

**DETERMINANTS OF SUCCESSFUL IMPLEMENTATION OF NATIONAL SAFETY  
NET PROGRAMMES IN KWALE COUNTY, KENYA**

**BY**

**APOKO ZEPHANIAH**

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

**2015**

**DECLARATION**

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

**APOKO ZEPHANIA O.**

**REG NO: L50/60926/2013**

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

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

**DR.MOSES OTIENO**

**LECTURER, DEPARTMENT OF EXTRA-MURAL STUDIES**

**UNIVERSITY OF NAIROBI**

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

## **DEDICATION**

To my lovely wife Dorothy, and my lovely son Enoch, for their understanding and support during the many days I was away from her due to the project work.

## **ACKNOWLEDGEMENT**

Firstly, I wish to thank God almighty for allowing me good health and for protection throughout the entire period of study for this degree program. I always travelled long distances to attend classes only through His mercies.

I wish to express my gratitude to the University of Nairobi for giving me the opportunity to undertake this course. To my supervisor, Dr. Moses Otieno, thank you for guiding me through the entire project proposal. To the course lecturers, staff in the department of Extra Mural Studies, your invaluable support enabled me to successfully go through this course.

Last but not least, I wish to thank all my colleagues who were a source of encouragement enabling me to go through this course and the support I received from my classmates during the entire course.

## LIST OF FIGURES

|   | <b>Page</b> |
|---|-------------|
| <b>Figure 1:</b> Conceptual framework ..... | 32          |

## LIST OF TABLES

|   | <b>Page</b> |
|---|-------------|
| <b>Table 3.1</b> Sample Survey Grid of respondents .....                                      | 35          |
| <b>Table 3.2</b> Random sample of respondents to be targeted for research .....               | 36          |
| <b>Table 3.3</b> Operational Definition of Variables.....                                     | 40          |
| <b>Table 4.1</b> Response rate.....   | 41          |
| <b>Table 4.2</b> Gender Distribution of Respondents .....                                     | 41          |
| <b>Table 4.3</b> Age Distribution of Respondents .....  | 42          |
| <b>Table 4.4</b> Respondents Level of Education .....   | 42          |
| <b>Table 4.5</b> Financial Resource allocation for management purposes .....                  | 43          |
| <b>Table 4.6</b> Funds allocated for the Vulnerable Groups .....                              | 44          |
| <b>Table 4.7</b> Funds allocated for the Vulnerable Groups .....                              | 44          |
| <b>Table 4.8</b> Ranking of administrative practices in management of the program .....       | 46          |
| <b>Table 4.9</b> Suitability of the people handling the NSNP program .....                    | 46          |
| <b>Table 4.10</b> Number of needy and vulnerable groups in the Community .....                | 48          |
| <b>Table 4.11</b> Poverty rates, population increase HIV AIDS & the NSNPs .....               | 48          |
| <b>Table 4.12</b> Role of Governance processes on the provision of the NSNPs .....            | 49          |
| <b>Table 4.13</b> Governance processes and the implementation of the NSNPs.....               | 50          |
| <b>Table 4.14</b> Politics and funding for the national safety net program.....               | 51          |
| <b>Table 4.15</b> Observed & Expected response on funds allocation for vulnerable groups..... | 52          |
| <b>Table 4.16</b> Chi square testing for first hypothesis .....                               | 52          |
| <b>Table 4.17</b> Observed & expected results on administrative practices.....                | 53          |
| <b>Table 4.18</b> Chi square testing for second hypothesis .....                              | 53          |
| <b>Table 4.19</b> Observed and expected response on poverty rates.....                        | 54          |
| <b>Table 4.20</b> Chi square testing for third hypothesis .....                               | 53          |
| <b>Table 4.21</b> Observed and expected response on Governance .....                          | 55          |
| <b>Table 4.22</b> Chi square testing for the fourth hypothesis .....                          | 55          |

## LIST OF ACRONYMS AND ABBREVIATIONS

|                |   |  |
|----------------|---|--|
| <b>AAC</b>     | - | Area Advisory Council                                |
| <b>AIDS</b>    | - | Acquired Immuno Deficiency Syndrome                  |
| <b>CCT</b>     | - | Conditional Cash Transfer                            |
| <b>CG</b>      | - | Caregivers   |
| <b>CT</b>      | - | Cash Transfer  |
| <b>CTP</b>     | - | Cash Transfer Programme                              |
| <b>CT-OVC</b>  | - | Cash Transfer for Orphans and Vulnerable Children    |
| <b>DCO</b>     | - | District Children’s Officer                          |
| <b>DCS</b>     | - | Department of Children’s Services                    |
| <b>FAO</b>     | - | Food and Agriculture Organization                    |
| <b>HCD</b>     | - | Human Capital Development                            |
| <b>LOC</b>     | - | Locational OVC Committee                             |
| <b>M&amp;E</b> | - | Monitoring and Evaluation                            |
| <b>MGCSD</b>   | - | Ministry of Gender Children and Social Development   |
| <b>MGDs</b>    | - | Millennium Development Goals                         |
| <b>NSNP</b>    | - | National Safety Net Programme                        |
| <b>OVC</b>     | - | Orphans and Vulnerable Children                      |
| <b>OP</b>      | - | Older Persons  |
| <b>PCK</b>     | - | Postal Corporation of Kenya                          |
| <b>PMT</b>     | - | Proxy Means Test                                     |
| <b>SCT</b>     | - | Social Cash Transfer                                 |
| <b>UCT</b>     | - | Unconditional Cash Transfer                          |
| <b>UNCRC</b>   | - | United Nations Convention on the Rights of the Child |
| <b>UNDP</b>    | - | United Nations Development Programme                 |
| <b>UNICEF</b>  | - | United Nations Children’s Fund                       |
| <b>WB</b>      | - | World Bank   |

