazil provided a cash transfer to households with school going children conditional on

whether the children enrolled in school and had an attendance record of at least 85%. In 2004, the government consolidated all existing cash transfer programmes into Bolsa Familia (Barrientos & DeJong, 2004).

In Africa, The Child Support Grant (CSG), which targets supporting the child directly within the household for her/his development, was first institutionalized in South Africa as a poverty alleviation mechanism within a social development paradigm (Paxson & Schady, 2008).

Several developing economies have recently introduced (conditional) cash transfer programmes which provide money to poor families contingent on certain behaviours that invest in human capital, such as sending children to school or bringing them to health centres. This approach is both an alternative to more traditional social assistance programmes and a demand side compliment to the supply of health and education services (Rawlings and Rubio, 2003).

Kenya introduced the CT-OVC in 2004, as an investment on human capital after the realization of adverse effects of HIV and AIDS pandemic leaving many orphans vulnerable. This was to help foster the vulnerable orphans within a family set up and help develop their human capital (Bryant, 2009). Cash transfer like other Social protection mechanisms in Kenya is domiciled under the ministry of state for planning, national development and vision 2030. It is guided by the Kenya social protection act 2011.

2.3 Uses of the cash transfer

Whilst there are variations across programmes, on average roughly half the value of transfers is expected to be spent on food, one third on household expenses, and the remainder on health, education and savings and investment. A synthesis of findings from surveys in sub-Saharan

Africa found that the primary use of cash transfers was to purchase food in six out of the seven programmes reviewed (Adato and Bassett, 2008). In Ethiopia's PSNP, 15 percent of participants spent some of their unconditional transfer on education (Devereux *et al.*, 2006). Studies in Lesotho have also shown that those receiving a social pension are buying uniforms, books and stationery for their grandchildren (Samson *et al.*, 2007).

According to Bryant (2009), The Kenyan CT-OVC is used on things that protect the human rights of the OVC such as food, shelter, clothing, education and health. According to Caputo, (2003) and Samuels & Onyang-Ouma (2012), other beneficiaries invest the cash in assets, objects and animals that enable them to make more money.

In Kenya, the evaluation conducted in 2009 shows that the programme has had a significant positive impact on expenditure on education, health and food including other household assets (Davis *et al.*, 2012).

2.4 Cash transfer and human capital development

2.4.1. Nature of Human Capital

According to Heckman (2000), the accumulation of human capital is a trajectory; that is, the quantity of human capital an individual possesses changes over time. Heckman argues that human capital accumulates in a distinct way. In effect, positive changes in human capital beget further positive changes (increases). Children who experience high-quality early childhood education (an increase in their human capital), for example, start school better prepared, and children who start school better prepared are better able to handle the rigors of school, are less likely to develop behavioural problems, are less likely to be held back a grade,

and are more likely to graduate. High school graduates are more likely to enter the labour market for higher wages (Wulczyn, 2008).

In other words, the cycle of human capital investments is self-reinforcing. Heckman (2000) calls the reinforcing effects of human capital formation- a process of dynamic complementarity. One can imagine that child well-being is also affected by dynamic complementarity with the level of well-being changing over the life course, often in response to maltreatment and involvement in the child welfare system. Self-reinforcing processes, such as the one proposed by Heckman, have a particular functional form. That is, the trajectory that describes changes in the quantity of human capital follows a distinct path through time (Heckman, 2000).

2.4.2. Reasons for child human capital investment

Investing in social protection and children makes sense from both an economic and a human development perspective. The demonstrated impacts of social protection on children's development as voiced by Heckman (2000), last long beyond childhood, increasing adult productivity, decreasing the burden of human development losses and contributing to breaking the intergenerational transmission of poverty.

2.4.3. CT and nutrition as a form of human physical capital development

One of the strongest and most consistent findings regarding the impact of cash transfer programmes is their contribution to reducing hunger and food insecurity. Regardless of the form of transfer, households receiving transfers average significantly higher spending on and consumption of food. The impact of cash transfers on hunger has been most pronounced in Low Income Countries (LICs) where poverty is generally more severe. In these settings,

households receiving additional income are particularly likely to prioritize spending on improving the quantity and/or quality of food consumed (DFID, 2011).

For example: In Ethiopia, the Productive Safety Nets Programme has improved food security for 7.8 million people who had previously depended on emergency relief. The programme, operating in 300 rural districts facing chronic food shortage, provides food or cash for work as well as unconditional cash transfers or food aid to those unable to participate in public works. Three-quarters of participants consumed higher quantity and quality of food compared to the previous year, and 60 percent had avoided selling off their productive assets to buy food (Devereux and Coll-Black, 2007). An evaluation of Malawi's Cash Transfer programme showed that around 75 percent of the transfer was spent on groceries (Vincent & Cull, 2009).

In Nicaragua, after two years children in households receiving transfers from the Poverty Reduction Strategy (PRS) (conditional cash transfer (CCT) programme) experienced a reduction in malnutrition 1.7 times greater than the national trend (Maluccio & Flores, 2005).

In Bangladesh's Chars Livelihood Programme (CLP), nutritional surveys in 2009 found that children of earlier recruits into the cash and asset transfer programme were, on average, less stunted and underweight than later recruits (DFID, 2011). A cash for work programme with no complementary nutrition programme showed a significant impact on growth after an average of just 10 weeks, among women (mid upper arm circumference 2.3 mm larger and body weight 0.88 kg higher than in the control group) and children (0.12 mm and 0.17 kg weight for age) (Mascie-Taylor *et al.*, 2010).

A detailed review of the links between transfers and improved child nutrition by Save the Children (SCF) has identified how cash transfers can address the causes of malnutrition (in

particular the economic determinants of chronic malnutrition) at immediate, intermediate and structural levels (Yablonski & O'Donnell, 2009).

In Kenya, the CT-OVC Programme has increased food expenditure and dietary diversity, significantly increasing the frequency of consumption of five food groups – meat, fish, milk, sugar and fats. A simple dietary diversity score is increased by 15 per cent from the baseline (Jackson *et al.*, 2011).

2.4.4 CT and health as a form of human physical capital development

Cash transfers can accelerate reductions in morbidity and mortality (Yablonski & O'Donnell, 2009). Evidence from many studies in both LICs and MICs (and independent of programme scale) suggests a positive impact of cash transfers on the use of health care services. Most obviously, transfers make possible increased spending on health services and medicines. In Lesotho, for example, 50 percent of pension recipients have increased their spending on health services since the implementation of the pension in 2005 (Samson *et al.*, 2007).

A systematic review of six studies of CCT programmes carried out in LICs and MICs (Mexico, Nicaragua, Honduras, Brazil and Colombia and Malawi) found an increase in the use of health services and mixed effects on immunization coverage and health status (Pantoja, 2008). In many cases, receipt of transfers has helped households to overcome health barriers and resulted in an increase in the use of key public health services, particularly health monitoring and preventative health services (DFID, 2011). The effect of transfers on reducing financial barriers to health care is particularly demonstrated for increasing access to maternal health services in Asia (Borghi *et al.*, 2006, cited in Temin, 2010). Effects are most commonly

measured with regard to check-ups for child growth and development; immunization; and antenatal and postnatal check-ups.

In areas served by Mexico's Progresa/Oportunidades program, health visits increased by 18 percent compared to other areas (Barrientos & Scott, 2008). In Peru's Juntos programme, immunizations of children under one year of age increased by 30 percent within one year of implementation. There was also an increase of approximately 65 percent in pre-and postnatal visits to health clinics and a reduction in Home births. This is a significant achievement, given the very high levels of maternal mortality in areas targeted by the programme (Jones, Vargas & Villar, 2008).

In its global analysis of more than 20 CCT programmes, the World Bank (Fiszbein & Schady, 2009) found mixed evidence regarding the impact of CCTs on indicators such as reduced incidence of illness (morbidity); reduced rates of childhood anaemia; and lower infant mortality. This is to be expected, given that other factors causing illness may not be addressed by cash transfers, and that the presence of complementary interventions, quality of services and design of the transfer programme can make an important difference (Yablonski & O'Donnell, 2009).

Despite this pattern of more limited and mixed findings with regard to health outcomes, there are some notable positive examples in which cash transfers have helped to improve health status, particularly with regard to children (Adato and Bassett, 2008).

In Malawi, between 2007 to 2008, illness was reduced by 23 percent among children participating in the Mchinji unconditional social transfer programme, as against 12.5 percent of children from non-participants (Independent Impact Evaluation Report, 2008, cited in Save

the Children, 2009). In Colombia, the incidences of diarrhoea in children under 24 months was 10.5 percentage points lower amongst children from rural households participating in the Familias en Acción programme than amongst children from non-beneficiary households (32.6 percent compared to 22.0 percent) (Attanasio *et al.*, 2005).

In Mexico, the Progresa/Oportunidades CCT programme has been associated with an 11 percent reduction in maternal mortality (Adato and Bassett, 2008). Amongst adults, there was a 22 percent reduction in days in bed due to illness after two years of the programme. Oportunidades beneficiary status is also associated with 127.3 g higher birth-weight among participating women and a 4.6 percentage point reduction in low birth-weight (Barber & Gertler, 2008).

In Kenya, there is no evidence that the Programme has had an impact on child health indicators. Vitamin A supplementation has increased significantly in Programme areas (by 10 percentage points), although impact estimates are not significant. A number of the other health estimates are indicating a move in the right direction, but are also not statistically significant. The models find evidence of an impact on reducing the frequency of illnesses, and of an increase in poorer households in the proportion of children consulting an appropriate source of care when sick, which is encouraging (Jackson *et al.*, 2011: 16).

In addition, caregivers' health has improved through increased capacity to purchase medicines (e.g. ARVs), and they report "feeling stronger and having more energy due to their better nutritional status as a result of improved diets" (Jackson *et al.*, 2011: 16). The

Initial Operation and Impact Evaluation (IOIE) of 2009 cited by Alviar and Pearson, (2009) highlighted that beneficiaries reported that their children had more energy because of eating

better; it found no statistically significant impacts on anthropometric indicators (Ward *et al.*, 2010). However, the proportion of children fully immunised is in decline in all areas, significantly so in programme areas, which appears to be due to a decline in polio and DPT (diphtheria, pertussis (whooping cough) and tetanus) coverage (Patrick *et al.*, 2010).

2.4.5 Impacts of Cash Transfer on education (human cultural capital Development)

There is significant evidence that indicate that both conditional and unconditional transfers tend to improve school enrolments and attendance, complement to direct education investments, enables households to pay fees or other costs associated with attending school, reduces the burden on children particularly girls, to contribute to family income and enabling them to participate in school. However, evidence is limited and less conclusive on whether cash transfers result in improvements in final educational outcomes (DFID, 2011).

i. Cash transfer and educational outputs – School enrolment

There is evidence on the impact of cash transfer programmes on primary and secondary school enrolment (Ribas *et al.*, 2008). Receipt of a cash transfer (whether conditional or unconditional) can improve enrolment by helping poor households to overcome the cost barriers to schooling (fees, uniforms, books etc.). This effect can be seen both for transfers specifically related to children and those which are not (e.g. when pension recipients distribute a portion of income in the household).

Significant positive impact on education indicators have been found to occur with both CCTs and UCTs (Fiszbein & Schady, 2009). Examples from CCTs include in Pakistan; a 2008

World Bank assessment showed that the Punjab Education Sector Reform Program increased enrolment rates for girls aged between 10-14 years by 11 percentage points from a baseline of 29 percent (Chaudhury, 2008).

Malawi's social cash transfer programme targeting households with children led to an increase in school enrolment of 5 percentage points among children aged 6–17. Targeting households with orphans yielded an increase of 4.2 points (Handa & Stewart, 2008). In Brazil, participants in the *Bolsa Família* programme are 20 percent less likely than comparable children in non-participant households to have a one-day absence from school in any given month. They are 63 percent less likely to drop out of school and 24 percent more likely to advance an additional year (Veras *et al.*, 2007).

In Kenya, the Programme does not appear to have had any impact on the proportion of children attending nursery school, which was already high. However, there appears to have been an impact on secondary school enrolment in older children, with an increase of six to seven percentage points larger than in the control areas (Davis *et al.*, 2012: 4, 6).

ii. Cash transfers and education outcomes – learning and pass rates

The evidence is limited and less conclusive in terms of whether cash transfers result in improvements in final educational outcomes (i.e. educational performance and skills acquired). Evidence from Ecuador and Nicaragua shows that transfer programmes had significant positive effects on early childhood cognitive development (Paxson and Schady, 2008; World Bank & IMF, 2009). This suggests that cash transfers can have an effect on learning and skills: but, critically, these effects have worked primarily through benefits that children gain before entering school.

The effects of Cash Transfers on education outcomes have been quite variable. The variability in findings on the effects of transfers on educational outcomes can be explained by the fact that recipients of cash transfers, by virtue of being poor, face barriers that make it harder for them to reap the full benefits from educational enrolment. Cash transfers are often targeted geographically in poor, remote areas, where the quality and availability of schools may be limited, and raising the performance levels of poor and disadvantaged students is particularly difficult. Additional investment in service provision is required if improvements are to be achieved, but these may require empowering poor communities to make service providers more accountable (DFID, 2011).

2.4.5 Cash Transfer and social capital development

According to Adato and Gillespie (2005), The Kenyan CT-OVC has been registered to help OVC to strengthen the social networks and social capital of participant households. Additional resources enabled recipients to participate in community events, share food and borrow when in need because they have a capacity to repay.

According to Samuels & Onyango-Ouma (2012), the CT-OVC programme in Kenya has at community level contributed to the social acceptance of OVC. In their study in Kenya, it was revealed that previously, orphans were discriminated against because they were perceived to be a burden but with the introduction of the CT programme, people are now more willing to interact with them including teachers, guardians and other children.

Studies on Kenyan CT-OVC programme have also found that the CT programme has generated Social capital through formation of social groups around the CT; these groups also offer informal psychosocial support to widows living with HIV and AIDS and advise elderly grandmothers on how to handle OVC (Samuels & Onyango-Ouma 2012).

2.4.6 CT and empowerment- symbolic capital

Cash can empower poor individuals and households to make their own decisions for improving their lives. As discussed earlier, cash transfers can support girls' education and promote better access and utilization of healthcare and other basic social services. However, only a few programmes have explicitly targeted the potential for transforming gender relations at the household and community in both economic (e.g. opportunities for work) and social (e.g. voice and agency) (Slater, 2009).

Gender has been a major factor in cash transfer design for the past 10–15 years, as exemplified by the payment of CCTs in Latin America to women with young children (Ellis, 2008). By addressing gender imbalances in access to education and putting cash directly in the hands of women, cash transfers can increase their bargaining power within the Home and improve intra-household allocation of resources for human development. Cash transfers provided to women can also lessen the risk of households resorting to negative coping mechanisms.

In Mexico, the Progresa/Oportunidades programme, in giving cash only to women, increased their decision-making role in household expenditure, financial security, self-esteem and social status (World Bank, 2008). A gender audit of Brazil's *Bolsa Família* found that women's domestic status increased because the income they received was regular, while the wages of other household members was uncertain (DAC Povnet, 2009).

In Kenya, Most caregivers (92%) – the majority of whom are women – decided on how to use the transfer alone or in consultation with other adults in the household. Female caregivers also reported that this contributed towards a feeling of empowerment (Republic of Kenya, 2012: 85).

2.4.7 Cash transfer and self-esteem/dignity-symbolic capital

According to Samuels & Onyango-Ouma (2012) the perception and value for OVC have completely changed. Instead of being viewed as a burden, People are now more willing to foster OVC, thus improving their status and seeing them as valuable additions to the household.

Cash transfers can also promote self-esteem, status and empowerment amongst vulnerable people enabling them to be active members of their households. In particular, there is evidence that cash transfers can address age-based social exclusion. Based on qualitative research by NGOs, social pensions in Namibia and Lesotho have improved the status of older people without relatives, who might otherwise have been isolated and excluded from community life (DFID, 2011).

A Lesotho pensioner describes the introduction of the social pension as follows: “Before, we were treated as if we were dead. Now, people respect me.” (*SCF / Help Age International / IDS, 2005: 27*).

2.5 Cash Transfer and Cushioning OVC Related Shocks and Vulnerabilities

Vulnerability considers both an individual’s current capabilities and the external factors that he/she faces, and how likely it is that this combination will lead to changes in his/her status (DFID, 2011). Some of the vulnerabilities in this case include HIV and AIDS, child labour, child prostitution among others.

2.5.1 Cash transfer and HIV and AIDS

HIV and AIDS broader social protection strategies have the potential to protect children and their families in high prevalence settings (Adato, & Hoddinott, 2008). In theory, cash transfers

can have benefits across the spectrum of HIV prevention, treatment, care and support. Transfers may play a role in HIV prevention by reducing the factors that place people at risk of infection by reducing school drop-out, migration, and girls' and women's social and economic inequality. Some of the most robust results have come from a recent impact evaluation in a high-prevalence district of Zomba-Malawi (Temin, 2010).

A pilot for adolescent girls in Zomba district in South-Eastern Malawi has demonstrated that both CCTs and UCTs to girls improved school attendance and decreased early marriage, pregnancy, and importantly, HIV infection rates, among beneficiaries. The UCT programme had a much greater positive impact on delaying early marriage. Researchers found that sexually active beneficiaries reduced their risky behaviour (Baird *et al.*, 2010).

In relation to *HIV treatment*, the current evidence on the link between cash transfers and access to and use of anti-retroviral treatment (ART) is limited. However, an important randomized control trial in rural Uganda found better HIV treatment adherence scores amongst programme participants than the control group. This led the researchers to conclude that the “modest cash transfers of \$5-8 per month to defray the costs of transportation may be an important strategy to reduce costs and improve treatment outcomes in rural, resource-limited treatment settings” (Temin, 2010).

While the Kenyan CT-OVC targets transfers explicitly to orphans or AIDS-affected vulnerable children, there is emerging evidence that targeting programmes to the extreme poor using indicators that capture AIDS-affected households (e.g. high dependency ratios or presence of a household member with a chronic illness) helps to reach children affected by AIDS (Webb, 2007). In addition, Caregivers' health has improved through increased capacity to purchase medicines (e.g., ARVs) (Jackson *et al.*, 2011: 16).

In Lesotho, 60 percent of households receiving the social pension include young children, many orphaned by HIV and AIDS (National University of Lesotho, 2006, cited in Samson *et al.*, 2007). This burden has been one of the many factors that have led these governments to adopt national domestically financed social pension programmes. More research is needed to assess the impact of cash transfers on households caring for adults living with HIV and key populations (Temin, 2010).

2.5.2 Cash transfer and livelihood opportunities

There is growing evidence that cash transfers can help to create livelihood opportunities and enable households to escape poverty traps; increase labour productivity and earnings; stimulate local markets; and cushion families from the worst effects of crises (Yablonski and O'Donnell, 2009).

There is some evidence that small but reliable flows of income help poor households to diversify livelihoods and improve their long-term income generating potential by funding the costs of job seeking, allowing them to accumulate productive assets and avoid losing them through distress sales or inability to repay emergency loans (Devereux, and Coll-Black 2007, & Slater, 2009). Samuels & Onyango-Ouma (2012) also confirm that the CT-OVC is invested in certain livelihood activities that can promote both short and long term investment.

Transfers allow households to make small investments; and in some cases take greater risks for higher returns. In India, farmers protected by the Employment Guarantee Scheme in Maharashtra invested more in higher yielding varieties and fertiliser than farmers in neighbouring states did. Similar effects have been observed in Ethiopia (Hanlon *et al.*, 2010). Hanlon *et al.*, (2010) also notes that cash transfers enable the beneficiaries to take greater risk in businesses hence encouraging new investments.

2.5.3 CT and Child labour

Evidence from several countries suggests that cash transfers can reduce the incidence of child labour; though in some cases cash transfers have had the opposite effect (Barrientos, & Niño-Zarazúa, 2009). Many cash transfers implicitly target child labour, through a direct focus on school attendance. Child labour is usually associated with early exit from school, and therefore with long-term consequences in terms of productivity and lifetime earnings. In many countries, child labour can also be associated with hazardous employment (Bassett, 2008).

In Cambodia, the Cambodia Education Sector Support Project (CESSP), which gives transfers to children in transition from primary to lower-secondary school, reduced paid work by 11 percent (Filmer & Schady, 2009). In Brazil, the Programme for Eradication of Child Labour (PETI) reduced the probability of children working by nearly 26 percent in Bahia. It also reduced the probability of children working in higher risk activities (Rawlings & Rubio, 2003). In Colombia, *Familias en Acción* is reported to have led to a significant reduction in child labour in rural areas, particularly amongst children aged between ten and thirteen (World Bank, 2006).

In Ecuador, child labour was reduced by 17 percent in households participating in *Bono de Desarrollo Humano* (Schady & Araujo, 2006). In contrast, in Ethiopia, there is evidence from some high dependency households engaging in public works of some perverse impacts on child domestic labour. Because of this evidence, improved targeting of direct support grant beneficiaries and better communication of rights and responsibilities (Young Lives, 2010) are now addressing this adverse effect.

In Kenya, The Programme also appears to have reduced the extent of child labour. The proportion of children aged six to 13 years reported to be doing paid work has declined in

Programme areas, which translates into a reduction of three percentage points attributable to the Programme. The average amount of time spent on unpaid work is also reduced, by an average of almost four hours per week (Republic of Kenya, 2012).

2.5.4 Child prostitution

Though there is not enough information on the link between transactional sex and cash transfer, in Malawi, the Social Cash Transfer Scheme has reduced the likelihood of female and child-headed households resorting to ‘risky behaviour’ such as transactional sex, in order to survive (Schubert & Huijbregts, 2006).

In sum, cash transfer programmes have the potential to deliver a range of benefits; not only reducing extreme poverty, but also providing effective support for broader human development objectives, including better nutrition, health and education outputs and outcomes. There is some, more limited, evidence that well-designed cash transfer programmes can contribute to women’s empowerment, local economic activity, to strengthening the ‘contract’ between citizens and the state, and supporting climate change adaptation and even peace building (DFID, 2011).

2.6 Theoretical Framework

The study used human development approach and Resilience theory. Resilience theory was used as a complimenting theory to bridge limitations of human development approach in explaining life stressors and coping mechanism.

2.6.1 Human development approach

This is a development oriented theory that dates back at least to Aristotle (384 -322 BC)- “wealth is evidently not the good we are seeking, for it is merely useful and for the sake of

something else”. It was re-discovered and presented in the first Global Human Development Report in 1990 by the distinguished economist Mahbub ul Haq and has been expanded and widely used since then in particular with many inputs over the years from Nobel Prize-winning economist Amartya Sen (Ul Haq and Mahbub, 2003).

The theory broadly stresses two aspects: the formation of human capabilities; and the utilization of acquired capabilities (or their functionings). It therefore, covers all aspects of development – economic growth, international trade, budget deficits or fiscal policy, saving or investment or technology, basic social services or safety nets for the poor. No aspect of the development model falls outside its scope, but the vantage point is the widening of people’s choices and the enrichment of their lives. All aspects of life - economic, political or cultural – are viewed from human development perspective (Sen, 1992). This theory does not however does not acknowledge life stresses hence resilience theory is added as one of the complementing theories.

2.6.2.1 Relevance of the theory

The relevance of the theory lies within the four pillars:

Equity: As used here refers to the concept of justice, impartiality and fairness and incorporates the idea of distributive justice, particularly in terms of access to opportunities and outcomes to all human beings which is the concept behind CT- OVC-redistributing services and opportunities to the vulnerable orphans (Sen, 2002). In this context, the CT-OVC is an affirmative action to help provide essential services (education, health, nutrition, and clothing among others) to those who would otherwise go without such and thereby remain in a poverty cycle.

Efficiency: Which from a human development perspective, is defined as the least cost method of reaching the goals through various interventions that maximize opportunities for individuals and communities through optimal use of human and material and institutional resources. It demonstrates that the chosen intervention is the one that offers the best results in enlarging choices and enabling optimum use of opportunities by people. This has been tested in Latin America and Zambia and has proven that the CT has diversified results and enabled optimal use of resources as people can use the money in different ways (Sen, 2002).

Participation and empowerment: In the human development approach, people are both the ends as well as the means to development. Empowerment is about processes that lead people to perceive themselves as entitled to make life decisions. It is about the freedom to make decisions in matters that affect their lives. Whether at the level of policy-making or implementation, this principle implies that people need to be involved at every stage not merely as beneficiaries but as agents who are able to pursue and realize goals that they value and have reason to value (DFID, 2011).

Sustainability: Is the ability of a project to pay for itself. Specifically, development should not lead countries into debt traps. This goes hand in hand as the CT is not a debt. Social sustainability which is relevant to this study refers to the way in which social groups and other institutions are involved in ensuring participation and involvement and avoiding disruptive and destructive elements. Cultural liberty and respect for diversity are also important values that can contribute to socially sustainable development. This is what can be referred to as social capital which the study is yet to explore (Sen, 2002).

2.6.2 Resilience theory

Resilience theory is a strengths based model that focuses on supports and opportunities which promote life success, rather than trying only to eliminate the factors that promote failure. Resilience is primarily defined in terms of the “presence of protective factors (personal, social, familial, and institutional safety nets)” which enables individuals to resist life stress (Kaplan *et al.*, 1996, p. 158).

The theory has its roots in the study of children who proved resilient despite adverse childhood environments (Kaplan *et al.*, 1996). The theory addresses the strengths that people and systems demonstrate that enable them to rise above adversity. The emergence of resilience theory is associated with a reduction in emphasis on pathology and an increase in emphasis on strengths (Rak & Patterson, 1996). O’Leary (1998) notes that the theory calls for a move away from vulnerability/deficit models to focus instead on triumphs in the face of adversity hence the focus on how OVC cope up with life in an HIV and AIDS and orphan hood prone areas.

A great deal of resilient research has been devoted to identifying the protective factors and processes that might account for children’s successful outcomes (Mastine, 2001). Major voices in resilience research have included Garmezy (1974), Werner and Smith (1989), and Rutter (1999). Based on their research, resilience has gone from being limited and specific in nature to being a broader and widely encompassing construct. Resilient research has moved from focusing on the individual to seeing the child within his or her wider family and community context and considering a much broader range of risk and protective factors including safety nets (Cicchetti, 2010).

Hence, resilience is a heterogeneous, multilevel process that involves individual, family and community-level risk and protective factors. Individual protective factors may include emotional self-regulation, self-efficacy and self-determination (Cicchetti, 2010). Family factors may include a close relationship with at least one caregiver and sibling attachment. Community factors may include a community's social assets such as schools, associations and sporting clubs, as well as feeling a sense of community connectedness (Dean & Stain, 2007; Maybery *et al.*, 2009).

2.6.2.1 Relevance of the theory to the study

This theory complements the human development approach with a focus on life's stresses and stress response. Resilience is most easily conceptualized as having four prerequisites that are relevant to the study:

- Risk or predisposition to bio-psychosocial or environmental conditions which in this case focuses on how orphan-hood predispose OVC to high risks bio-psychosocial environments.
- Exposure to a high-magnitude stressor, which in this case concerns issues such as child labour prostitution and rejection.
- Stress response looking which concerns how OVC respond to OVC related stresses
- Return to baseline/normal functioning which in this case look at how CT-OVC has helped children overcome orphan hood problems to be as other children.

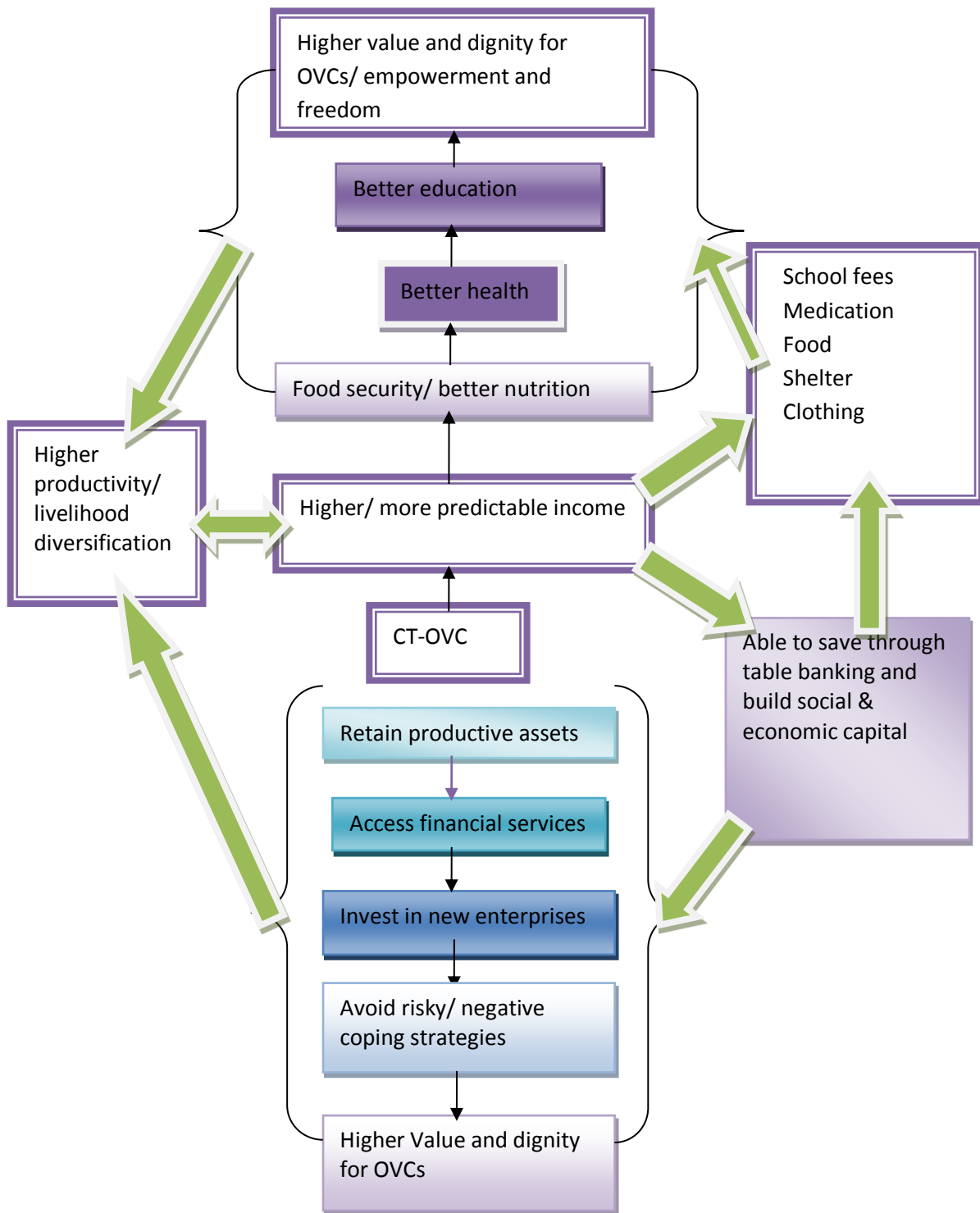
2.6.4 Conceptual framework

It is conceived that the CT-OVC is the independent variable. The increase and predictable income through CT-OVC enable the beneficiaries to access certain services (dependent variables) such as education, health, clothing, nutrition, and shelter and hence OVC's human

dignity directly. And indirectly through savings and social network, the OVC households are able to retain productive assets, access financial services, invest in new enterprises, avoid negative coping strategies and attain human empowerment/dignity. This leads to higher productivity hence a break from the poverty cycle.

Higher productivity and livelihood diversification contributes to more predictable income and the cycle continues as shown in the conceptual framework below.

Figure2.1: Conceptual framework



Adopted from cash transfer causal pathway DFID, (2011).

3.0 CHAPTER THREE: METHODOLOGY

3.1 Introduction

This section states the context within which the study was conducted. It gives a description of the research site, study design, study population, sampling procedures, data collection methods, data analysis the ethical considerations made during the study.

3.2 Research Site

Homa Bay County is one of the 47 Counties of the republic of Kenya. It is located in South western Kenya along Lake Victoria where it borders Kisumu and Siaya Counties to the North, Kisii and Nyamira Counties to the East, Migori County to the South and Lake Victoria and republic of Uganda to the West. Homa Bay County lies between latitude 0o15' South and 0o52' South and between longitudes 34o East and 35o East and covers an area of 1227Km² inclusive of the water surface which on its own covers an area of 1227 Km². The Count headquarter is Homa Bay town (Republic of Kenya 2013).

The county is divided into eight political constituencies namely; Rangwe, Homa Bay Town, Suba, Mbita, Ndhiwa, Karachuonyo, Kasipul and Kasipul Kabondo constituencies. It is further divided into 40 electoral wards 86 locations and 2011 sub-locations (Republic of Kenya 2013).

Homa Bay County has one of the highest under-five mortality rates in Kenya (at 91/1000 live births) and one of the highest HIV prevalence rates in the country of (15.3%) in the year 2011. This is very high compared to the National prevalence of (6.3%) in the same year. The County has however made notable progress towards the achievement of this goal with HIV prevalence

rate reduced from 31% in the year 2003 to 15.3% in the year 2011 (Republic of Kenya 2013). The most critical health conditions for children are diarrhoea, malaria and pneumonia. The poverty rate is 44%, compared to the national average of 47%; 66% of the population attended primary school and 83% of 15-18 year-old young people are currently attending school, which is ahead of the national average of 70%. Despite being ahead of the national average on these development indicators, Homa Bay is far behind on other basic infrastructure, particularly electricity and improved water sources. Only 3.3% of households have electricity, compared to the national average of 23% (Republic of Kenya 2013).

HIV and AIDS is a major development challenge in the County. The County has a high HIV prevalence rate of 13.1% compared to the National average of about 6.3%. The main factors which have enhanced the spread of HIV are retrogressive cultural practices of wife inheritance, commercial and fish fox exchanges especially around the beaches and bars, multiplicity of partners, alcohol and drug abuse (Republic of Kenya 2013).

HIV and AIDS have affected all groups in the population, but the most affected have been those between ages 15-45 years who are considered to be sexually active. However, the youth in the age bracket of between 14 and 25 years are most vulnerable (Republic of Kenya 2013).

The high HIV prevalence rate continues to impact negatively on the County's development besides placing a lot of strain on any household budget. In attempting to treat the opportunistic infections associated with HIV and AIDS, resources which could be put to better use are lost. HIV has also affected productivity especially in agricultural and transition in the education sector. In schools as in farms, a lot of productive hours are lost by teachers and learners seeking care and support. In agriculture, the consequence of HIV and AIDS has been food

insecurity, as a result of low agricultural activities occasioned by resources being diverted to combat the scourge (Republic of Kenya 2013).

Socially the county has a huge burden of care for a large number of orphans; widows and widowers as both parents and spouses continue to suffer due to HIV and AIDS. The OVC are further faced with environmental and socio-economic problems including lack of basic needs, school dropouts, and diseases like malaria, typhoid, and cholera among many others. A number of NGOs have therefore; come up with intervention programmes such as feeding, education and healthcare. Such NGOs include AMPATH, APHIA Nyanza, and Plan International among others (Republic of Kenya 2013).