## TABLE OF CONTENTS

|   | Page |
|---|------|
| DECLARATION .....   | ii   |
| DEDICATION .....  | iii  |
| ACKNOWLEDGEMENT .....   | iv   |
| LIST OF FIGURES .....   | v    |
| LIST OF TABLES .....  | vi   |
| LIST OF ACRONYMS AND ABBREVIATIONS .....                                    | vii  |
| ABSTRACT .....  | xi   |
| CHAPTER ONE .....   | 1    |
| INTRODUCTION .....  | 1    |
| 1.1 Background of the Study .....   | 1    |
| 1.2 Statement of the Problem .....  | 9    |
| 1.3 Purpose of the Study .....  | 11   |
| 1.4 Objectives of the study .....   | 11   |
| 1.5 Research Questions .....  | 11   |
| 1.6 Research Hypotheses. ....   | 12   |
| 1.7 Significance of the Study .....   | 12   |
| 1.8 Basic Assumptions of the Research .....                                 | 13   |
| 1.9 Limitations of the Study .....  | 13   |
| 1.10 Delimitation of the Study .....  | 14   |
| CHAPTER TWO .....   | 16   |
| LITERATURE REVIEW .....   | 16   |
| 2.1: Introduction .....   | 16   |
| 2.2 The Concept of Project implementation .....                             | 16   |
| 2.3 The Role of Financial Resources in the Implementation of the NSNP ..... | 16   |



|  |           |
|--|-----------|
| 2.4 Administrative Practices' Influence in the Implementation of the NSNP.....                 | 21        |
| 2.5 Influence of Poverty in the Implementation of the NSNP.....                                | 24        |
| 2.6 The Role of Governance in the Implementation of the NSNP.....                              | 27        |
| 2.7 Conceptual Framework.....  | 32        |
| <b>CHAPTER THREE.....</b>  | <b>34</b> |
| <b>RESEARCH METHODOLOGY.....</b>   | <b>34</b> |
| 3.1 Introduction.....  | 34        |
| 3.2 Research Design.....   | 34        |
| 3.3 Target Population.....   | 34        |
| 3.4 Sample Size and Sampling Procedure.....  | 35        |
| 3.5 Data Collection Instruments.....   | 36        |
| 3.6 Validity and Reliability of Research.....  | 37        |
| 3.7 Data Collection Procedure.....   | 37        |
| 3.8 Data Analysis.....   | 38        |
| 3.9 Ethical Considerations.....  | 38        |
| 3.10. Operational Definition of Variables.....   | 39        |
| <b>CHAPTER FOUR.....</b>   | <b>40</b> |
| <b>DATA ANALYSIS, PRESENTATION AND INTERPRETATION.....</b>                                     | <b>40</b> |
| 4.1 Introduction.....  | 40        |
| 4.2 Response Rate.....   | 40        |
| 4.3: Demographic Characteristics and Basic Information of the Respondents.....                 | 41        |
| 4.4 The Role of Financial resources in Implementation of the National safety net programs..... | 43        |
| 4.5 How administrative practices affect implementation of the program.....                     | 45        |
| 4.6 National Safety Net Programs and Poverty Rates.....  | 47        |
| 4.7 The effects of Governance processes on the provision of the NSNPs.....                     | 49        |
| 4.8 Testing of hypothesis using chi-square.....  | 52        |

|   |           |
|---|-----------|
| <b>CHAPTER FIVE</b> .....   | <b>57</b> |
| <b>SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS</b> ..... | <b>57</b> |
| <b>5.1 Introduction</b> .....                                     | <b>57</b> |
| <b>5.2 Summary of Findings</b> .....                              | <b>57</b> |
| <b>5.3 Conclusion</b> .....                                       | <b>59</b> |
| <b>5.4 Recommendations</b> .....                                  | <b>60</b> |
| <b>5.5: Suggestion for Further Research</b> .....                 | <b>60</b> |
| <b>5.6: Further Suggestions for Further Research</b> .....        | <b>61</b> |
| <b>REFERENCES</b> .....   | <b>62</b> |
| <b>APPENDIX 1</b> .....   | <b>67</b> |
| <b>APPENDIX 2</b> .....   | <b>68</b> |

## ABSTRACT

The National safety Net Programs, Popularly known as Inua jamii programs are a set of Government of Kenya interventions to help poor and vulnerable groups in the Kenyan community including the Older persons, People with Disability, Orphans and Vulnerable Children and the urban poor access basic needs. They can be in form of cash subsidies in terms of Cash transfers, which are regular and predictable cash subsidies or material assistance such as food provided by the state as a social contract with her citizens. The general objective of the study was to investigate the Determinants of the Implementation of the National Safety Net Programs in Kwale County, Kenya. The study had four specific objectives, that is, to find out the extent to which financial resources influence the implementation of the National Safety Net Programs, to establish how the administrative practices influence the implementation of the National Safety Net Programs to find out the extent to which poverty rates influence the implementation of the National Safety Net Programs and to establish the extent to which Governance influences the implementation of the National Safety Net Programs in Kwale County, Kenya. From the four objectives, four research questions were derived and answers to these questions assisted the researcher to draw meaningful conclusions. The Literature review focused on the role of these players in the implementation of the National Safety Net programs in Kenya. The first chapter of this project outlines the background information, the problem statement, the objectives, the scope and lastly the significance of the study. The researcher here in introduces the project by clearly spelling out the background information of this research. The second chapter encompasses the literature review, both theoretical and empirical, the conceptual framework and the gaps of the study. The third chapter covers the research methodology. Under methodology, the researcher extrapolates the research design, population and area of study, sample and sampling design, data collection methods, validity and reliability of the research instruments. Chapter four presents, the analysis and results of the study while chapter five discusses the findings of the study and gives conclusions and recommendations and suggestions on areas of further research..A group of 115 respondents was targeted for this study. The researcher used the descriptive survey design and data collection was by use of Questionnaires and an interview schedule. In addition, interviews were also conducted on key informants to provide clarity on complex issues not captured in the questionnaires. Data analysis was done by use of frequency tables and the hypothesis was tested using the Chi Square. Data was analyzed by use of SPSS.Presentation of data was in the form of frequency tables, followed by an interpretation. This study will lend knowledge to government personnel, donors and stakeholders working in the NSNP programs and Researchers will use the findings from this study to do more research.

## CHAPTER ONE

### INTRODUCTION

#### **1.1 Background of the Study**

According to the World Bank (2013), there is an international consensus that social protection (SP) is a powerful way to fight poverty and promote inclusive growth among vulnerable populations throughout the world. Since the early 1990s, development policy has increasingly focused on combating poverty and providing social protection for vulnerable groups. There are many types of anti-poverty and social protection interventions, ranging across health promotion, education, counseling, public works, and food aid. Recently, however, cash transfers have received significant attention after well documented successes of conditional cash transfers in Latin America and (largely) unconditional cash transfers in Africa.(Devereux et al 2005). As a result, many governments and donors are turning to cash transfers as the mainstay of their poverty reduction and social protection policies. (Government of Kenya, 2009; DFID, 2005; Fizebein and Schady, 2009).