In addition to the 73% of the county's population is either unemployed or underemployed. While the literacy rate in the county stands at 64% with males accounting for 66% and females 54%. The highest literacy rates are in Homa Bay town while the lowest has been recorded in Suba (Republic of Kenya 2013).

The study was conducted within two locations in Homa Bay district of Homa Bay County. The two locations include Homa Bay Town location consisting of Asego, Township, and Arujo sub-locations and East Kanyada location consisting of Kothidha, Kanyach Kachar and Komolo, Kobuola Kogwang Sub–Locations as shown in figure 3.3 below.

Figure 3.1 Map of Kenya showing the location of Homa Bay County

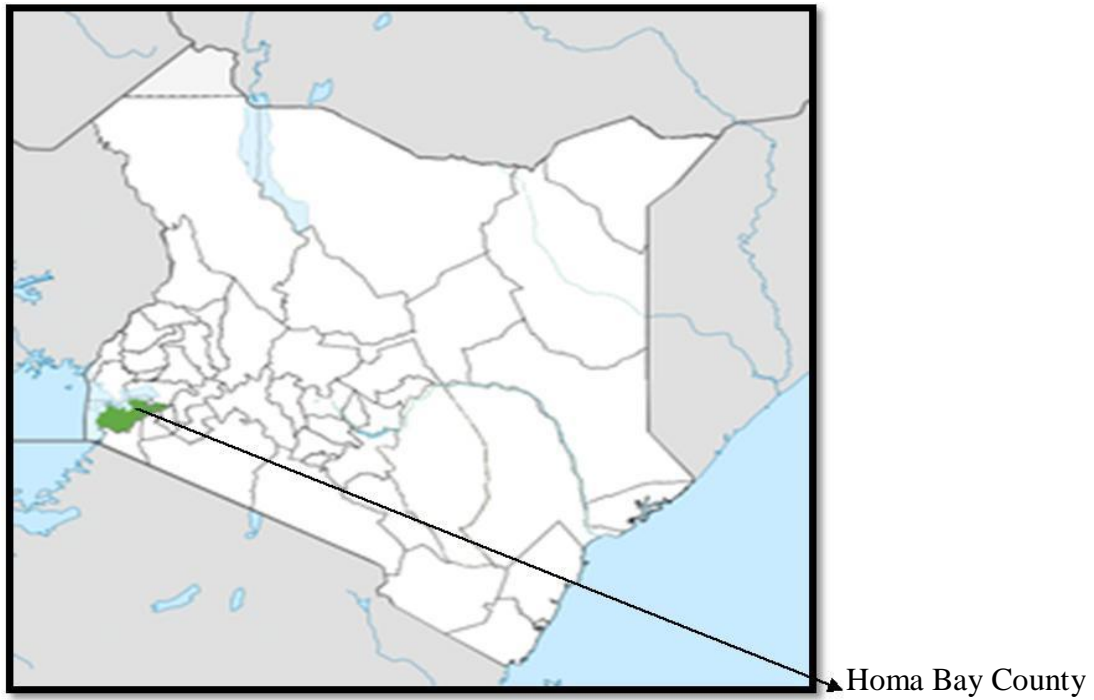


Figure 3.2: Homa Bay County map showing the study area

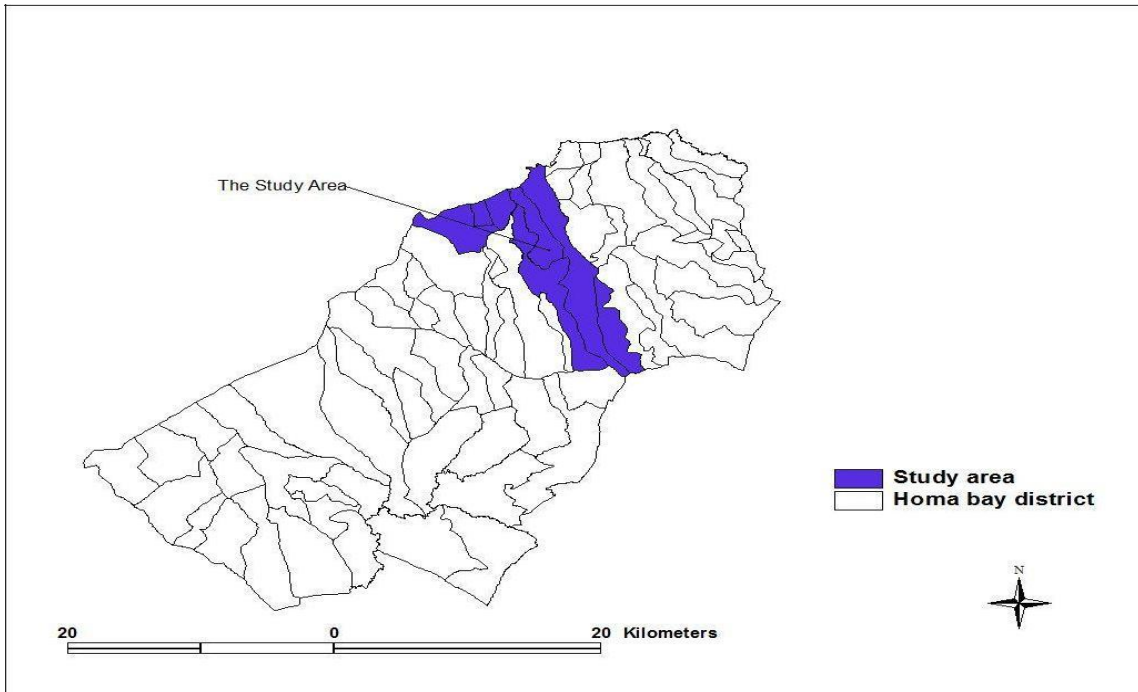


Figure 3.3: Study area map showing the seven sub-locations, health centre & village shopping centre

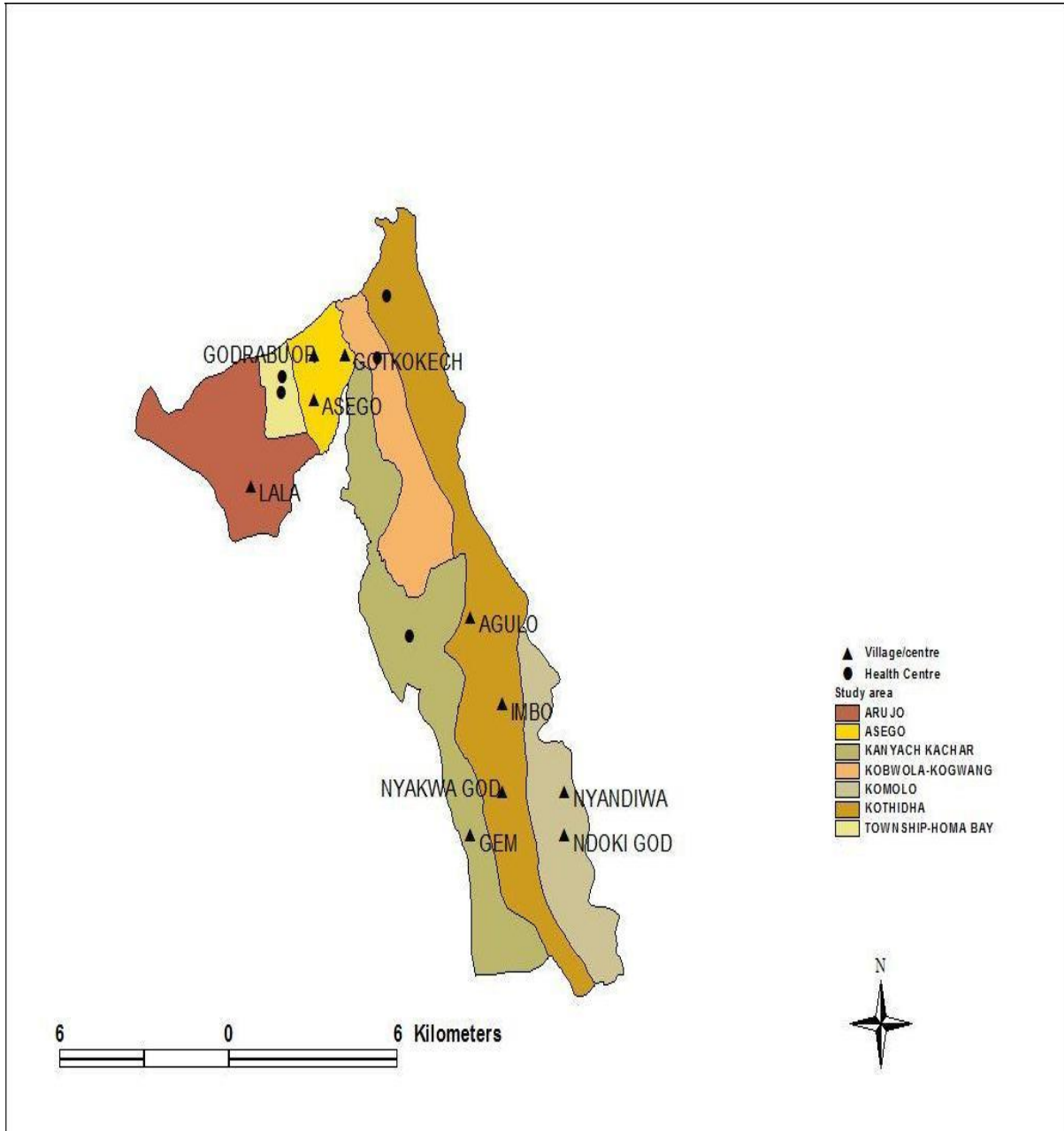
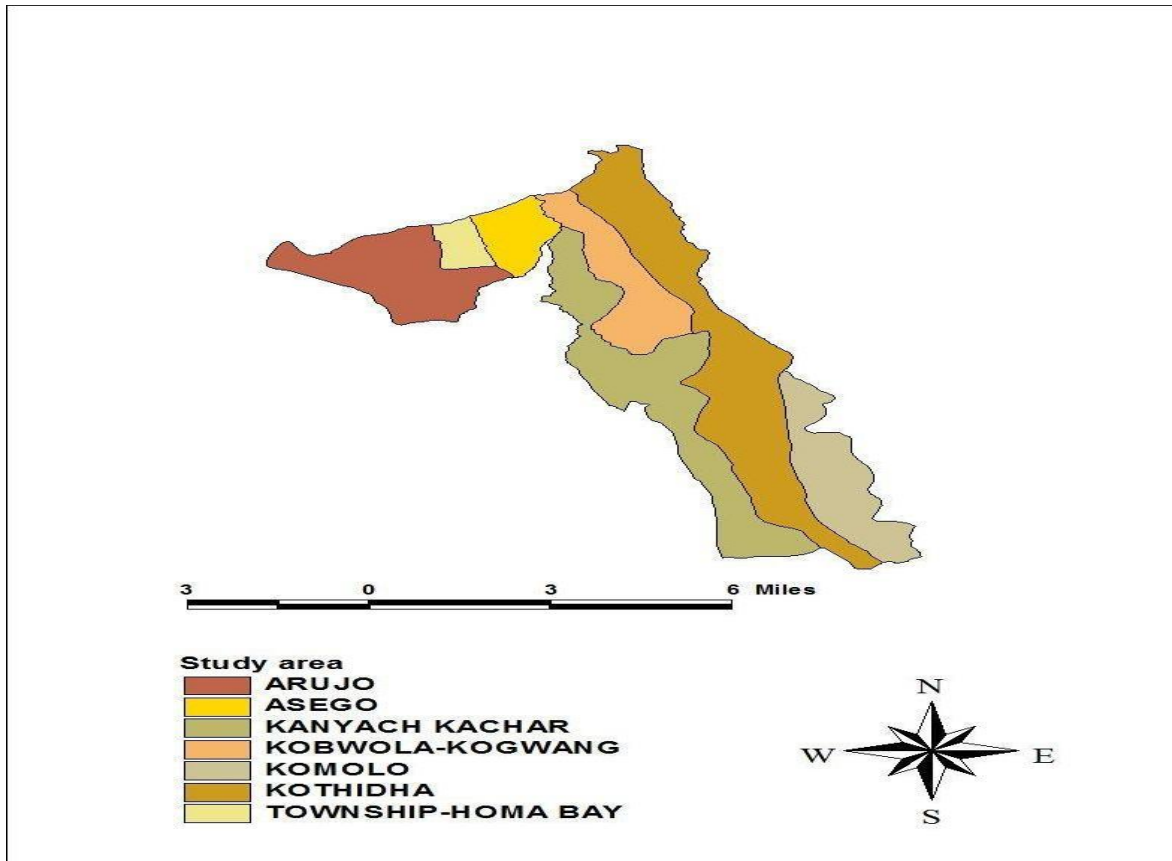


Figure 3.4: Study area map showing the seven sub-locations in Homa Bay Town and East Kanyada locations



Most Orphans in Homa Bay have to live without full parental care and guidance. Orphaned and vulnerable children (OVC) often live with other relatives or with non-relatives, as they cannot fend for themselves, although a small proportion does live on their own or resort to street life. Social surveys conducted at household levels show that these OVCs live with caregivers who are equally challenged, from HIV/AIDS to poverty and other social maladies. Most of the caregivers are relatives of the OVCs, although many are either very old or very young people, because the majority of those who have died as a result of HIV/AIDS are in the age group 20-45 years (World Orphans' Day report 2012).

A number of OVC in Homa Bay lack the care and support of one or more responsible adults, and are less able to access basic needs (such as shelter, food and clothing) and education, some are also vulnerable to physical and sexual abuse, or to engaging in risky behaviours that can adversely affect their health and well-being (World orphans' Day report, 2012).

Some OVC, especially females, are forced into or opt for early marriage, or may resort to having sex in exchange for money, other material items or favours (termed 'transactional sex') as survival strategies, which may expose them to risks of infection with HIV or other sexually transmitted infections (STI), and to early pregnancy and early childbearing. Mean maternal age at first birth was found to be 17.5 months for the

District (World orphans' Day report, 2012). There is generally early sexual debut, pregnancy and marriage. Study by Abuya (1999) shows that 56% of the female inhabitants in East Kanyada Location had had their first birth while they were below 18 years of age compared to 53% in Homa Bay Town Location.

3.3 Research Design

The study used descriptive exploratory design to collect qualitative data. The data was collected in three phases within four consecutive months from February 2013 to June 2013. The study was started by pre-testing the instruments and making necessary adjustments in the first week of the study after which Key Informant Interviews were conducted in the following weeks of February. This gave the general information concerning the programme operations. During this period, the researcher acquired the sampled contacts and arranged for appointments with informants.

The second phase of the study involved in-depth interviews with the OVC and their guardians, while conducting observations alongside. The third phase of the study involved conducting case narratives with four OVC and four guardians respectively. This was done alongside observation for the cases. Two Focus Group Discussions were also conducted at this stage. The field work took four months from February up to the end of June. Follow up visits were made on weekly basis and case study and observations were made in the evening hours.

3.4 Study Population

The study population included all the CT-OVC beneficiary households in Homa Bay District of Homa Bay County i.e. the OVC and their guardians. It also involved those who monitor the programme closely such as the chiefs, village elders, assistant chiefs, children officers and NGOs related to CT-OVC programme. The unit of analysis was the individual OVC.

3.5 Sample Population

The sample population was obtained from the OVC register containing a total of 1,632 household beneficiaries residing in the two sub-locations of Homa Bay district: East Kanyada and Homa Bay town. A total of 30 households were sampled from which 30 OVC informants were drawn based on their availability. Ten guardians were purposively sampled from the thirty households based on the gender and age.

3.6 Sampling Procedures

The study used the Homa Bay district CT-OVC beneficiary register as a sampling frame which covers two locations: East Kanyada and Homa-Bay Town locations. As per the frame, 1632 households are beneficiaries of the CT-OVC programme. The sampling procedure used was systematic random sampling where the first informant household was chosen at random

and subsequently every 54th household was selected for the study. This sampling interval was arrived at by dividing the total number of household by the desired sample size (30).

At the household level, an individual OVC was selected for interview purposively based on availability and ability to answer the questions. The informants were obtained by dividing the total number of OVC households in the sampling frame (1632 household) by a factor of thirty to arrive at thirty informants. The guardians on the other hand were sampled purposively with the help of the interviewed OVC based on the gender, age and relationship with the OVC. Other informants for FGDs and narratives were sampled purposively based on the duration they have taken in the programme, gender, age and relationship with the guardian.

3.7 Data Collection Methods

This study used purely qualitative data collection methods. However, basic demographic information formed part of quantitative information. The primary respondents were the OVC. All information was recorded using tape recorders. Data collection was done through the following methods:

3.7.1 Key informant interviews:

According to Nkwi *et al.*, (2001), key informants are people who are believed to be knowledgeable on the topic under investigation. This involved the use of key informant interview guide. A total of thirteen KIIs were conducted; they included the DCO Homa Bay district, 2 VCOs, 1 chief, 1 Assistant chief, 2 head teachers, 1 village elder from Shari Yak, 2 beneficiary welfare committee members and 3 OVC related NGOs (Plan International, Caritas Homa Bay and Homa Bay orphanage). This method targeted information about the programme operations, the use of the Cash according to the implementers and the impacts of the programme on the OVC's human capital. The Key informants were sampled purposively

based on their knowledge and interaction with the programme. The informants gave the general operation of the programme making it easier to understand and make further appointments with the beneficiaries.

3.7.2 In-depth interviews

This involved the use of open ended questions and a total of 40 in-depth interviews were conducted. 30 OVCs and 10 guardians were interviewed. The OVC IDIs targeted information on the actual use of cash, how the cash has impacted on OVC human capital development and how the programme has helped to cushion OVCs from OVC related vulnerabilities. The Guardian IDIs were used to verify the authenticity and strengthen the information given by the OVC.

3.7.3 Focus Group Discussions (FGDs)

Two OVC FGDs were conducted for the study; one for girls and another for boys. The girls' FGD organized at Pedo primary was composed of 12 participants and included CT-OVC beneficiaries of between ages 10 to 16. On the other hand, boys' FGD was organized at Rabuor Masawa primary and had 11 OVC between ages 10 to 17. This method targeted the three objectives of the study; the use of cash transfer, the impacts of the programme on their human capital and how the programme has helped to cushion them from related vulnerabilities

3.7.4 Direct observations

According to Nachmias and Nachmias (2001) researchers are required to use observations in most studies of children because it is difficult for children to be introspective to verbalize and to remain attentive to lengthy tasks. This method was used to get information on informants' behaviour, actions and the full range of interactions that explain the situation of OVC in

relation to CT. This method involved observing OVCs dressings, interactions with other children, duties they carry out in the Home setting, treatment in the household, at cash collection points and interactions with peers at schools. The observations also extended to observing their academic reports in schools.

3.7.5 Case Narratives

In using this method, eight informants were sampled including four OVC and four guardians. Four OVC narrated their experiences since the death of their parents and consequent fostering into the present accommodating families. The four OVC were sampled purposively including two OVC; a boy and a girl from a child headed household two others from male and female guardian headed households respectively. The Guardians were sampled purposively based on gender and the nature of relationship with the OVC. This method was done alongside with observation within each case setting to add to the information given in the narrative. This captured information on how the programme has helped to build OVC human capital and to cushion their vulnerabilities. This was achieved by asking them to lay out a comparison of the situation before and after the CT.

3.8 Data processing and analysis

The data collected was transcribed, summarized and coded to facilitate analysis and interpretation. All the qualitative data from in-depth interviews, narratives, observations, and focus group discussions were analysed thematically and the results from each method triangulated.

Descriptive approach was used where direct verbatim quotes from the transcripts were used to explain the trends based on the objectives. Basic demographic data was analysed using SPSS

to describe the demographic characteristics of the sample population in terms of frequencies, percentages and tables.

3.9 Ethical Considerations

This study sought for an approval and research permit from the ministry of higher education through the National Council for Science and Technology (NCST) and a letter of introduction from the University of Nairobi, Institute of Anthropology, Gender and African Studies. Since the study deals with minors, consent was obtained from either the guardians in a home setting and from teachers in a school setting. The nature and the purpose of the research were explained to the informants by the researcher to seek their consent before administering the instruments.

Anonymity was achieved by separating the identity of the individuals from the information they gave. Pseudonyms were used to hide informants' identities. In dealing with privacy and confidentiality, the participants were assured that sensitive, personal or potentially threatening information shall not be revealed and that the information will only be used for academic purposes. For quality check, the outcome of the study will be disseminated back to the community through the DCOs and VCOs and shared with the scientific community through publications.

3.10 Problems encountered and their solutions

Non beneficiaries OVC household were informed of the study in the village and thought that a new recruitment process was on. The research team therefore met the non-beneficiaries at different points waiting to register their names. This was overcome by explaining that the exercise was being carried out by a student on study. Further, the District Children's Officer

took the task of explaining publicly to all that this was a research and not a recruitment exercise.

Due to the bad nature of feeder roads within Homa Bay, I had to use a motorbike to go through the narrow paths into the villages where I was involved in a motorbike accident. I was nursed in Homa Bay District Hospital and thereafter, continued with the field work.

Some Informants especially the guardians demanded for a pay since it was electioneering period and politicians were dishing out money. This was overcome by explaining the purpose of the study to the sampled beneficiaries and replacing two guardians who refused to volunteer information before they could be paid.

4.0 CHAPTER FOUR: CASH TRANSFER FOR ORPHANS AND VULNERABLE CHILDREN

4.1 Demographic profile of Informants

4.1.1 Informants age and gender

The Table 4.1 below presents the demographic profile of the informants who participated in the study under various categories. A total of 30 OVC IDI informants participated in the study, with 13 (43%) male and 17 (57%) female informants respectively. There were two OVC FGDs and 10 IDI guardian informants. In addition, 13 key informants and 8 case narrative informants also participated in the study.

The guardian IDIs had 20% male and 80% female respondents due to the fact that most care givers are female and male caregivers were hard to come by. The KII had 30% female informants while the case narrative had equal gender representation.

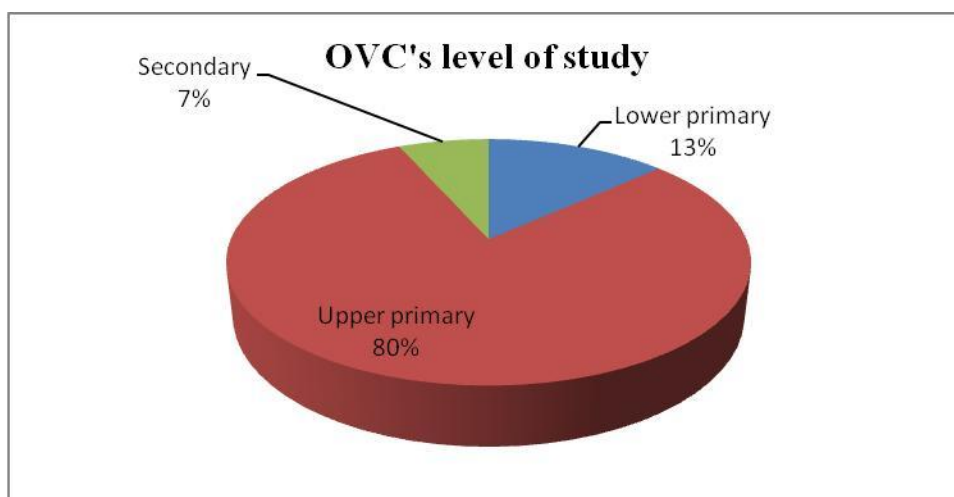
Two OVC FGDs were conducted in the study; one for boys and another for girls. The girls' FGD was conducted at Pedo primary school with 12 participants between ages 10 to 16. All the girls in the FGD attended school with 25% being lower primary and the rest in upper primary. The boys' FGD took place at Rabuor Masawa primary with 11 participants between ages 11 to 17. All the boys reported to attend school with (36%) being in lower primary and 64% in upper primary.

Table 4.1 Informants' category, gender and age

Category of informants	IDI OVC	IDI Guardian	KII	Case Narratives	FGDs
Gender					
Male	13	2	10	4	1
Female	17	8	3	4	1
Total	30	10	13	8	2
Age in years					
10-17	30	0	0	4	23
26-32	0	1	4	0	0
33-41	0	2	2	1	0
43-49	0	0	3	1	0
50-57	0	2	1	1	0
58 and above	0	5	3	1	0

All the OVC interviewed attended school with most OVC beneficiaries, 80% being in upper primary, 13 % in lower primary and 7% in in secondary as shown in figure 4.1 below. This ratio could be due to the level of funding not allowing for more secondary school fees payment. It could also be due to most secondary level respondents being in boarding schools and not at Home at the time of the interview.

Figure 4.1: OVC's level of education

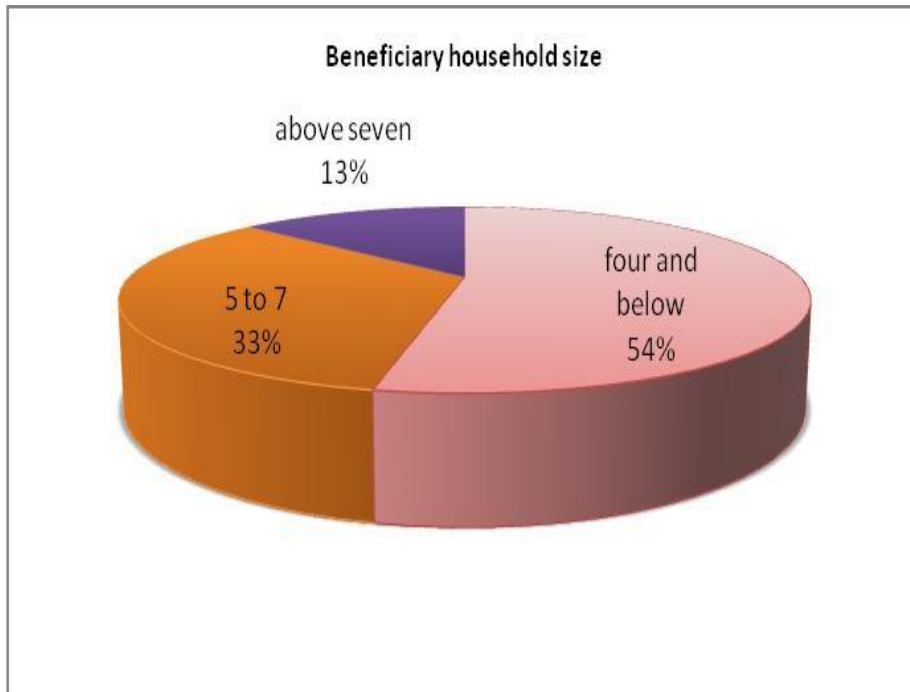


Based on observations, all the OVC interviewed had new and neat school uniforms unlike other pupils in school who had torn uniforms and lacked either socks or shoes.

4.1.2 Informants household size

More than half (54%) of the OVC lived in small households of four people and below while 33% lived in households of between 5 to 7 individuals as shown in figure 4.1.2 below. The Rest of the informants lived with above 7 individuals in their households. It was also reported that not all individuals in the households were OVC. In most of the large households, the OVCs were adopted into such so that the households would receive the cash on their behalf and take care of them.

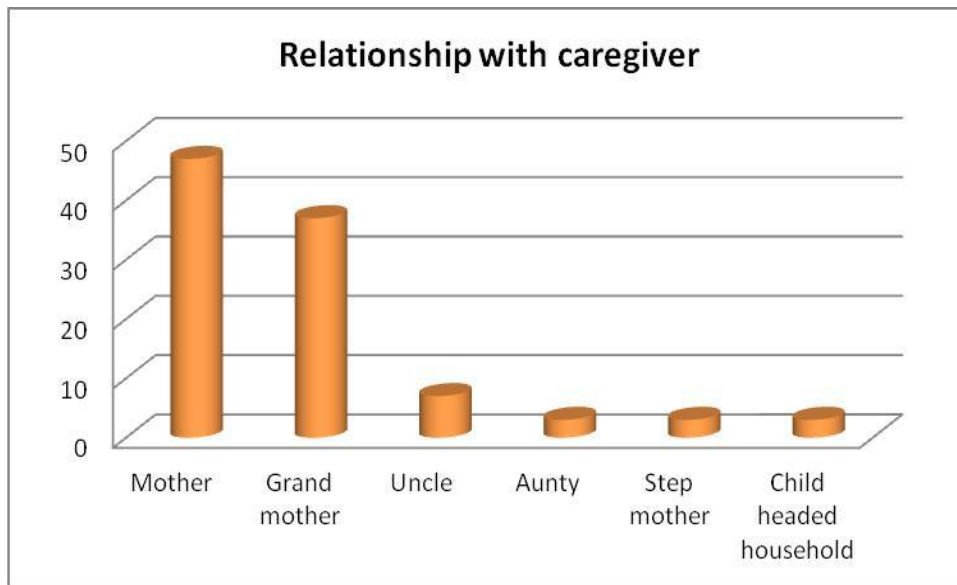
Figure 4.1.2 Beneficiary household size



4.1.3 Relationship with care giver

Most (47%) of the interviewed OVC stayed with their mothers, while 37% stayed with their grandmothers, 7% with their uncles, 3% with an aunty, 3% with step mother and 3% was child headed and therefore stayed with their young ones as shown below.

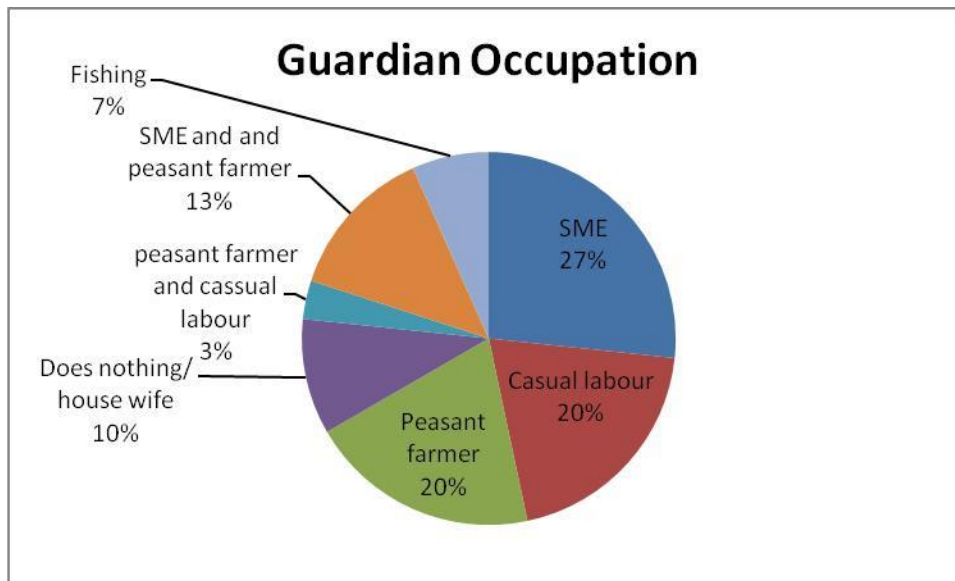
Figure 4.1.3 OVC relationship with care giver



4.1.4 Guardians' occupation

All the guardians in the study at first reported to do nothing while after probing it was revealed that they were either peasant farmers, casual labourers or had small businesses such as selling fish and running a grocery. The OVC in the study however mentioned their guardians' occupation as shown in the figure 4.1.3 below.

Figure 4.1.4 Guardians' occupation



4.2 Uses of CT-OVC among OVC in Homa Bay

This objective was meant to find out the actual use of CT, the process of collection, handling, and power balance concerning decision on use and as to whether the cash is used on things that benefit the OVC.

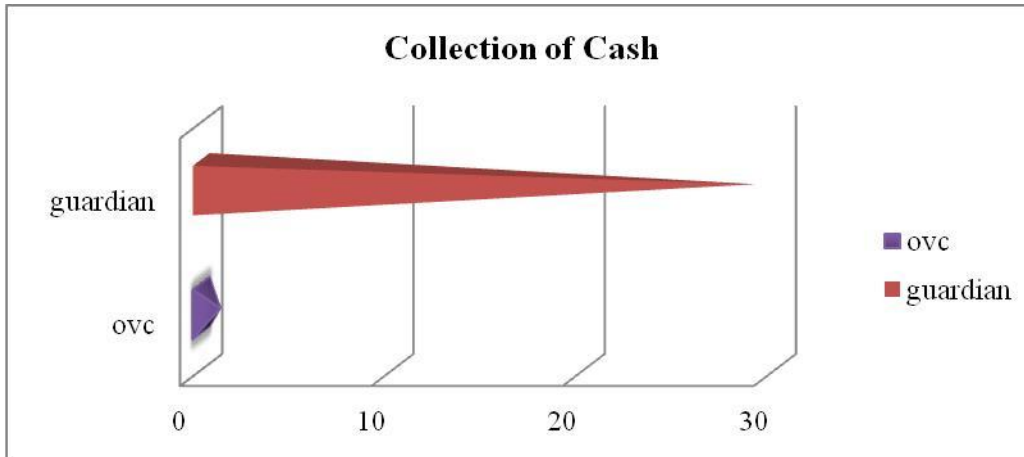
4.2.1 Collection of CT

The entire beneficiary OVC reported that they receive the cash which they collect from the post office. While 3% (one of the OVC) interviewed collected the cash on his own, 97% had their parents/guardians collecting the cash as shown in the figure below. The 3% is a 16 year old boy heading a household of five OVC. He collects the money on behalf of their household since their uncle who used to collect the money on their behalf misused it and was as a result replaced with the OVC. From Observation at the cash collection point, only three OVC collected the cash on their own with the rest being guardians.

Among the three OVC, one had a sick mother while two others had their guardians replaced.

The OVC collecting the cash complained of the long procedures since they had to have a letter from the chief explaining their situation together with the membership card since they lack identity cards.

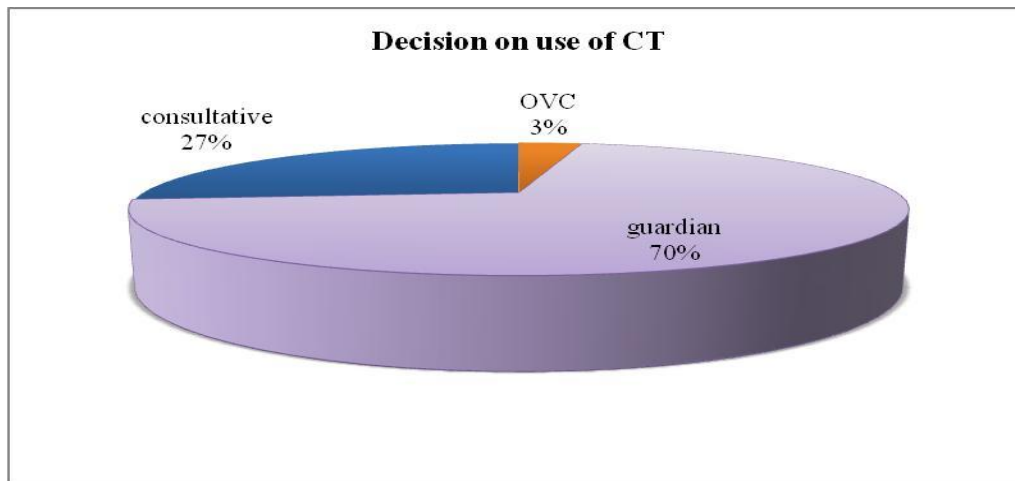
Figure 4.2.1 Collection of CT –OVC as reported by the OVC in IDIs



4.2.2 Decision on CT use

Out of the thirty OVC, 70 percent reported that their parents/guardians decided on the use of the cash while 27% consulted with their parents/guardians and 3 % (one OVC) reported that he made decisions on his own as represented below.