Cash transfers (CTs), a form of social assistance, are regular, non-contributory payments of money, provided by the state or non-governmental organisations (NGOs) to individuals or households, with the objective of decreasing chronic (long-term) or acute (shock-induced) poverty, addressing social risk and reducing economic vulnerability. (Samson et al., 2011). CTs are predictable transfers provided as part of a social contract with citizens and may include child support grants, orphan care grants, disability grants, social pensions and transfers to poor households, among others. CTs can be unconditional or conditional, with the latter aimed at promoting particular behaviours, such as school attendance, improved nutrition or regular health check-ups. CT schemes are increasingly being seen as a right of citizenship, and evidence is growing that they can help tackle hunger, increase living standards and improve the education and health of the poorest families. (Adato and Basset, 2008).

According to Bryant (2009) there has been a significant progress in Brazil, Colombia, Honduras, Mexico, Nicaragua and India as far as the CT schemes are concerned. In Brazil for example, after the economic crisis, political paradigm shift, population increase, HIV/AIDS epidemic and the unemployment problem in the early 1990s, the government introduced a system that was

adopted from Ireland that aimed at improving the lives of its citizens who were almost perishing unnoticeably. (World Bank, 2011). The initiative was developed by the majority casual labourers who worked in the coffee plantations when they found out that most of their workmates who got old without a formal social protection system like social security savings died desperate and had poor lives, while those who were ill due to HIV/AIDS left their children (total orphans) behind with no hopes since there were no formal savings for them among many more issues that were tied around poverty. This forced the government and other donors like UNICEF, World Bank, IMF, WHO, WFP among others to introduce funds that were aimed at alleviating the 35% of the Brazilian population that was found to be poor and the 15.12% of the Brazilians who were found to be chronically/extremely poor in the years 1991-1993 (UNICEF, 2010).

The cash transfers targeted addressing the current situation of poverty in the country while focusing on the future solutions and the empowerment of the otherwise affected population. This saw the introduction of CT schemes that targeted the then growing OVC due to HIV/AIDS and other related diseases, the very aged people who had achieved age 65 years and above without any formal support, the extremely disabled persons who entirely depended on their close relatives/well-wishers for day to day living, the peri-urban poor who settled in the eastern parts of the country among many more. This saw the country develop its support for the hungry, poor, older persons, OVC and the disabled between 1995 and 2004. This cash transfers greatly reduced inequality and the depth or severity of poverty in Brazil and other Latin America countries like Ecuador, Chile, and Mexico among others. For example, in Brazil a combination of cash transfer programmes accounted for 28 percent of the total fall in the Gini index (a summary measure of inequality) between 1995 and 2004 (Tibbo, 2009).

However, of late, despite the powerful and great strides made by most Latin American countries in the implementation of CT programmes, there have been recent challenging issues tied to the schemes. For example, due to global economic crisis, most of the countries –Brazil included– have had constraints in their national budgets. This forced Brazil for example to cut its support to the aged by 1.51% in 2012-2014 as it diverted the finances to infrastructural development in the preparation for the world cup.

The number of the Brazilians increased between 2009 and 2013; increasing the number of older persons, and dependents in CT programmes. Also the HIV/AIDS deaths increase between 2005-2012 saw the number of total/partial orphans in Brazil increase by 6.12%; constraining the funds allocated to the OVC CT programme.

In South Africa, protection for the older persons, the OVC and the disabled in the community programmes started long ago when the Europeans entered the mining fields. For example, the country implemented a means-tested, non-contributory pension that was first introduced in 1928, although, it was extended to all racial groups only in 1993 when apartheid almost got combated. Coverage for eligibility was women over 60 years and men over 65 years. The monthly pension has been about R780 (US\$109) since then. The Department of Social Development administers the older persons cash transfer which is financed by the general taxation. This is charged with the responsibility of administering the funds and coordinating the various players involved in cash transfer to the aged people like the donors and community based organization. The old age CT cost the country about 1.4 percent of the GDP as per 2012. Country wide, about 2 million people received old age CT, which is 94 percent of those over 65 years in the 2009-2013. (DFID,2013).According to UNICEF(2010) report, South Africa has been supporting about 2.8 million OVC following the great deaths that were brought about by the HIV/AIDS national disaster announced by Nelson Mandela following the death of his son and the famous musician Brenda Fersie of the virus in 2002/2003. The number of total disabled persons rose significantly between 1997 to 2007 from 800,000 to 1.4 million; majority of whom were brought about by the ever standing social unrests between the wealthy class and the majority poor or the racist whites, the collapsing mines and many more. According to DFID (2005), this was followed by insufficient financial resources in the major slums of Soweto, increased social crimes that frequently scared the CT community based supporters and the number of HIV increase posed a challenge towards the effective implementation of the cash transfer programmes.

In Rwanda, the Rwanda national consultation was held in Kigali on 4 March 2008 and was attended by 45 participants. The Ministry of Local Government, Community Development and Social Affairs played a central role in the consultations, leading proceedings and presenting on existing policy. The Minister of Local Government, Community Development and Social Affairs

spoke about Rwanda's post-conflict context and the issues of vulnerability in the period since the 1994 genocide. The Government of Rwanda was one of the participants in the 2006 Livingstone conference. The Minister highlighted progress made in the last two years including the emphasis on social, Old Persons CT and The Persons with Disability CT protection in the recently approved Economic Development and Poverty Reduction Strategy. The Rwandese government full adopted the CT programmes as early as 1994 when Hon.Paul Kagame came into power and saw the need to involve the international bodies in rebuilding his country after the severe civil war between the UTUS and TUSIS that saw the dead of 800,000 innocent citizens, 2.6 million total orphans and 1.2 million helpless old men and women. The government partnered with UNICEF, IMF, World Bank, USAid among others to provide cash to the orphans who were in camps, educate the vulnerable children and alleviate the levels of the old poor people and this was pegged at US\$90. ( USAid, 2010).Despite the fact that Rwanda has intergrated the CT progrmmes in its vision 2020, it has faced a number of challenges in providing the OVC CT, OPCT, PWSO CT and HSNP CT as outlined by the various ministries in Rwanda. The key challenges include that of vulnerability targeting, coordination between different CT schemes, impact assessment of different schemes, sustainable funding, youth unemployment and poverty in old age. (Chai and Alviar, 2010).