Figure 4.2.2 Decision on use of CT



A deeper study showed that 84% of the OVC who consulted on the use of CT-OVC stayed with their grandmothers as their guardians while 16 percent stayed with either their mothers or other relatives. On the other hand, in cases where the guardian made decision on behalf of the OVC, 72% reported that the Guardian was their mother. It was therefore clear that most beneficiary mothers made decision on behalf of their children while most beneficiary grandmothers consulted with their grandchildren on the use of the cash.

4.2.3 Trickle-down effect

When asked whether the cash reached them, all the OVC except three confirmed that they received the cash and that the cash was used on things relevant to their needs. Among the three exceptions, two OVC were however not sure whether their household received the cash while one acknowledged that their household received the money but the guardian used it on her own needs not related to OVC.

4.2.4 Uses of CT-OVC

All the guardians reported that they were sensitized by the children officers and the chiefs on the uses of the cash. And they reported that the cash should be used to help the OVCs in terms of education, health, good shelter and clothing. Informants in the guardian IDI, FGDs and KIIs emphasized that the OVCs receiving the cash should attend school, should have full school uniforms including shoes; should be taken to the hospital when sick and should eat well and have proper beddings. This is evident as reported by a female caregiver below.

“We were taught the uses of the money by the chiefs and the children’s officer.we were told that the money should be used to take care of the OVC through paying for their school fees, buying for them food, good clothing, shelter, taking them to the hospital and doing to them things that would make them happy” (Excerpt from guardian IDI female 34yrs)

Both the guardians and OVCs reported using the cash mainly to pay school levies, buy school equipment, buy food, buy clothing and shoes, put up a shelter, for medication and to invest in small business, save in merry go rounds or buy domestic animals for the OVCs. When a 12 year old OVC was asked how they use the money, she responded:

“.....This money really helps us because when we get it we can pay school fees, we can buy food and even books. You know, my guardian is not working and all we depend on is that money”.....others use it to build houses, buy cows and even to buy beddings and my guardian invested part of it in small fish business . (Excerpt from OVC IDI girl aged 12yrs)

The KII informants also alluded to the fact that the money is used on things that are of help to the OVC’s schooling, food, and shelter and this can be illustrated by the response in the excerpt given below by a 59 year old chief when asked what the beneficiaries use the CT money for.

“...the beneficiaries majorly use this money for school related issues however, within the households; the money is used for food, clothing and shelter” (Excerpt from KII male assistant chief aged 59).

The money has also been used on things that are specifically of help to the girl children. This is illustrated by the response of a 13 year old girl when asked whether the programme has been of specific benefit to her as a girl either at school or at home, she narrated:

“..... at home this money has been used to buy for me food, and things that are of help to me as a girl child such as sanitary towels, panties even shoes (Excerpt from OVC narrative girl aged 13yrs)

More uses of the CT- OVC money by the guardians reported in the study included payment of debts, investing in agriculture, buying fish nets for fishing and some using the money to buy cows and goats for the OVCs as long term investments. In a case narrative, a 72 year old grandmother caregiver narrates how she used the first disbursement of the CT money to buy a goat that has since given birth to two kids:

“I used the first amount I got to buy a goat for the children. The goat has since given birth to twins and we now have three of them and these can help my grandchildren in future”. (Excerpt from IDI 72 year old grandmother caregiver).

From observations it was evident that the goat was bought and had twin kids for the OVC as shown in the figure 4.2.4 below.

Figure 4.2.4 72 year old grandmother care giver holding a goat and twins kids bought using CT-OVC money.



A 59 year old male guardian also reported in a narrative to have been using the money to buy fertilizer every farming season and to replace his fishing nets. Other informants reported to invest part of it in small businesses after catering for the OVC needs.

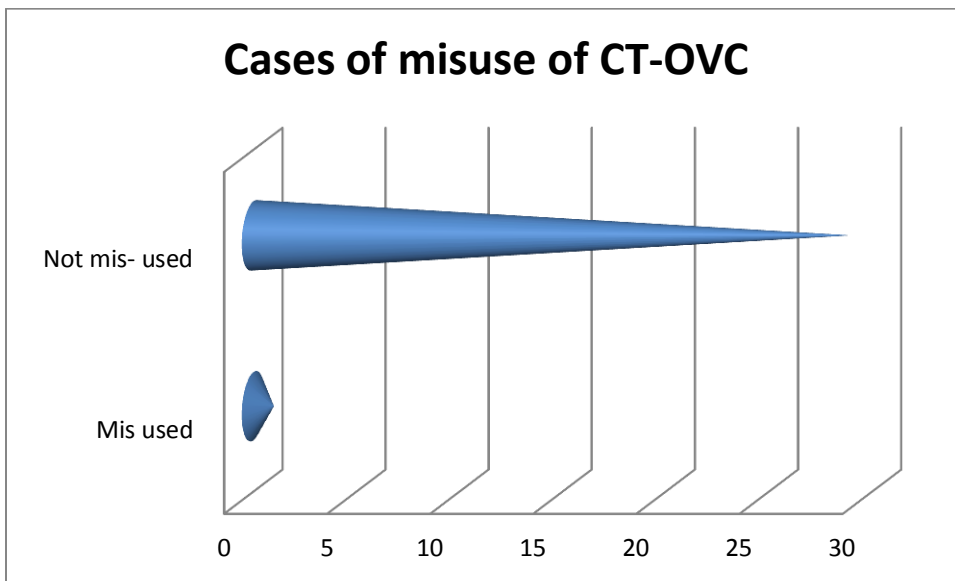
“I use the money over the planting season to buy fertilizer for my vegetable farm, I also use it to replace my fishing nets when they are torn and this helps me to take care of the OVC. I have also observed my neighbour using it to buy and sell fish so that she can sustain the family” (Except from a Narrative 59 year old man)

From the informants and observations, it is evident that the CT cash is used on things relevant to building the OVC human capital by either giving them a good fostering environment at Home or good learning environment in school. The cash is used on issues related to food, clothing, shelter and school levies. It is also used on girls to buy sanitary towels and other personal essentials. It is however noted that the money is also used on things not directly linked to OVC such as investment in business. The informants however explain the investment factor as keeping the money for the orphan for future use and to overt other unexpected shocks.

4.2.4.1 Cases of misuse

There were also reported cases of miss-use. While the guardians reported no case of miss-use, one of the OVC (3%) reported a case of miss-use where her mother used almost all the CT money to buy local brew and drink herself. This is illustrated in the figure 4.2.3 and the excerpt below.

Figure 4.2.4 Cases of CT misuse



“.....My mother uses the money to drink alcohol, the last time she got it, she drank almost everything and slept on the floor then I took the remaining little money and kept” (Excerpt from IDI male OVC aged 15).

Those monitoring the programme including chiefs and teachers also confirmed a few cases of reported misuse when asked if there have been reported any case of miss-use as illustrated below:

“I, as the assistant chief,..... I have encountered three cases where some people were receiving the money on behalf of the OVC and using it to drink local brew, *chang'aa*.....So I intervened and introduced the eldest child within that household as the recipient of the money leaving out the person who initially received the money on three occasions”. (Excerpt from KII male assistant chief aged 59).

“Yes there are cases of misuse.....I once followed up one of the OVC who was lacking school uniform and looked frail as though lacking food. Together with the class teacher, we called the care taker and talked to her.....we then found from the OVC that the money is used on the non OVC in the Households. It is after this that we recommended that the care taker be replaced.” (Excerpt from KII male head teacher aged 47 aged).

The reported cases of misuse included buying local brew and use on non-orphans. Whereas only one OVC reported misuse, quite a number of key informants had much to say while the guardians did not report any case of misuse. Most cases of misuse were identified by the teachers or the chiefs who monitor the programme closely. Though the cases of misuse were few, there is still need for independent monitoring officers apart from the beneficiary welfare committee members. This will help curb any further cases of misuse.

4.3 Cash transfer and OVC human capital development in Homa Bay

This objective was focused on the implications of CT-OVC programme on the OVC's lives. This objective assumed that as the money trickles down to the OVC it is transformed into certain embodied capital that enables the OVC to stand better survival chances and hence be resilient. These forms of capital could be physical, social, cultural and symbolic.

The informants reported having experienced all the above forms of capital in various ways. The teachers for instance reported that the OVC have had improved performance and free interaction with other pupils as well as with the teachers. They also reported increased attendance. The excerpt below gives the response of the head teacher Pedo of primary when asked about the impact of the CT-OVC programme.

“OVCs have become empowered physically, psychologically and even socially. In social terms, the OVCs now attend school and meet their age mates with whom they read and play together. This free interaction enhances their social lives. Whenever they get the money, they don't come to school with empty bellies hence improved nutrition and therefore, physical health. You know when a child does not eat anything in the morning, they can't concentrate and some complain to be sick and don't even interact.” (Excerpt from KII Male head teacher aged 47).

4.3.1 Impacts of CT-OVC programme on OVC's human physical capital

In terms of physical capital, the OVC and their guardians reported that OVC had enough food, (at least three meals in a day) good clothing (unpatched clothes) and they stay house setting hence they were now physically strong compared to before. When asked of the impact of the CT programme on her, a 12 year old OVC narrates:

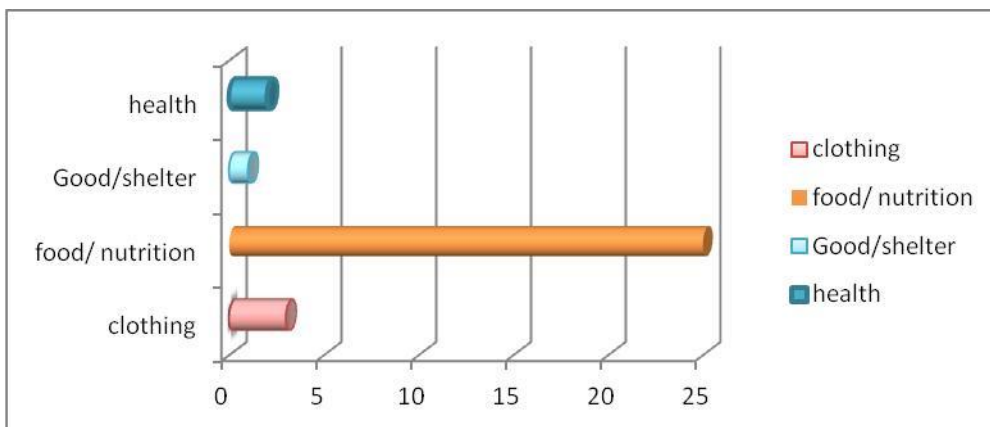
“The money has really helped me because after my parents’ death, I knew I would not afford so many things but my aunt took me in, and because she was also a widow and poor, we did not have a place even to sleep.....when we started getting this money, my aunt bought for us this mattress that we use to sleep, she bought for me clothes and is now paying my school fees. She even asks me what I need when she has collected the money. So to me, she is just like my mother because she does to me everything I want with that money.” (Excerpt from OVC girl narrative aged 12yrs).

Another OVC narrates how they used to eat at most one meal a day and at times went without slept on porridge or on empty stomachs.

I really thank those who gave this money, before it came we used to suffer, food was hard to come by, most of the time we had to go on one meal a day and at times it was not even there.....many are the time we took porridge for our supper and at times when there was no flour we would sleep without food..... Unlike those days, today we can afford three meals in a day because of this money (Excerpt from OVC boy narrative aged 14 yrs)

Some OVC also reported using the cash to go to hospital and buy medicine. Ranking the responses from the OVC and their guardians, it is revealed that in terms of physical capital, enough food/ good nutrition had the largest share followed by clothing then shelter.

Figure 4.3.1 CT and physical capital



4.3.2 Impacts of CT-OVC programme on OVC's cultural capital development

In terms of cultural capital, the study focused on education in terms of school attendance, performance and school equipment. All the interviewed OVC reported that they attended school, this can be illustrated by this response from a 15 year old OVC when asked whether there are children in the CT programme who don't attend school.

“All the OVC in this area who are in the programme attend school.... those who are looking for house boys and house girls are finding it difficult because all children go to school” (Excerpt from IDI 15 year old boy)

It came out clearly that the CT money helps keep the OVC constantly in school since when they are sent away from school then they have money to pay for the school levies. This is illustrated by the answer of a 14 year old girl given below when asked in a narrative how the CT has helped her education.

“That money has really helped us, if we were not getting it, we would be resting at home due to lack of school fees. Like now, when pupils were sent home for fees, we remained in school because we had paid using the money, otherwise you would have found us at home”. (Excerpt from OVC Narrative 14 year old female)

One of the 12 year old OVC also reported in the girl's FGD when asked how the programme has impacted on her education that they can now pay school fees unlike in the past. She further indicated that in the past they would be sent Home for school levies and stay Home because they could not afford the levies. This is illustrated in the excerpt below.

“Ka ne pok oyud pesani to ka ne ibiro skull kama to ok ikaw kata seche ariyo, kidonjo nii to idok mana gi bagni dala sano mondo idhi imany pesa to kawadok dala to mama struggle mondo oyud pesano ma samoro oholo mana gowi to gowino be tame chulo”.

“Before she got this money, we would come to school but not take even two hours, because immediately you come to school you would be sent back home with your bag to go and look for money but even back at home my mother would struggle to get the money and even sometimes borrow, and she would not even be able to pay that debt”. (Excerpt from OVC a boy 12 years old FGD).

From observations, it was also noted that all the OVC in schools had full school uniforms unlike other children who either had torn or lacked some school ware such as socks or pullovers. It was however, mentioned by the guardians and the key informants that there are some OVC who are non-beneficiaries of the programme and do not attend school because they lack money for school levies. The guardians further reported that such OVC cannot go to school on an empty stomach or without school uniforms and that even if they went, they would rarely concentrate.

“There are non-beneficiary OVC who cannot attend school since every time they go, they are sent back home, most of them lack school levies and school uniform and so they can’t attend school. Some also just lack food and you know they cannot concentrate in class on empty stomach and so they don’t attend school.” (Excerpt from IDI guardian 59 yrs.).

The guardians and teachers interviewed also mentioned that the OVC performance had improved compared to other children. For instance when asked of the impact of the programme on education, the 47 year old head teacher answered.

“The money, apart from ensuring regular attendance is even improving their performance in school, like now we have produced so many who are going to provincial, national and District secondary schools and those orphans are the people who have performed well here and you can even have a chance to look at our results” (Excerpt from KII male head teacher 47 yrs old).

From observation of the performance list in Pedo primary, the top seven pupils in the KCPE

in the school in the year 2012 were confirmed to be OVC indicating that they performed better than other pupils. In addition, two OVC report forms observed indicated gradual performance improvement of most OVC from the time they started benefiting from the CT. Observation of the school attendance register also show that the OVCs attend school regularly as compared to other pupils.

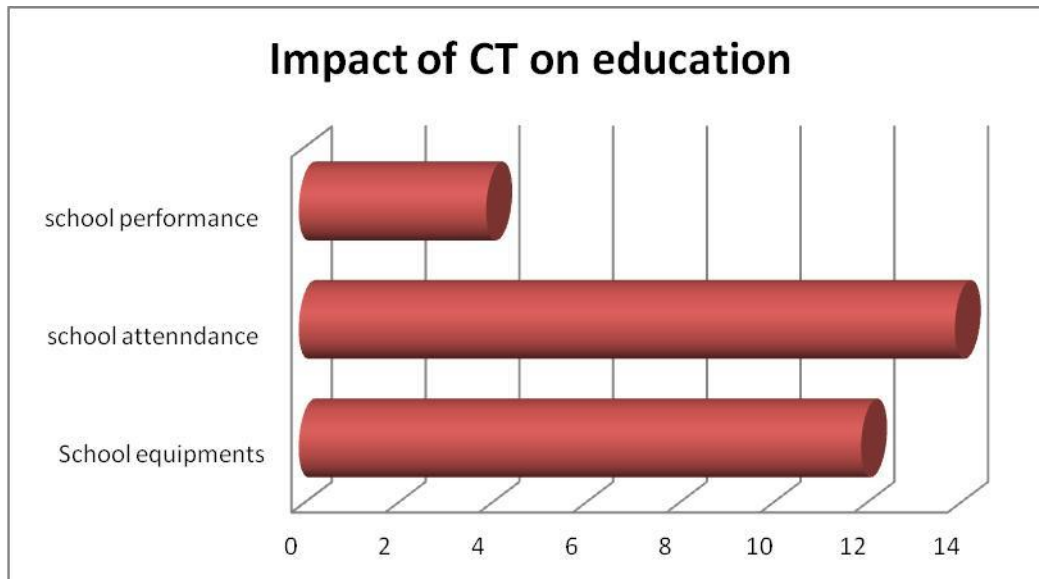
From a case narrative, it came out clearly that the CT-OVC had an impact on the students' performance as shown in the excerpt below.

My performance in school has improved. Before I received this money I would not come to school frequently and my performance was very poor. In fact I was among the poorest pupils in class. But now things have changed because you can see how many times I have been able to top the class as compared to before. (Excerpt from 12 year old girl narrative)

Observation of the pupil's report card confirmed that the pupil had had improved from being the last in their class before the money was introduced to being the first. The student improved gradually and now continues to top the class. This was also confirmed from the school records.