In Kenya, about 46% of Kenya's population of slightly over 41 million people currently live below the poverty line. The country continues to grapple with serious socio-political and economic problems associated with poverty, stigmatization of the chronically affected/infected persons, unemployment, inequality and rising food insecurity. Although concerted efforts to revive the economy and implement anti-poverty measures taken by the Kibaki regime (2003-2013) were able to reduce the proportion of the population living below poverty levels from 56.9% to 46% within a decade, the socio-economic and political challenges facing the country with regard to satisfying basic needs of the country's population continue to exert major socio-economic and political pressures. This has made the government of Kenya to review its policies and strategies on social protection for the most vulnerable sections of the population especially on orphaned children, the elderly and people living with disabilities. (Bryant, 2009).

Kenya's Social Protection Strategy (2009-2012, 2012-2015) approved by the government in 2012 demonstrates the country's strong political shift in favour of use of social protection measures to address the plight of the country's most vulnerable groups. The strategy makes the case for this shift pointing out that: There is growing consensus that social protection does not have to be implemented at the expense of growth and that indeed social protection is able to enhance the long-term growth trajectory of the country and is an economically feasible and sustainable undertaking, and, argues that there were strong and positive links between social protection, public expenditures and a country's development of human capital. These positive links include reduction of inequality in a society which may in turn reduce social and political tensions, promotion of more robust labour market arising from the fact that people from poor households receiving cash transfers are more likely to look successfully for work compared to (poor) individuals not receiving such transfers, and empowerment of poor individuals to undertake investment activities. (MGCSO, 2014)

By end of the year 2000, Kenya's socio-economic situation was receiving increasing attention from the main political parties including the ruling and opposition parties. Thus as 2002 general elections approached poverty, unemployment, inequality and rising numbers of vulnerable population were emerging as some of the key political agenda items, with the issues featuring strongly in the manifestos of the various political parties. Most of the manifestos promised that if the parties were elected more attention would be accorded to economic recovery with greater focus on addressing the plight of the poor and vulnerable sections of the population. The 2002 general election campaigns saw for the first time, some local NGOs put well-coordinated pressure on or lobbying of parliamentary candidates to sign up as a demonstration of their commitment to support social protection policies as part of programmes they would support in parliament to address the plight of the poor.(Musembi, 2010).

Accordingly, after the 2002 elections, the new administration honoured its campaign promises on fast-tracking of economic recovery programme by initiating and implementing the Economic Recovery Strategy (ERS) by June 2003, six months after assuming power. As a result of sustained focus on economic recovery, the country's real GDP growth rate rose from 0.6% recorded at the end of 2002 to 7.1% at the end of 2007. This phenomenal recovery in a short



span of 5 years has generally been credited to President Kibaki's personal and his regime's commitments to the implementation of its economic agenda. The government further introduced a number of other social protection measures aimed at further reduction of poverty, unemployment and inequality. The measures included the launching of Free Primary Education (FPE) in 2003 and Free Day Secondary Education (FDSE) in 2008 bursary schemes for needy university students and other measures targeting on health, housing, food security programmes under the Office of the President, Office of the Vice-President and a number of other ministries. This led to a sharp increase in the Government's budgeted resources for special programmes under the Office of the President, office of the Vice President as well as the ministries of Special Programmes and Gender and Social Programmes. These expenditures increased from US\$ 390 million in 2002/03 to US\$ 637.5 and US\$ 1.18 billion in 2005/06 and 2006/07 respectively. (UNICEF,2007). The UNICEF study observed that this trend was a proof that the Government, which came to power in 2003, had substantially increased allocations to poverty programs. (UNICEF,2007).

While the government of Kenya has had significant non-cash social protection programmes for most of the post-independence period, especially with regard to education and health sectors, cash transfer programmes hardly featured in the country's annual budgets. The government was generally not in favour of cash transfer programmes, with some of the people holding the view that introduction of cash transfers would be expensive and would encourage laziness, dependency on state resources and that it would generally undermine incentives for hard work, self-improvement and development of appropriate work ethics. Thus, cash transfer programmes in Kenya is a recent activity, less than a decade since the first steps were taken to introduce the programme in Kenya, targeting the most vulnerable sections of the Kenya society. (Heinrich, 2010).

The increasing arguments in favour of cash transfer programmes in a country's overall social protection strategies are based on the realization that monthly cash support for the most vulnerable members of the society such as the elderly, and orphans and people living with disabilities is more advantageous for the beneficiaries than equivalent in-kind or non-cash support. It has been found in many countries that beneficiaries of cash transfer programmes find

this form of social protection support more flexible and convenient in the sense that receipt of support in cash form enables them to prioritize their needs each month and allocate the money accordingly. On the contrary, when support is given in kind, it may often not help in the most urgent or priority expenditures of the beneficiaries. By the end of 2012, there were three main Cash Transfer (CT) programmes in Kenya which were being implemented jointly by the Kenya Government and a number of development partners. The key development partners involved in the funding of CT programmes include UNICEF, DFID and the World Bank. At the beginning of the programmes donors played a dominant role. However, available evidence from budgetary reports shows that Government has been gradually taking a key role in the implementation and funding of the programme, with participating development partners taking a lead mainly in the provision of technical expertise and financing in some cases. (MoLSS,2014).

According to the MoLSS (2014),The Government's share of the financial resources availed for the implementation of the Cash Transfer programmes has risen from a low level at the initial stages of the programmes to current level where the Government's share is more or less equal to the share of the donors. Both government and donor officials interviewed estimate that the Government's share was probably going to overtake that of the donors in the coming few years. A look at government budget allocation to CT-OVC programme indicates that government allocation to the programme had expanded almost 12-fold between 2005/06 and 2008/09, from approximately US\$ 800,000 to over US\$ 9 million respectively .(Ikiara, 2009).In the 2013/2014 budgetary allocation alone, the government of Kenya after realizing the importance of CTs to its ever increasing vulnerable population increased the allocation for CTs to:Ksh.7.2 billion for OVC,Ksh.4.9 billion for OP, Ksh.0.8 billion for PWSD, Ksh.0.3 billion for other disabled persons and Ksh.0.5 billion for insurance cover for persons under social safety net programmes and the cash could be transmitted through the post office,but could also be received through MPESA. Kenya has targeted 572,000 people in all the CT programmes between 2013/2014.

However, a number of challenges have been found to play a central role in provision of these CT services in Kenya just like other developing countries like Bangladesh, India, Nigeria, Rwanda and many more. In the country for example, there is a continuous heated political divide, tension, unrest and mistrust that has always left the recipients of the CT funds doubting the money given

to them and always associating them to some political alignments especially the Jubilee and former PNU coalition. This was evident in 2013 when a group of guardians from Kwale's Vanga ward couldn't voluntarily enroll their 51 OVC and 12 Ops in the programme at areas around Jego because they felt that this was a PNU/Jubilee designed event aimed at luring them to sale their votes. The administration of the CT funds has been marred with corruption, embezzlement of the funds and at times holding the funds/diverting them into other personal uses; a factor that has seen the real money not reaching the target thus watering the whole programme. Politicians, like, Hon. Muthama when serving as the MP of Kangundo in 2007-2012 greatly influenced the areas where the money could be channeled geographically. This was evident when most of the Orphans, OPs, and disabled persons in his strongholds like Katwii and Tala Township greatly benefited compared to other regions.

Financial resources inadequacies and the ever increasing number of poor people has left the CT schemes in Kenya totally challenged since they cannot cater effectively for the numbers that need help and the amount given is too little to cover for administration, insurance and even maintaining the beneficiaries from month to month. The budget pegs the CT amounts at only 1.02% of the GDP. This limited amounts allocation and ever increasing number of poor/chronically poor citizens have made the operations and the effectiveness of the CT schemes challenged especially in the arid, semi-arid, HIV/AIDS affected areas and drought stricken areas like Garissa, Wajir, Homabay, Kisumu, Kilifi, Kwale and Pokot. (Holmes, R. and Jones N., 2013). According to the Inua Jamii project carried out in Kwale County by the catholic diocese, a number of challenges have been faced in the county while providing the CT programmes to the citizens and these are not limited to, lack of sufficient finances from the national government and donors, political interference from both the local, county and national politicians, ever increasing number of orphans in areas around Lungalunga, Vanga, Msambweni, Taru and Shimba hills due to HIV/AIDS, high levels of poverty due to high costs of living, corruption, mismanagement and embezzlement of the funds and many more. (MGCSD, 2012).

## **1.2 Statement of the Problem**

A review of Kenya's recent poverty situation shows that ;based on the 2005/06 Kenya Integrated Household and Budget Survey, (National Bureau of Statistics, 2007), Kenya's urban and rural poverty headcount ratios continue to be high, at 33.7% and 49.1% respectively which translated into an overall national poverty headcount figure of 46% of the population living below poverty level. The survey data showed that about a fifth (19.1%) of the population could be categorized as extremely poor or 'hard-core' poor with the respective levels for urban and rural areas at 8.3% and 21.9%. (NBS, 2007).The recently published Kenya's Social Protection Strategy paper defines an extremely poor household as a household whose entire income is below food poverty line (Republic of Kenya, 2012, p.25). This category is also referred to often as the hard-core poor. The 2005/6 Kenya Integrated Household and Budgetary Survey data show that 'hard-core' poverty is more concentrated in the country's rural areas and that poverty differs considerably from across various regions, provinces or districts within the country based on agro-economic zones, main types of cash crops and other economic activities, cultural factors and a wide range of other factors(Republic of Kenya, 2012).

The survey data showed that the most vulnerable sections of the Kenya population are the elderly population especially those over 65 years old, the orphans and vulnerable children (OVC), People With Disabilities (PWD), the urban poor and street families, people living with HIV/AIDS people affected by natural disasters such as floods and droughts, and politically related internally displaced persons (IDPs).As a result of rapidly growing numbers within these groups, the need and urgency to initiate effective social protection measures to address the problem have intensified over the years, especially since 1990s.(Republic of Kenya, 2012 p.6). Kenya's constitution guarantees food security,older persons protection, women and children protection, extremely disabled persons protection, OVC, and protection to all Kenyans. This was arrived after a study by the UNDP (2013) revealed that about 46% of Kenya's population of slightly over 41 million people currently live below the poverty line of which 27% of the 46% poor Kenyans are the old persons, extremely disabled Kenyans, OVC, people with acute hunger problems and the people with partial disabilities. The figures of old persons, OVC and disabled persons that are poor is said to be as high as 56% in areas that are greatly affected with HIV/AIDS, illiteracy, frequent draughts/famine, regular fights among others while the number of

OPs, OVC, PWSD in areas like Kiambu, Narok and Trans-Nzoia the figures were as low as 7% of the total affected population. In Garrisa, Pokot, Kangundo, Kisumu, Kibera, Kilifi, Tana River and Kwale for example, the figures of the poor old people was found to be about 4 in every 8 households, an average 5 OVC in every affected household, 2 PWSD in every 5 households and this represented a great percentage of about 67%.

Inua Jamii Programme carried a research in 2013 on the factors contributing to high rates of poverty in Kenya's coast region and found out that factors like political alignment of the coastal people who have been found to be aligned to opposition over ages has been a major cause of most of the historical injustice and poverty, high rates of illiteracy with that of Kwale, Kilifi and Tana River counties being rated at about 49.21%, climate change that has brought with it droughts since most of the populations depend on farming, HIV/AIDS epidemic that has eliminated most of the active working population; leaving most people poor, many orphans, the elder ones being dependent on by the orphans and many more. These issues have not only been a challenge to the provision of CT services to the members of these communities but have even gone to the extent of completely making difficult the provision of these services in some areas. For example, the residents of Kibira line 8 in Nairobi once refused completely to take the cash meant for the OPs because they felt that the money in a way came from the Jubilee government which they were opposed to in 2013, making the operations and implementation of the CT programmes difficult due to the differing political perceptions and views.(UNICEF, 2009).

In Kwale County for example, the high number of OVC due to the dead of their parents as a result of HIV/AIDS has constrained the CT programme owing to the fact that there is a larger challenge of the meager budgetary allocations by the national government at about 10 billion for about 573,000 beneficiaries per annum, high politicization of the funds by both the local and county government, poor administration and handling of the funds meant for the National safety net programmes and the ever increasing number of needy persons has been the back bone of challenges facing the CT programmes. (UNICEF, 2009,).

Due to these numerous problems and effects associated with cash transfer programs in the country, the research intended to investigate the determinants of the implementation of the National safety net programs in Kwale County, Kenya.

### **1.3 Purpose of the Study**

The main purpose of this study was to examine the determinants of the implementation of the National Safety Net Programmes in Kwale County, Kenya.