Ranking the frequencies of the responses on impacts from the OVCs, it was revealed that the impact on school attendance was higher at 47% followed by school equipment at 40% and finally improved performance ranking third at 13% as shown in figure 4.3.2 below.

Figure 4.3.2 Impacts of CT on education



The CT, based on the findings has improved school attendance, performance and aided the parents in paying school levies and equipment such as books and uniforms.

4.3.3 Impacts of CT-OVC programme on OVC's symbolic human capital development

In terms of symbolic capital, the study investigated the value and dignity given to the OVC based on the resources they have or are able to influence. All the OVC reported that the perception of other people about them including teachers, other children, guardians and the entire society has changed. They reported that they are now viewed as those who earn and not a liability in the household where they are fostered. Their value in the society has completely changed. The OVC are reported to symbolise money, proper dressing, school and a brighter future especially those in the programme. For instance, when asked in the FGD whether the perception and value the community had on the OVC has changed with the programme, a 12 year old OVC responded:

“ ... we are now valued everywhere in school because we perform well, in the village because we attend regularly and expect a bright future. At home we are also valued because they know that when they stay with orphans like us, then they will get money” (Excerpt from a 14 year old OVC FGD informant).

In the KII a 38 year old male when asked whether the perceptions of the society had changed about the value of the OVC with the coming of the CT programme, he responded:

.....unlike in the past when OVCs were chased away and lacked fostering people/families, today OVC no longer struggle to find a fostering families, instead, the prospective guardians scramble with relatives over the orphans so that they get the money”. (Excerpt from KII 32 year old male from OVC related NGO Homa Bay)

4.3.4 Impacts of CT-OVC programme on OVC’s social capital development

The teachers also reported that the children have become confident and social in school unlike before the programme. For instance, the excerpt below is a response from head teacher Pedo primary when asked whether the programme has had an impact on the OVC’s social development. He responded...

“...the children are happy to come to school in uniform especially the girls you know when they have torn clothes, they become frustrated and shy but when they have school uniforms, they are happy and it has helped them”. (Male head teacher aged 49 years old).

It was also reported that the programme has empowered the children psychologically and has increased their self-esteem. The programme has also made the OVC socially acceptable in the society since they now go to school and receive money hence are no longer associated with poverty. This for instance can be seen in the excerpt below involving a Key informant; a 28 year old programme officer from plan International Homa Bay.

Interviewer: Do you think this programme helps the OVC socially or psychologically?

Informant: It does to a very big extent because, if a child feels that at least she or he has a future, they become empowered and they develop high self-esteem; and you know, even the fact that some children are sent away from school lowers their self-esteem. However, this money has enabled them to access school without interruptions. Some of the children who had torn uniforms felt embarrassed and alienated. The fact that they now have good shoes, clothes and books makes them confident and with a sense of belonging

Interviewer: Do you think this programme has changed the value and the view that people have of the OVC?

Informant: Yes and no....yes because initially it was very difficult for people to accept to live with orphans since they were considered as an additional expense in terms of buying uniforms and other basic needs... but given that they have this money now, the burden is a bit lowered hence people would easily accept to have orphansno because some people use the orphans to access the money, they go and pick some orphans somewhere just to get the money then after that they throw the child out of the family (Female Programme Officer at Plan International aged 28 years).

4.4 Cash transfer in cushioning OVC related shocks and Vulnerabilities in Homa Bay

This objective focused on how CT-OVC has helped to cushion/ divert OVC related shocks such as early marriage, child prostitution, child labour, drug abuse, OVC school dropout and child poverty in general. Some of the negative coping strategies reported in the FGDs included child labour, early marriage, school dropouts, drug abuse and resorting to the streets. For example when asked in the FGD, the negative coping strategies a 14 year old OVC responded:

“...Most OVC in this area especially those not benefitting from this programme drop out of school very early. Girls get married or work for the rich people as house maids while boys either go fishing or look for manual contracts like “*mjengo*”- building.” (Excerpt from male OVC FGD 14yrs old).

When asked in the IDI whether they do household chores at Home, most OVC (97 percent) reported participation in household labour including sweeping, cooking, washing utensils and taking care of their young ones for girls while boys reported that they graze the cows, went weeding with their parents/guardians, and helped to slash their compounds.

The common forms of child labour reported in the OVC FGD included for girls (house maids, child prostitution, daily casual household tasks such as washing and baby seating, selling fish, fetching water for a pay, fetching firewood and being employed to run a business for a pay). For boys, the forms of child labour included charcoal burning, splitting firewood for sale, fishing, and providing casual labour in building site.

When asked why and how they get the jobs, the OVC responded;

“You have to look for yourself a job when you don’t have money because if you don’t look for no one will give you..... at times the guardian finds some work the we help him or her to do then we get money for food or school levies” (Excerpt from FGD boys)

Another girl from the girls’ FGD responded,

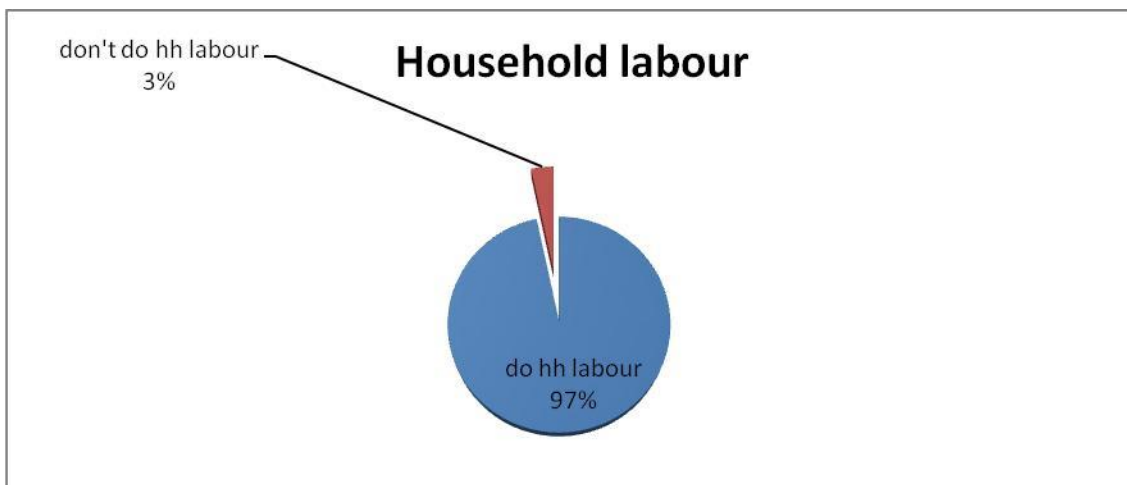
“When we don’t have food or sanitary towels and there is no one to buy for us then you must find a way of getting some money. For me I used to fetch water for people then I get the amount of money I need, others look for buy friends and exchange sex for money, others also decide to get married” (Excerpt from FGD girls).

It is evident that the OVC go for different forms of child labour either because they are financially constrained and compelled to do so or because they are pushed by their guardians. The kinds of child labour they do are gendered. The girls do household chores or sales for a pay while the boys do physical manual labour for a pay. Though they know it is wrong to do child labour, but since they have no option, they still do it as the only option.

Figure 4.4.1 OVC girl from Pedo primary Fetching firewood after school



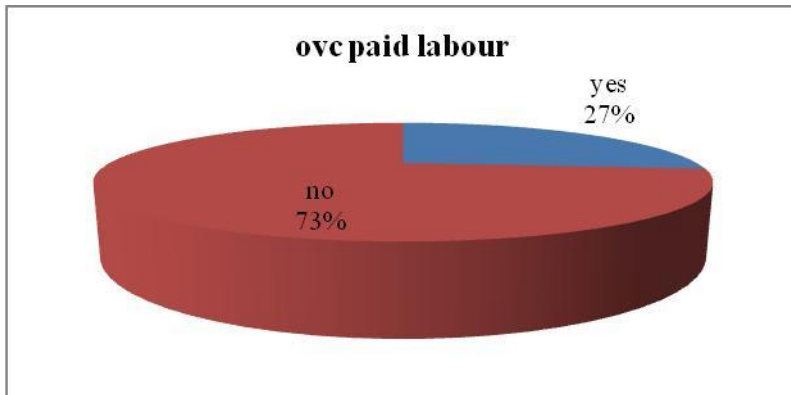
Figure 4.4.2: OVC and household labour



When asked on whether they were involved in paid labour, 73% of the OVC indicated that they did not participate in any form of paid labour while 27% indicated their participation. Paid labour was reported to be done as a coping strategy by the OVC at times when there was either no food in the household or when they are sent away from school for some school levies. Most OVC reported being sent by their guardians, or going with their guardians to

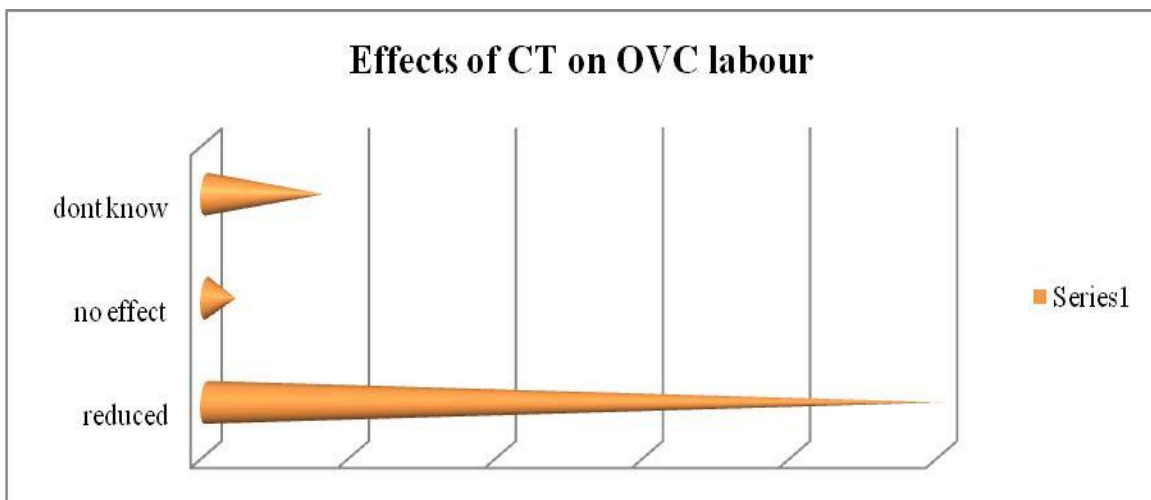
work for a pay. Some however, took it as a personal initiative especially those who stayed with old grandparents or sickling care givers. Most OVC interviewed reported that the CT-OVC had greatly helped to reduce instances of child labour.

Figure 4.4.3 OVC paid labour



The OVCs reported a positive effect of CT on paid labour where 83 % reported that the CT has reduced child labour both (household and paid), 13% did not know the effect while 4% reported no effect.

Figure 4.4.4 Effects of CT on OVC paid labour



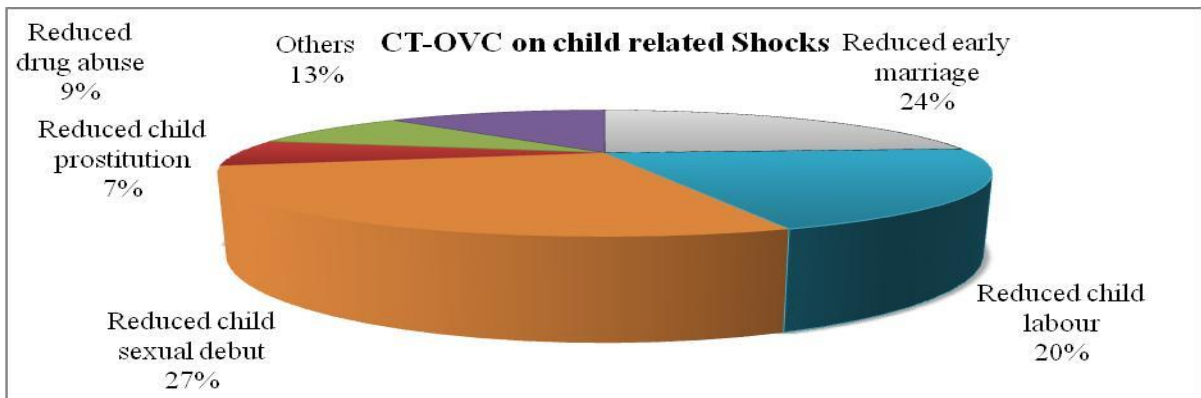
The programme was reported to have reduced cases of school dropouts for instance, when

asked the effect of the programme on OVC negative coping strategies a 32 year old programme officer from one of the OVC related NGOs responded:

“.....This programme reduces cases of OVC school dropout especially for guardians who use the money well. Some of them use the money to pay school fees, buy school uniforms and other child necessities..... In this region where we are, poverty levels are very high and at times you will find that children are sent to the market or to work in people’s farms for them to pay school fees. But you see, a household that gets the money is better placed to pay school fees rather than sending the children to fend for themselves and so I know, that if the money is put to proper use, then it reduces child labour” (Male Programme officer at local NGO aged 32 years)

The guardian IDIs, OVC IDI’s and KII confirmed that the CT-OVC has led to reduced child prostitution, early marriages and child labour, reduced OVC related conflicts and also the reduced number of street children. Rating the frequency of responses on the effects of CT-OVC on OVC related shocks, reduced child sexual debut ranked the highest at 27%, followed by reduced early marriage at 24%, and reduced child labour ranked third at 20%, others including reduced OVC related conflicts, street children, child neglect and stigma ranked fourth at 13%. Reduced drug abuse was fifth at 9% while reduced child prostitution ranked last at 7% as shown in the figure 4.4.5 below.

Figure 4.4.5 Effects of CT-OVC on child related shocks and vulnerabilities



The programme was also reported to have reduced OVC intensive labour such as burning charcoal to fend for themselves. For instance, when asked whether the CT programme has impacted on OVC related vulnerabilities, a 47 year old mother caregiver responded:

“That money has prevented so many things because since I got it, my children cannot come from school to burn charcoal or to go to the lake to fish so as to get school fees or even to get a book. Even this month, my son wanted a book worth five hundred shilling, and immediately I got the money, I went straight to the bookshop and bought the book.” (Excerpt from narrative 47 year old mother).

The programme is also reported to have reduced cases of neglected OVC which were rampant around the study area as illustrated in the excerpt below given by a 32 year old programme officer in an OVC related NGO.

“..... Another thing which the programme has reduced is child neglect. Such issues have been so rampant over the past but now the fact that they are assured of some money because of the child, then they have to take care of the child”. (Male Programme officer at local NGO aged 32 years)

The question of how the CT has changed her life since the death of her parents. She responded by saying:

“After my mother died, we were forced to fend for ourselves and since we had no income my sister was married while in class five so that she could take care of us. I would also have been married if the money was not there and so I think this money has enabled me to even step into a secondary school which I had no hopes of stepping into.” (Narrative female OVC 16 yrs old).

Reports from KII and guardian IDI reveal that the CT-OVC programme has reduced cases of child prostitution and early sexual debut among girls. According to the reports, the girls can now access basic requirements such as sanitary towels, bathing soaps, and cosmetic oils and are in addition able to go to school making them change their preference. When asked whether

the programme has reduced OVC negative coping strategies, a 38 year old male programme officer from Caritas Homa Bay responded:

“ The programme has to some extent reduced child prostitution, before the programme, many of these OVC used to walk along the beach to lure men. In fact even early sexual debut among girls has reduced since they can attain the basic things like sanitary towels, cosmetics and personal wears. Another thing that has contributed to this is the fact that the OVC are today monitored closely” (Excerpt from KII 38 year old male from Caritas Homa Bay)

The programme has also led to reduced cases of street children and drug abuse. Some OVC who had resorted to the streets have been brought back to school and even some OVC who were initially into drugs have been reformed. This for instance is illustrated in the chief’s answer when asked on the impacts of the programme as illustrated below:

“To me this programme has brought so many reforms especially in the lives of these OVC. Some of them were already in the streets and were sniffing glue. The programme has made some of them to get back to a family set up and this has reduced the incidences of street children in this town” (Except from KII chief Homa Bay Town 48 years old)

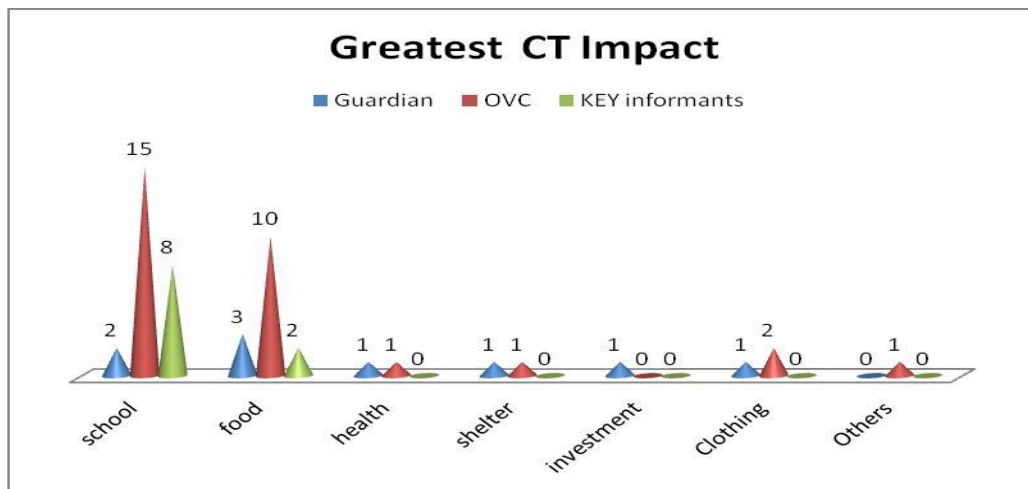
There were also reported cases where the programme helps link the HIV positive beneficiaries to support groups where they get access to HIV/ AIDS support services such as food and drugs. When asked about the impact of the programme, one of the HIV positive caregivers said:

“... I am very sure that were it not for this programme, I would have died long ago, because I got this money when I was bed ridden. It is through this that I was able to pay for TB drugs... Through this programme we formed a group for the positive women and that is where I got the advice on how to take care of myself..... We also get support from APHIA, AMPATH and WOFAC and so I can live on and feed my children”. (Excerpt from IDI HIV positive caregiver 38 yrs old).

4.5 Greatest impact of CT- OVC on the OVC

When asked about the greatest impacts of the CT-OVC most informants felt that the greatest impacts were in school related activities followed by feeding as shown in figure 4.5.1 below.

Figure 4.5.1: Greatest Impact of CT-OVC



When asked about the greatest impact of the programme, a 13 year old OVC responded:

“To me the greatest impact is on food since we used to sleep without food but now we can afford 3 meals a day.. I even eat breakfast in the morning before going to school which not the case was before” (Excerpt from IDI 13 year old boy)

A grandmother guardian however felt that the greatest impact was on school attendance.

“To me the greatest impact of this programme is the fact that my grandchildren can also attend school just like other non-orphaned children” (Excerpt from a 72 year old grandmother).

Though the informants had different opinions about the greatest impact, most informants mentioned increased school attendance and reduced school dropout related to provision of school equipment, school levies and other school requirements such as uniforms. A good

number also mentioned food while those who mentioned shelter had used the money to build a better house since the house they had before was in bad condition. All the beneficiaries felt that the cash had impacted on them in various ways.

4.6 Future prospects and expectations

The guardians and OVC expressed their gratitude for being beneficiaries: they expressed their perception of the programme being a privilege and not a right. For instance, when asked what he expects in future programming a 54 year old IDI guardian said:

“I have to thank the government first because what we are getting is a privilege....not everyone is receiving this cash, there are even more needy people than we are but they don't receive the cash, so my request is that the programme should be expanded to cover those left out.” (Excerpt from IDI guardian female 54yrs).

All guardians and OVC reported that their lives would be unbearable without the CT. One of the OVCs reported how un-bearable life would be to him without the money. When asked what he would do in case the programme is stopped, he reported:

“This money has really helped me and our family at large..... I cannot tell how life can be if the programme is stopped because that is what we depend on. I can even die in case the programme is stopped” (Excerpt from OVC male IDI 16 yrs).

A number of suggestions were given in a bid to make the programme better and OVC sensitive. Such include making the funds more prompt to help OVC fostering households avoid incurring debts, monitoring the programme more closely to eliminate miss-use and expanding the programme to include other OVC fostering households left out of the programme.

Fears of the programme stopping were also reported hence the need to train people to invest the cash in more sustainable ventures or businesses. The programme was also reported by the

OVC to lack proper exit strategy as there are beneficiary households whose orphans are above 18 years of age.

5.0 CHAPTER FIVE: DISCUSSION OF THE FINDINGS

This chapter discusses the findings from chapter four in line with the findings of other studies and scholars while giving new insights emerging from the study.

5.1 Uses of CT-OVC money in Homa Bay District of Homa Bay County

Beneficiary guardians use CT mainly on the OVC to pay school fees/levies, to buy school uniforms, school equipment, buying food, clothes, beddings, shelter construction and even to invest. The OVC also acknowledge that the money has been used to pay for their school fees, to buy for them clothes, food, shoes, books, take them to the hospital, buy sanitary towels for girls and to do other things that concern the OVC. These expenditures are related directly to the programme's strategic objectives.

The use of the cash on household necessities such as food, bedding, clothing and housing materials, meet school requirements (levies, uniform, extra tuition) and pay health bills are expenditures directly to the programme's strategic objectives (education, health, food security and civil registration). Food, clothing, health bills, and even shelter contribute to OVC physical well-being also referred to as physical capital by Bourdieu.

In concurrence with Shilling (2003), physicality is a possessor of symbolically valued appearances; it is additionally implicated in the prosaic buying and selling of labour power and the accumulation of other forms of capital. Physical capital is most usually converted into economic capital (money, goods and services), cultural capital (e.g. educational qualifications), and social capital (interpersonal networks that allow individuals to draw on the help/resources of others), and these contribute to the development of OVC human capital in general.

The money is also reported to help buy books, school equipment and uniforms thereby

supporting the OVC to attain education which translates into cultural capital. This has translated into increased enrolment and academic performance of the OVC as noticed by Davis *et al.*, (2012:) and Ward *et al.*, (2010).

As noted by Samuels and Onyango-Ouma (2012), CT money is also sometimes used to develop livelihood activities, including starting small businesses such as fish trade, selling of vegetables, purchasing domestic animals, engaging labour, investing in small-scale farming and contributing to informal savings groups. Through such, the transfers allow households to make small investments and in some cases take greater risks for higher returns as noted by Hanlon *et al.*, (2010). This can be explained to multiply and make stable the households where the vulnerable stay and hence reduce OVC poverty.

These aspects of investment can also be explained by the fact that the amount is small and unless invested to bring more income, cannot sustain the household especially the larger households for the two months before the next disbursement. Investment can also be explained in terms of attempts to bring a change to the low socio-economic status of the households. As stated by Haveman & Wolfe (1994), low socio-economic status households are often unable to provide the resources and environment essential for their children to develop age appropriate abilities and maximize their potential.

The use of the money in acquiring assets such as cows, fishing nets and certain household belongings can be explained by the fact that such may facilitate OVC's economic mobility, either through economic transfers from guardians or by improving their economic productivity or through additional income to the household they live (Caputo, 2003). As Helderma & Mulder (2007) puts it, these assets could also act on children's economic

outcomes indirectly by influencing the way parents socialize their children into behaviours which facilitate or encourage asset accumulation.

Beneficiaries also reported opening savings accounts in local banks and saving some part of the money for the OVC. They also reported being involved in Informal groups such as merry go rounds where CT beneficiaries pool resources together. Table banking was also reported as some of the uses of the CT money. This in line with Samuels and Onyango-Ouma's study which showed that the money is used in creating social networks (social capital) which translated into economic capital thereby benefitting OVC fostering households hence investing in the OVC's basic needs. This is important since as noted by Becker (1993), the most valuable of all capital is the investment in human being.

The pattern of use may be due to the training given to OVC caregivers and the presence of community based monitoring measures to eliminate miss-use of the programme funds. Some of the monitoring officers include the chiefs, children officers, village elders and beneficiary welfare committee members. The teachers and other community members also monitor the condition of the OVCs in school.

5.3 Impacts of CT-OVC on OVC human capital development in Homa Bay

According to Bourdieu, (1986), economic capital (raw currency), cultural capital (embodied, objectified or institutionalized cultural resources, e.g. educational qualifications), and social capital (valued or significant social relations) can be accumulated and converted to a symbolic form, defined as that 'in which the different forms of capital are perceived and recognized as legitimate' or more marketable material forms. The CT has had various impacts on OVC human capital in Homa Bay County. The impacts include the development of OVC physical,

cultural, social, symbolic and economic capital.

For most beneficiaries interviewed, the CT was reported as a major source of household income, surpassing all other sources. Increased household income is a very important aspect of CT-OVC as it directly connotes increased economic capital. This economic capital empowers both the OVC and their guardians as it increases their purchasing power and hence their ability to acquire basic needs and essential property.

In concurrence with the findings of Samuels and Onyango-Ouma (2012), with increased household income, the quality of life of OVC has improved: they now have better clothing and more food, live in better housing and have their health needs met. OVC are now going to school, and have the cash to pay for uniforms, books and school levies.

The economic capital also has a multiplier effect since it is invested in the production of other goods and hence leading to higher economic enhancement as noted by Hanlon *et al.*, (2010). Increased household income has also enabled OVC fostering households to invest in different ventures including business, fishing, agriculture, and to save with table banks. This amount invested or saved on behalf of the OVC acts as OVC's security and can help them during emergency. This has developed the economic capital of OVCs indirectly.

Same as the findings of SCF / Help Age International / IDS (2005), the CT has contributed to a feeling of self-worth among OVC who now have the hope to succeed in school and lead a better life. OVC also reported having more friends now and becoming increasingly accepted by other children into a community of peers, thus also enhancing/ building their social capital and networks.

Social capital in general by the programme through social groups formed around the CT; these groups also offer informal psychosocial support to widows living with HIV and AIDS and advise elderly grandmothers on how to handle OVC. With the social networks, most people in the community have benefited either directly or indirectly from the CT.

These networks as noted by Flora (1998) are most effective for the community as a whole when they are diverse, inclusive, flexible, horizontal (linking those of similar status), and vertical (linking those of different status, particularly local organizations or individuals with external organizations and institutions that have resources not available within the community) as in the case of CT-OVC.

As noted by Adato and Gillespie (2005), social capital theory considers webs of relationships and social networks as fundamental to the survival of the household. Household participation in food sharing contributes to social capital and access to resources. In many cultures, sharing of food builds trust in the community. The lack of food and the resulting isolation from community participation destroys social networks and contributes to vulnerability. In this light, the networks help to build OVC households.

The fact that households can receive cash on behalf of the OVC has changed the perceptions of caregivers and other community members have about the OVC. The CT has contributed to the social acceptance of OVC: previously, orphans were discriminated against because they were perceived to be a burden. People are now more willing to foster OVC, thus improving their status and seeing them as valuable additions to the household. Complimentary to the findings of Samuels & Onyang-Ouma (2012), the OVC have developed symbolic capital recognition and a voice within the fostering households and the community at large.

In terms of cultural capital, improved performance in school has been reported as an impact of CT. This may be because the OVC can now afford and have school equipment such as books; they attend school regularly and have a close relationship with the teachers, guardians and the community at large. It could also be as a result of enhanced childhood cognitive development (Paxson and Schady, 2008). In addition, the fact that the OVC have more time to read since the time spent in paid labour has reduced could also lead to improved performance. Finally, the fact that the OVC now have enough food and can now concentrate more in class than before and stop thinking of other issues could also be adopted as a reason behind improved performance in school.

Since the OVC attend school and have realized improved performance, they are able to acquire cultural capital which can later be turned into economic capital hence changing the OVC living standards in line with the findings of Samuels & Onyang-Ouma (2012). The use of the cash on school levies, school uniforms and equipment can explain the situation since the OVC are now able to acquire school equipment in time.

The cash is also used to pay school fees at secondary level and as noted by Aliviar and Pearsons (2009), is instrumental in supplementing the school fees, levies and other equipment such as books and uniforms both in primary and secondary schools.

The CT has developed the physical capital of the OVC through proper nutrition, good health and good clothing. The OVC reported to be eating well, dressing properly and being able to go to the hospital in case they fall sick as noted by Bryant (2009). The physical capital has contributed to social acceptance among peers (social capital), ability to attend and perform in school (cultural capital) and connotation of OVC with income rather than liability (symbolic).

The whole process can be explained in the same way Heckman (2000), who states that human capital formation process has dynamic complementarity in that, human capital accumulates in a distinct way. In effect, positive changes in human capital beget further positive changes (increases). Therefore, OVC who experience high-quality early childhood education (an increase in their human capital), for example, OVC who start school better prepared are better able to handle the rigors of school, are less likely to develop behavioural problems, are less likely to be held back a grade, and are more likely to graduate into high school. High school graduates are more likely to enter the labour market for higher wages. In other words, the cycle of investments is self-reinforcing.

5.4 Impacts of CT-OVC on OVC related vulnerabilities

While OVC would always like to live well like other children, they require economic resources to do so. In particular, the cultural and structural obstacles faced by families growing up in poor and isolated communities make it more likely for their children to repeat problem behaviours and cycles of poverty (Wilson, 2009). The CT-OVC programme is instrumental in removing such obstacles and to help the OVC break out of the poverty cycle.

When faced with problems, the OVCs resort to different coping strategies that may not be positive. From the study, it was found that girls resort to early marriage, prostitution and paid labour as maids while boys go fishing, resort to drugs or become street children. The cash from CT according to the study findings help cushion a number of such OVC related shocks in line with Schubert & Huijbregts (2006). Such shocks include OVC prostitution, child labour, early OVC sexual debut, early marriages, drug abuse, and child conflict and child poverty in general. This could be the result of OVC being occupied in school and hence

lacking time to engage in other activities as noted by Filmer and Schady (2009). It could also be due to improved living standards and environment through increased household income making the OVC settled.

Since the CT money is used to provide basic needs, the OVC now seem to refrain from dangerous money making ventures such as child labour, prostitution, and street life: girls who would otherwise opt for early marriages, child prostitution or early sexual debut to get money for upkeep when the households they stay in are poor and cannot provide for their basic needs are now taken care of by the programme. This has led to reduced child prostitution as noted by Schubert & Huijbregts, (2006).

Other OVC who would either get into drug abuse or move to the streets because of frustrations within the households they stay have resorted to staying in households with their guardians or relatives. This is because, within the households, they can be fed, clothed, sheltered and taken to school. In essence, the economic strengthening of OVC fostering households strengthens the OVC human capital both directly and indirectly in as long as the programme is monitored and the money well spent.

All the OVCs interviewed lived within a family setting as it is in the programme's target. This prevents OVC from meeting OVC related vulnerabilities because, a child in a family set up achieves holistic growth and development with values and ethos necessary for his/her ultimate adult life.

OVC who lack nuclear family have as a result of the programme found fostering families in the name of relatives or extended family members. Where the extended family set up is unable to adequately provide for these OVC, mostly due to poverty or other hardships such as old

age, unemployment, large household size, among other factors, the CT cash has become handy in providing for the OVC in such households.

The CT-OVC also enables the OVC whose guardians and parents had passed on due to HIV and AIDS to continue with schooling and stay within a household where they can acquire basic childhood necessities and hence reduce their chances of resorting to negative coping activities. This is also noted by Bryant (2009).

As matter of fact, the CT-OVC programme has in deed become instrumental in shielding the OVC from OVC related vulnerabilities allowing them to freely acquire other forms of capital necessary for future life.

6.0 CHAPTER SIX: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary

This study explored the impacts of CT-OVC on the beneficiary OVCs in Homa Bay District of Homa Bay County. The study was based on human capital development of orphans and vulnerable children with specific focus on use of the cash, the impacts of the programme on five forms of capital both embodied and non-embodied. It also explored how the cash helps to solve OVC related vulnerabilities.

The CT cash is generally important in the development of OVC human capital both directly and indirectly. The use of cash on food, clothing, shelter and school equipment directly empowers the OVC human capital both physically and culturally. This empowerment gives them a status in the society and as a result, their social and symbolic capital is built. All these capital can be turned into economic capital to help the child come out of poverty. Moreover, the cash has indirectly developed the OVC's human capital by helping them come out of OVC related vulnerabilities such as OVC paid labour, prostitution, early sexual debut, early marriage, school drop outs and OVC drug abuse.

The programme has also indirectly boosted OVC self-esteem since through the cash; they are able to dress well and be smart as well as eat well and be physically fit. This has enabled them to interact at higher levels than before with the teachers, guardians, chiefs, children officers, other children and the community at large making them to be socially accepted within the community.

The OVC have further been empowered to have a voice in the hosting households where they can freely discuss with the guardians their needs fears and dislikes. In school, they can now interact well with the teachers because they perform well, dress well and attend school regularly.

As Caputo (2003) puts it, there are many ways that economic resources directly or indirectly influence child outcomes. These can range from parenting styles and Home environment to family stress and neighbourhood influences among many others. In essence, there are several positive developments on the OVC's human capital due to the cash transfer.

The programme has enabled the OVC to access their human rights including education, health, shelter, clothing and food which they would otherwise not get. These observations are supplementary to the findings by Bryant (2009).

6.2 Conclusion

Human capital is an essential form of capital for every nation intending to realize development. It is the human capital in a person that makes him or her relevant in any field he/she occupies. An individual without human capital become worthless to and in the society he/she lives. In addition, Becker (1993) notes that the most valuable of all capital is that which is invested in a human being.

The cash CT-OVC has been used in a way that has made the OVC relevant in the contemporary society. It has promoted the OVC's health, nutrition, education, shelter and is helping to protect them from OVC related vulnerabilities. It is also helping the OVC socio-economically by ensuring that they live within a Home set up and are socially accepted in the society.

As such, the CT-OVC programme fulfils article 43 of the Kenyan constitution on economic and social rights including rights to accessible and adequate housing, and to reasonable standards of sanitation; rights to be free from hunger, and to have adequate food of acceptable quality; rights to social security; and to education.

The programme further fulfils article 53 of the constitution which gives the child rights to free and compulsory basic education; to basic nutrition, shelter and health care; to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour; and to parental care and protection.

The programme according to the findings has shed light upon the faces of the OVC who are part of the vulnerable groups living in poor households. It is therefore a strategy to eliminate poverty and transform poor households to be more resilient to live positively in the society. The programme has also diverted OVC's negative coping strategies hence protecting the OVCs from further vulnerabilities. In essence, with the process working and the recommendations below being considered, the future of the OVC and Kenya as a nation is deemed bright.

6.3 Recommendation

From the study, the following recommendations have been suggested to help bridge existing gaps and raise the performance of CT-OVC programme a notch higher towards building OVC human capital and attaining the social pillar of Vision 2030:

- The study identified a few cases of misuse due to lack of a stringent monitoring

framework. Given the important role played by the cash transfer programme, there should be established a strong monitoring framework to prevent a few exceptions of miss-use of the cash. The monitoring should look into whether the cash trickles down to the OVC in terms of use and impacts.