### **1.4 Objectives of the study**

The study was guided by the following objectives:

1. To establish the extent to which financial resources influence successful implementation of the National Safety Net Programs in Kwale County, Kenya.
2. To establish how the administrative practices influence successful implementation of the National Safety Net Programs in Kwale County, Kenya.
3. To establish the extent to which poverty rates influence successful implementation of the National Safety Net Programs in Kwale County, Kenya.
4. To establish the extent to which Governance influences successful implementation of the National Safety Net Programs in Kwale County, Kenya.

### **1.5 Research Questions**

The study was guided by the following research questions:

1. To what extent do financial resources influence successful implementation of the National Safety Net Programs in Kwale County, Kenya?
2. How do administrative practices influence successful implementation of the National Safety Net Programs in Kwale County, Kenya?
3. To what extent do poverty rates influence successful implementation of the National Safety Net Programs in Kwale County, Kenya?
4. To what extent does Governance determine influence successful implementation of the National Safety Net Programs in Kwale County, Kenya?

## **1.6 Research Hypotheses.**

The study was guided by the following research hypotheses:

H<sub>1</sub>: Financial resources have a significant influence in the implementation of the National Safety Net Programmes in Kwale County, Kenya.

H<sub>1</sub>: Administrative practices have a significant influence in the implementation of the National Safety Net Programmes in Kwale County, Kenya.

H<sub>1</sub>: Poverty rates have a significant influence in the implementation of the National Safety Net Programmes in Kwale County, Kenya.

H<sub>1</sub>: Governance has a significant influence in the implementation of the National Safety Net Programmes in Kwale County, Kenya.

## **1.7 Significance of the Study**

The significance of this study lies in the fact that it investigates the determinants of successful implementation of the NSNPs. The population census of 2009 showed that Kenyan population increased from about 38 million to about 41 million between 1999 and 2009. Currently, the population has sky rocketed to above 42 million. (GoK, 2013). This increased population calls for more mouths to feed and for more resources to sustain the population. Besides, this increase in population has led to pressure on the available resources, dependency ratio shooting up, increased number of poor people, a significant rise in the number of older persons, increased conflicts that have left many people disabled, rising cases of HIV/AIDS deaths leading to many OVC being left behind among others. The solutions on how to address these suffering population have been advocated for through the NSNPs adopted in 2009, but the implementation of the NSNPs has not been successful as expected. This research will seek to address the challenges that have led to the in-effective implementation of the CTs in the country about seven years down the line since they were initiated. (CBS, 2012).

The cash transfer programs have a common wide experience and share common number of challenges in executing their mandate of reaching the aged, poor, disabled, OVC among others in their areas of jurisdiction. However, nothing much in form of studies has been done to identify and come up with standard procedures on how to address the challenges that have hindered the effective implementation of the NSNPs. Therefore, this study is of great importance to the Ministry of Labour, Social security and Services as it seeks to address the challenges facing the

implementation of the NSNPs. It will be useful to the NGOs, donors like UNICEF, World Bank and other community based organizations that support the vulnerable groups in the community to understand the challenges they are likely to face. The findings will provide the management and leadership of major cash transfer organs, the government and the ministry with information that will help in decision making as well as help them in appreciating the importance of focusing on specific action plans as per the identified factors to address the challenges. Finally, future researchers and academicians will also gain from this study as it will provide them with referent information for further studies. It is worth noting that this study area has not been widely researched and therefore, the study is significant in that it will contribute to the literature.

### **1.8 Basic Assumptions of the Research**

This study presumed that financial resources availability/absence plays a major role in influencing the implementation of the National Safety Net Programmes in Kwale County, Kenya. It further continues with the assumption that various administrative practices have a great influence in the implementation of the National Safety Net Programmes. The research further assumed that Governance processes and mechanisms and the rates of poverty in the country have major roles to play in determining the implementation of the National Safety Net Programmes by the donors, government, stakeholders and even the community at large and this need to be addressed for effective provision of the NSNPs.

### **1.9 Limitations of the Study**

The major limitations of the research were time and financial resources. For example, time allocated for the research, for the work place and the family was greatly in competition. However this was overcome by creating time during the weekends, evenings and at times travelling during lunch breaks to link with the supervisor in the University at Mombasa town as well as the respondents in various places. Financial constraints were expected to be a major challenge especially where the researcher was required to travel to rural places like Kasemeni, Godo and Mwereni. However this was overcome by using enumerators in the field. The recent security situation in Coast region and her environs would be another limitation. This made it difficult to access most of the households since they would treat you suspiciously.



### **1.10 Delimitation of the Study**

The study delimited itself by concentrating on the determinants of the implementation of the National Safety Net Programs in Kwale County as the study was based in Msambweni Sub County which is within Kwale County in the coastal region of Kenya. The geographical scope was limited to those areas covered by NSNPs programs in Kwale County, starting from Kombani, Kinondo, Kilimangodo to Pongwe Kidimu and Vanga. The research targeted the managers of the program at county and sub county levels, primary schools head teachers, Assistant chiefs, Caregivers and guardians of the vulnerable households and village heads/elders from Msambweni Subcounty of Kwale County.

### **1.11 Definitions of Significant Terms**

**Financial Resources-** Refers to the money that is required by a programme to run. The finances cater for day to day operations of the business/programme, cater for daily expenses, pay the relevant workers and take care of the overall resources needed for better output. The financial resources here will be used in paying the employees, operational expenses, paying the elder persons, pay the OVC and PWSD.

**Poverty-**Is the lack of basic human needs such as clean and fresh water, nutrition, health care, education, clothing and shelter because of the inability to afford them. (Baulch, 2010). In this study, poverty will look at the number of old people, OVC and the people with extreme disabilities who have no major sources of their support for their lives.

**Orphans and Vulnerable Children(OVC)-**Refers to persons of age 17years and below who have lost either one of the parents or both parents and are living under threatening social, economic and psychological conditions.(USAID,2002).

**National Safety Net Programmes-**These are programmes that target the OVC, people with severe disabilities, the older persons and the hunger stricken people in the community for support. The support is through cash transfers that are either from the government, donors, community based organisations and many more. (MoLSS, 2014).

**Administrative Practices-**Refers to actions, views and decisions reached by the various people managing the CT programme funds that either favour/hinder the implementation of the CT programme.