- The study shows that the programme is perceived as a privilege by both beneficiary households and OVC. It is further reflected that there is no formal structure in place to report miss- use and threat cases. There should be put in place an office for registering complaints independent of the children's office since there is fear of victimization from the children's office. The OVC should be further trained on their rights and be empowered to report cases of miss-use or abuse of the cash.
- The study reported many OVCs left out of the programme than the ones enrolled: the CT-OVC programme in Homa Bay district covers only two sub-locations leaving other needy individuals out of the programme coverage area. This calls for the expansion of the programme to reach more of the needy OVC outside the study area.
- The study showed that the smaller the household size, the higher the impacts and vice versa. There should therefore, be developed a way of considering household size and giving cash based on household needs and not a flat rate.
- The money should be given promptly unlike the situation whereby at times it accumulates for three or four months making the care givers to accumulate a number of debts.
- More studies should be done on exit strategy to establish the rate of exit and how those exiting cope up with life after CT. In addition, studies should be conducted on monitoring of the programme, community perception of non-beneficiaries on CT-OVC beneficiaries and there should be a study on unintended effects of CT.

- Finally, the amount of money given should be increased since the economic cost of living has tremendously gone up making the amount given insufficient to cater for a number of OVC needs.

These recommendations taken into consideration would improve the programme, build OVC human capital and make the OVC savour the programme.

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APPENDICES

Study Tools

OVC IDI guide (age 10-17)

I am Orinda Shadrack Okumu a MA Student in Development Anthropology at University of Nairobi. I am carrying out a research on cash transfer for orphans and vulnerable children as a form of human capital investment in Homa Bay County. You have been selected to participate in this research as an in-depth interview informant in your position as an OVC. Your identity and all the information given in this study will be kept confidential throughout the study and dissemination. Your participation in the study is voluntary and you are free to withdraw from the study any time you feel uncomfortable. Kindly respond to the questions with sincerity.

Thank you in advance for your assistance.

Signature _____ Date _____

Family status and living arrangements

How old are you?

Who do you live with?

How many siblings do you have?

Who is your main/primary care-giver/ are any of your parents alive? Are you responsible for taking care of any one?

Household and individual livelihood and coping strategies

What are your main activities?

Inside the household (household chores; looking after other children, etc.) Outside the household (agricultural-related activities; other).

Do these differ for boys and girls?

Do you go to school? If yes, which grade? If no, when left (if went), why, etc. Who pays for your school fees?

Do you engage in any activity which brings you money? If yes, why? who asks you to do this?

What happens to the money you get? What do you do with the money you make? When your family is in difficulty (e.g. lack food, someone is unwell, lack money, etc), how does this affect you? (Probe- Do you take on any additional tasks? Do you continue to go to school? Etc.)

What do you do to cope with such problems?

Are there times you go without food? When and why?

CT knowledge Access/distribution

Do you know anything about the CT programme? What do you know?

Since when has your family been a member of the programme/receiving a cash transfer? Who in your household receives the cash? Where and how often?

Do you know if the cash is supposed to be used in a particular way or for a particular purpose? If so, how did you know and what is it supposed to be used on?

Use

Who collects the cash?

What does your family/household use the cash for? Who decides in your family what to use the cash for? Last time, what did your family use it for?

Was some of the cash used specifically for things that are of benefit to you or your brothers and sisters?

Are there cases when you felt it was wrongly used? When was that and why?

Effects

Has this programme changed your life in any way?

What are some of the positive effects of the cash transfer? On you? On your brothers and sisters? On your family?

Can you describe any ways in which your life has changed since receiving the cash transfer?

In terms of your activities (at Home, school, in the community), your relationships (at Home, school, in the community) and how you feel (physically, emotionally)

What is the most significant impact of this programme on your life?

Has the programme changed your status in the society in any way? If so in what ways? Has the programme influenced the kind of friends/ groups you belong to in any way?

Have there been any negative effects?

How could the programme be made better to improve the situation of children? If the programme were discontinued, what effect would it have on your life?

I have now finished, thank you for every information you gave and for your time.

IDI – Adult Caregiver guide

I am Orinda Shadrack Okumu a MA Student in Development Anthropology at University of Nairobi. I am carrying out a research on “Cash transfer for orphans and vulnerable children as a form of human capital investment in Homa Bay County”. You have been selected to participate in this research as an in-depth interview informant in your position as an OVC caregiver. Your identity and all the information given in this study will be kept confidential throughout the study and dissemination. Your participation in the study is voluntary and you are free to withdraw from the study any time you feel uncomfortable. Kindly respond to the

questions with sincerity.

Thank you in advance for your assistance.

Signature _____ Date _____

Family status and living arrangements

How old are you? Are you married, since when?

What is your household size (how many people do you stay with?)

How many orphans do you stay with?

How are you related to them?

When did you start staying with them?

When did their parents die?

Who made the decision to foster them in your household?

Who is the primary care-giver in your household?

What do you do to earn a living?

Do the orphans in your household go to school?

How do you feel about living with orphans? Why?

Key vulnerabilities and coping strategies

What do you do to earn a living / what are your main activities? What about other family members?

What vulnerabilities/ shocks do orphans experience in this area? What do the orphans do to cope with such difficulties?

What do you do when you lack food, are sick, you lack money, when the children are sick?

What do they do?

Which are your most effective coping strategies?

Are there coping strategies you consider risky for the orphans? If so which ones and why?

Are there coping strategies that work for the children/ OVCs? If so which ones and in what ways?

Knowledge of about the CT

What do you know about the CT, what are its objectives? Is your family a beneficiary? Since when have you been a member of the programme/receiving a cash transfer? / how long have you been a member of the CT programme?(duration) How did you become a member? Have you had any benefits?

Use

Who collects the cash in your household? Who keeps the cash? What do you think the cash should be used for?

What do you use the cash for?

Who decides what to use the cash for? Are the children involved in the decision making concerning the use?

Last time you received it what did you do with it?

Is any of the cash used for things that are of particular benefit to your children? If so, what? / Are there particular uses of the cash that most concern children (school fees, books, uniforms, shoes, nutritious food); if so, what and how are these decided upon?

Do you think the money is used in the best way possible? If not, how could it be improved?

Impacts on human capital

Has the programme impacted on you in any way?

How was your life before the introduction of CT-OVC? How has it changed your life?

Has it changed the lives of OVC? Has it made a difference in the lives of OVC? In what ways?

Does the CT help you cope with challenges you face in any way? What of OVC/ does the CT help them cope with challenges in any way?

What do you consider as positive effects of the cash transfer? On you as an individual (ability, gender differences), On your family/household – On the OVCs

Has it changed your relationship with other members of the household? If yes, how, for the better/worse?

Has it changed the status of OVCs in the community? If yes, how, for the better/worse? What have been the specific effects of the transfer on the OVCs? (e.g. stigma, exclusion at school, less pressure to engage in sexual favours)

Are you a member of any formal or informal group? Is the group related to the CT programme?

Did the group exist before the introduction of CT programme? Is the group in any way related to the CT programme?

What improvements would you suggest for the programme?

If the programme were discontinued, what effects would it have on the lives of the orphans?

Thank You for your time and information.

OVC FGD – Beneficiaries guide

I am Orinda Shadrack Okumu a MA Student in Development Anthropology at University of Nairobi. I am carrying out a research on “Cash transfer for orphans and vulnerable children as a form of human capital investment in Homa Bay County”. You have been selected to participate in this research as a focus group discussant OVC. Your identity and all the information given in this study will be kept confidential throughout the study and dissemination. Your participation in the study is voluntary and you are free to withdraw from the study any time you feel uncomfortable. Kindly respond to the questions with sincerity.

Thank you in advance for your assistance.

Signature _____ Date _____

Background questions

Do most children attend school here? If not, why not? (e.g. not enough money to pay for fees, books, etc.)?

If you go to school, what is your experience like? How is it like being at school (positive, negative, mixed...)? (Differences by boys vs girls, younger vs older children).

Do you eat before you go to school? If so, what...

Do you get enough food?

Do you get school meals? Does everyone get school meals?

What typically happens to children once they leave primary school?

Do children here do any paid work? If so, which type of children? Which age? What do they do, when, who asks them to do so? How often...., what do they use the money for?

What are some of the main difficulties that you face, and that your family/ household faces? (e.g. threats, violence towards children, abuse, neglect)

Coping strategies

When your family experiences difficulties, what do you do? How does this affect you as children? (do you take on any additional tasks in the household?)

How do children and young people cope with these difficulties? Do different children have different ways of coping? (e.g. girls vs boys; able bodied, young, old, vs not; etc.)? Are there coping strategies you consider negative in this area?

Knowledge on CT (probe: purpose, targeting, amount, history)

What do you know about the cash transfer programme? Are any of you currently a beneficiary?

Do you know why your families/households are selected/not selected to participate in the programme?

Do you know how much cash participating families/households receive? Who within the household

receives this? What it is intended for?

Actual use of the CT –money

What does your family/household use the cash for? Who decides in your family what to use the cash for? Last time, what did your family use it for?

How is the cash used? Are some of the cash used specifically for things that are of benefit to you or your brothers and sisters? What are these things?

Impacts

How has the CT enabled children to adequately cope with challenges in this area?

Has this programme changed your life in any way? (e.g. access to school, better food, access to medicine, less time doing chores, less time doing paid work)

What have been the positive effects for children? How does the money help them? In what ways (probes: reduce poverty, help families pay for basics e.g. food/school/transport, reduce discrimination/social exclusion)

In thinking of the most significant ways this programme has changed your lives, what comes to mind? (Brainstorm and rank/score – 1 to 5...)

Are children in households who receive cash transfers treated differently to those who don't? How? (probes: by peers, teachers, adults, community)/ Has the CT programme changed the way you relate with others? Is so in what ways?

Suppose the programme is stopped today, how would that affect your life?

How do you think the programme could be improved to better respond to the needs of children?

Thank you for your time and information.

OVC and OVC caregiver narrative guide

I am Orinda Shadrack Okumu a MA Student in Development Anthropology at University of Nairobi. I am carrying out a research on cash transfer for orphans and vulnerable children as a form of human capital investment in Homa Bay County. You have been selected to participate in this research as a narrative informant in your position as an OVC/ OVC caregiver. Your identity and all the information given in this study will be kept confidential throughout the study and dissemination. Your participation in the study is voluntary and you are free to withdraw from the study any time you feel uncomfortable. Kindly respond to the questions with sincerity.

Thank you in advance for your assistance.

Signature _____ Date _____

OVC narrative guide

How old are you? Whom do you stay with?

Can you please tell me about your life since you were born?

How was your life before the death of your parents?

How has your life been after the death of your parents?

Can you narrate your experiences in the place you stay? Are there any problems you face as an orphan? Can you please tell me about the cash transfer? (Probe on use and impacts) Has it in any way helped you to cope up with life? Please narrate. How would life be without the cash transfer?

Guardian narrative guide

How old are you?

Do you stay with any OVC?

Please narrate to me more about them. (Probe how many, what they do vulnerabilities, relationship and how she came to stay with them).

Can you narrate to me about the cash transfer? (Why they get it, use, impacts,) Can you tell me you experiences before and after receiving the CT?

Suppose the cash is stopped how would your life be?

Thank you for your time and information.

KII guide (DCO, VCO, BWC, Head Teachers, Village elders, Chiefs)

I am Orinda Shadrack Okumu a MA Student in Development Anthropology at University of Nairobi. I am carrying out a research on cash transfer for orphans and vulnerable children as a form of human capital investment in Homa Bay County. You have been selected to participate in this research as an in-depth interview informant in your position as an OVC. Your identity and all the information given in this study will be kept confidential throughout the study and dissemination. Your participation in the study is voluntary and you are free to withdraw from the study any time you feel uncomfortable. Kindly respond to the questions with sincerity.

Thank you in advance for your assistance.

Signature _____ Date _____

Details of the programme:

How does the programme operate? What is your role in the in the programme? Since when have you been related to the programme?, who is targeted? How much is given, how often; who gives/how is it distributed; How does the distribution work at community/village level?

Use of cash transfer:

Are the beneficiaries trained on the uses of the CT- money? What are they expected to spend the cash on? Do you monitor the use of the cash? How do they use the cash? Are there measures taken against misuse?

Does the programme solve OVC problems and vulnerabilities (Child labour, child prostitution, sicknesses)? In what ways?

Benefits of the programme:

Has the programme changed the lives of children? In what ways? Have children become more empowered/vocal/involved?

How has the programme empowered the children (psychologically, socially,)? Does the programme help address OVC related challenges? If so which and how?

Has it changed the status of OVCs in the community? If yes, how, for the better/worse? How does the programme impact on children (education, nutrition, clothing, shelter,)? Do you think the beneficiaries have become more empowered than before? In what ways?

How could the programme become more child and gender sensitive? Any suggestion on how the CT-OVC can be improved? Thank you.

Observation guide

Sites where to observe:

- **School** - observe children in schools, how dress, how they interact, and the meals, where possible locate the OVC.
- **Cash delivery points** – Post office or bank- Observe people (the guardian /OVC) receiving/ collecting money
- **OVC Homes** –OVC eating, engagement in activities, clothing, and Implementer monitoring visit to village – LOC member / children’s officer...
- **Children’s office**- Cases brought to the children’s office
- **Health centres**- Observe OVC being attended to at the Health care centres

Topics to capture:

- Interactions, relationships, etc. between the OVC them and other people as well,

difference according to age, gender, education level, etc. Treatment of the children within a Home setting (By the guardian and other orphans) is service.

- How do the children dress- shoes, uniform in schools,
- The infrastructure that the children stay / sleep (shelter, sanitary facilities, state of buildings etc.)
- OVC coping strategies (paid labour, business,)
- Any sources of tension between OVC and community members community

ASSENT FORM FOR CHILDREN

(to be completed by the child and their guardian)

Project title: Cash Transfer for orphans and vulnerable children as a form of human capital investment in Homa Bay County.

Child (or if unable, the guardian should fill on their behalf) /young person to circle all they agree with:

Has somebody else explained this project to you?	Yes	No
Do you understand what this project is about/ the purpose of the study?	Yes	No
Have you asked all the questions you want?	Yes	No
Have you had your questions answered in a way you understand?	Yes	No
Do you understand it's OK to stop taking part at any time?	Yes	No
Do you understand that your participation is voluntary?	Yes	No
Are you happy to take part?	Yes	No
Do you feel confident to participate in the study?	Yes	No

If any answers are „no“ or you don't want to take part, don't sign your name!

If you do want to take part, you can write your name below

Name.....SignatureDate.....

The researcher's Name: **Shadrack Okumu** Sign.....Date.....

Thank you for your time and help.

ADULTS' CONSENT FORM

Title of Project: Cash Transfer for orphans and vulnerable children as a form of human capital investment in Homa Bay County.

Name of Researcher: Okumu Shadrack Orinda

Please tick **yes or no**.

- 1. I confirm that I have read and understand the information sheet dated.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. **Yes/ No**
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my freedom or legal rights being affected. **Yes/ No**
- 3. I understand that relevant data collected during the study, may be looked at by individuals from [*The University of Nairobi*], from regulatory authorities or from wherever it is relevant to my taking part in this research. **Yes/ No**
- 4. I give permission for these individuals to have access to my records. **Yes/ No**
- 5. I agree to my GP being informed of my participation in the study. **Yes/ No**
- 6. I agree to take part in the above study. **Yes/ No**

Name of Participant.....Date.....

Signature.....

Name of Person taking consent.....Date.....

Signature

ADULTS’ ASSENT DECLARATION FORM

(For teachers or guardians)

Title of Project: Cash Transfer for orphans and vulnerable children as a form of human capital investment in Homa Bay County.

Name of Researcher: Okumu Shadrack Orinda

(Please tick yes or no against the statement)

I [name of consultee] have been consulted about [name of potential participant]’s participation in this research project. **Yes /No**

I have had the opportunity to ask questions about the study and understand what is involved. **Yes /No**

In my opinion he/she would have no objection to taking part in the above study. **Yes /No**

I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected. **Yes /No**

I understand that relevant sections of his/her care record and data collected during the study may be looked at by responsible individuals from [The University of Nairobi and the government of Kenya] or from regulatory authorities, where it is relevant to their taking part in this research. **Yes /No**

I agree to their GP or other care professional being informed of their participation in the study.

Name of Consultee Signature.....

Relationship to participant:.....Date.....

Table 7.1 Work plan

DURATION 2012/2013												
Activity	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
1.Proposal preparation And literature review												
2.Piloting												
3.Data collection												
4.Data analysis												
5.Thesis preparation And presentation												

Table 7.2 Research budget

ITEMS	Quantity	UNITPRICE	TOTALCOST
Printing and binding		Kshs	Kshs
Draft Research proposal	1 copy	1,500.00	1,500.00
Revised proposal	3copies	1,500.00	4,500.00
Final proposal	8 copies	1,500.00	12,000.00
Draft thesis	1copy	1,500.00	1,500.00
Revised thesis	3copies	1,500.00	4,500.00
Final thesis	12copies	2,000.00	24,000.00
Study tools	2copies	150.00	300.00
Research equipment			
Digital recorder	1 piece	20,000.00	20,000.00
Digital camera	1 piece	15,000.00	15,000.00
Observation note books	2 books	100.00	200.00
Pilot study	2days	3,000.00	6,000.00
Accommodation/ subsistence	90 days	500.00	45,000.00
Transport to and from field	4 trips	1,000.00	4,000.00
Field Transport	45 days	200.00	9,000.00
Field guide fee	45 days	200.00	9,000.00
Total		49,650.00	156,500.00
Contingencies 10% of total			15,650.00
Grand total			172,150.00