**Governance** – Refers to the process, by which authority is conferred on rulers, by which they make the rules, and by which those rules are enforced. Thus, understanding governance requires an identification of the rulers and the rules, as well as the various processes by which they are selected, defined, and linked together and with the society generally. (UNDP, 2013). Governance has also been defined by the World Bank as the rules of the political system to solve conflicts between actors and adopt decision (legality).

### **1.12 Organization of the Study**

The study was organized in five chapters. Chapter one contains the background of the study, statement of the problem, purpose of the study, objectives, significance, limitations and delimitations and basic assumptions of the study. Terms used in the study were defined at the end of chapter one.

Chapter two covers literature review based on the objectives of the study derived from both local and international studies on the determinants of the implementation of the National Safety Net Programs popularly known as the Inua Jamii programs. It also covers conceptual framework and summary of the literature review at the end.

Chapter three present the research methodology to be used in the study. It covers the research design, target population, sample size and sampling techniques, data collection instruments, data collection procedure, validity and reliability of research instruments, data analysis and ethical considerations. Lastly, operation definition of variables has also been done in chapter three.

Chapter four covers data analysis and discussions of the study findings. Chapter five presents summary of the findings, conclusions and recommendations and suggestions for further research.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1: Introduction**

This section summarizes the literature that is already in existence regarding the determinants of the smooth implementation of the National Safety Net Programmes in Kenya and their relationship. It presents an overview of previous work on related topics that provide the necessary background for the purpose of this research.

#### **2.2 The Concept of Project implementation**

The concept of project implementation is used in many contexts and with widely different meanings. Implementation simply means carrying out the activities described in your work plan. Perhaps the most popular definition of project implementation is drawn from U.N. report (1987) on the World Commission on Environment and Development is that Project Implementation is the practice of executing or carrying out a project under a certain plan in order to complete this project and produce desired results. Such a practice encompasses all processes and activities involved in getting the project plan fulfilled and accomplishing project goals and objectives. This is in the context of donor-funded development programs and projects.

#### **2.3 The Role of Financial Resources in the Implementation of the NSNP**

Financial resources play a central role in the provision of services, goods and other production capital to the community/society, formal/non-formal organisations, governments, industries, farms, firms and many more. This has been found to be a factor that cuts across the globe from the developed countries(DCs), developing countries and less developed countries like Malawi and other most sub Saharan Africa countries. In the recent 2 decades, most countries in the world have been hit with a hard economic crisis which has seen most of their citizens sink into abject poverty, rising number of deaths due to HIV/AIDS and cancer that have left the number of total/partial orphans increasing each day, civil wars that have left many people injured and disabled, outbreak of hunger and famine that has pushed many people into the state of being dependent on help from either the governments, donors, NGOS, well-wishers and many more. This helpless group has continually called for help from the local/national/international bodies that is normally given in form of donations, funds and many more. In these cases, the finances are used in

providing emergency medication, security, protection of all forms (food, shelter and clothing) to the vulnerable groups. (African Development Bank, 2004).

In the early 1980s the UK recognized the need of giving support to the otherwise almost getting neglected old people in the countryside fields/farms/estates as their young and energetic population ran to the city for education and white collar jobs, the OVC who were left behind by parents who died of various diseases, the disabled people who could not support themselves and many more. This was mainly given in the form of some funds that substituted their meager incomes from week to week. However, this was found to have a negative effect on the total national budget since the number of needy persons for these services increased day by day. The overall step by the government was to invite NGOs, Civil society organizations and churches like the Roman Catholic Church to chip in and give alternative funds that could lessen the burden in their budgets. (DFID, 2006). This funds were used at two levels in implementing the CT programmes that aimed at helping the suffering and vulnerable population. The first bunch of the finances was used in the management of the whole process and the second one was directly allocated to the disadvantaged population.

### **2.3.1 Financial Resources for Management Purpose**

A report by DFID (2012) shows that in 2010/2011 alone, the Latin America's Mexico used 1.74% of its national budget to cater for consultancy, administration, management and distribution of its CT funds to the deserving groups. Although the country has a well-developed and planned CT scheme for its citizens, the relevant ministries from time to time have greatly been hit by some financial constrains due to economic crisis and poor government structures that have seen many people lose their lives to drug gangs. This has seen lack of sufficient funds to pay the workers who are involved in providing the CT services to the locals and the Ghetto vulnerable population in the towns. In 2011 for example, after the rampant killings of the police by the drug dealers and barons, most funds were directed in national security; leaving the CTs crippled to the point that most of the workers in the Eastern Mexico had to down their tools for 6 days because of delayed payments for 4 months. This affected most of the OVC who depended on CT funds for their education, watered the current services offered by the various bodies handling the CT scheme in the country and finally compromising the quality of services offered

by the CT staff since alternative consulting firms were contracted in the end of 2011, new novice staff hired and alternative cheap money channels to the vulnerable citizens sought that were later found to be ineffective.

In South Africa, as much as the CT programme has taken roots, in the recent past, most of the workers in the Ministry of Social Services have gone to the streets led by the youth leader Julius Malema to complain of the reckless handling of the cash meant to benefit the youth, the poor, the disabled, the aged, OVC and the hungry refugees from Zimbabwe by the current government of president Jacob Zuma. The problems/complaints ranged from poor and unqualified staff hired on contractual terms so as to cut down the expenses, poor planning due to lack of finances of hiring experienced consultancy firms, poor M&E of the scheme and many other complains. This however was denied by the national government that claimed that the condition was temporary and this was as a result of the global economic crisis that constrained its budgets. (Barrientos, and Niño-Zarazúa, 2011). A meeting held in Kigali Rwanda in 2013 to assess the progress made by the East Africa community in protecting its people from adverse effects of poverty, conflicts, trade barriers, hunger threat and terrorism found out that Rwanda, Kenya and partly Burundi were almost rating high integrating the CT programmes into the government ministries. However, the countries like Burundi were found to have low quality CT services because it employed poor and non-qualified staff as a result of limited funds. Uganda and Southern Sudan were the greatly hit countries by limited funds to hire qualified staff. This saw Uganda for example use about only three local selected committees to serve four districts in the Northern Karamojong poverty hit areas. This challenge is purely accrued to the fact that the CT in the country receives a little percentage from the government of about 0.9% of the national budget. (Holmes and Jones, 2013)

Just like any other East Africa country, while the government of Kenya has had significant non-cash social protection programmes for most of the post-independence period, especially with regard to education and health sectors, cash transfer programmes hardly featured in the country's annual budgets. The government was generally not in favour of cash transfer programmes, with some of the people holding the view that introduction of cash transfers would be expensive and would encourage laziness, dependency on state resources and that it would generally undermine incentives for hard work, self-improvement and development of appropriate work ethics. Thus,

cash transfer programmes in Kenya is a recent activity, less than a decade since the first steps were taken to introduce the programme in Kenya in 2006-2009, targeting the most vulnerable sections of the Kenya society especially the aged, OVC and the extremely disabled people. (GoK, 2013). By the end of 2012, there were three main Cash Transfer (CT) programmes in Kenya which were being implemented jointly by the Kenya Government and a number of development partners. The key development partners involved in the funding of CT programmes include UNICEF, DFID and the World Bank. According to World Vision Kenya (2012), donors played a dominant role at the beginning of the programmes which was a move to supplement the National budget that was severely constrained during the Raila/Kibaki government.

However, available evidence from budgetary reports shows that Government has been gradually taking a key role in the implementation and funding of the programme, with participating development partners taking a lead mainly in the provision of technical expertise and financing in some cases. The Government's share of the financial resources availed for the implementation of the Cash Transfer programmes has risen from a low level at the initial stages of the programmes to current level where the Government's share is more or less equal to the share of the donors. Both government and donor officials interviewed estimate that the Government's share was probably going to overtake that of the donors in the coming few years. A look at government budget allocation to CT-OVC and OPCT programmes indicates that government allocation to the programmes had expanded almost 12-fold between 2005/06, 2008/09 and 2012/2013, from approximately US\$ 800,000 to over US\$ 9 million and later over US\$ 11 million respectively. (Ikiara, 2009). Despite the accelerated efforts by the Kenyan government to implement the policy laid down by the former Ministry of Gender, children and social development on social protection and cash transfer provision, it has only made 1/12th impact. (MoLSS, 2013).

This slowed down rate of implementation of the CT programmes as stipulated by vision 2030 has been attached to insufficiency of funds due to little money allocated by the national government at only about 1% of the budget. This has forced the government to use other personnel like chiefs/assistant chiefs, village heads and constituency social assistance committee/coordinators in managing the fund. These personnel in most occasions are not paid for the services they

perform. These services are not part of the duties they are contracted to do as per their contractual agreement forms and therefore it has been viewed as an extra responsibility with no pay resulting to the overall effect of poor handling of the CT money. (Kabeer, 2010). In Turkana for example, one assistant chief was temporarily suspended from work in 2011/2012 after demanding for payments for the services he had offered to the elderly people where he had to move with them for a long distance to the post office to access CT funds for them that had been deposited there. The benchmarking that was to be done in 2009/2010 by the MGCSD to South Africa to learn how to implement the CTs in the country failed since it required about Ksh.36million that was too much for the ministry then thus denying the staff and other stakeholders the chance to learn the best ways that could put the country at a better position in implementing the CT programmes. Effective coordination and governance of the cash transfer programmes has fallen because, the limited funds limit the hiring of experts for planning, monitoring and implementation of the programme effectively and efficiently (MGCSD, 2012).

### **2.3.2 Financial Allocation to the Disadvantaged Population**

With the ever increasing cost of living, a large percentage of Kenyans have been found to be pushed into extreme poverty, conflicts, indulgence into drugs and substance abuse, social crimes and many more. This has left behind many injuries, disabilities, poor people, orphans and many more that need much attention from the central government, NGOs, county governments and community based organisations. The most relevant attention to these people is through the funds provided by the cash transfer programmes in the country that give little amounts of about Ksh.1,500 to Ksh.2,000, per month; too little to last one for even a week in this high inflation times in Kenya. For example, the estimated number of households with extremely poor elderly persons in 2011 alone was 258,046, which would require an annual allocation of Ksh 3.1 billion, equivalent to 0.7% of government expenditure or 0.2% of GDP while the government allocates about 0.1% of its expenditure. This means that the older persons cash transfer alone lack about Ksh.2.7 billion in its allocations. (USAID, 2013).

According to the World Bank (2013), this has made it difficult for the effective provision of the cash transfer to the deserving Kenyans in all the constituencies in the country. The report continues to show that the major setback faced comes during the allocation of the funds to the

deserving households; whereby one is given Ksh.1500 to last him/her for one month with the current standing of 12% rate of inflation.As much as the government of Kenya has gone ahead and rolled out the programme from an initial three (3) pilot districts to forty four (44) districts in 2010 covering 33,000 households and by 2012, in all 210 constituencies covering 59,000 households, there are many challenges that are accompanied to these due to the amount given to the deserving population. This challenge has continued to be persistent in cases for example where the government has increased the funding that doesn't make any big impact because the number of target households is increasing too.For example, as the budget allocation for 2011/2012 financial year doubled from about Kshs. 970 million to Kshs. 2.3 billion there was an increase in the number of households covered; a trend that continued to 2012/2013 budgetary allocation Kshs. 4.3 Billion and 2013/2014 budgetary allocation Kshs.9.2 billion against the constant increase in the households under coverage of about 572,000 which diluted the amount/value of the allocated funds .The recent withdrawal of funding by major NGOs from supporting Kenya due to the introduction of the NGOs control bill by the government, the insecurity issue and the unfriendly terms by the government has left the CT programme with a big deficit with areas like Garrisa, Kisumu, Muranga and the larger Kangundo having about 22% of the CT beneficiaries complaining of non-payment.The World Vision has continued to argue that the condition is expected to worsen as about 12% NGOs and community based organizations have withdrawn their support from the country; leaving the country with a deficit in its budget for the provision of social protection services to the needy citizens.(World Vision, 2014).

#### **2.4 Administrative Practices' Influence in the Implementation of the NSNP**

According to the African Development Bank,(2004) implementation of projects in any environment/firm/organisation/business/school among others would be successful when leaders and administration support, learn, provide up to-date information, adequate professional development and support staff during its implementation. Administrators have the responsibility of planning, providing resources, monitoring, supervising, and evaluating the success or failure of projects and many more. The role of administration in controlling and ensuring the success of the CT funds and programmes at large in the world dates back to 1948 after the 2<sup>nd</sup> world war. During this time, about 17 million people had lost their lives and strict measures were being undertaken by the then formed UN to revive the lives of those who were left hapless after the war especially the Russians, Japanese Germans, Serbians and other countries that took part in the



war. (UNDP, 2010).The number of orphans and poor people after the world war II forced the World Bank, UNICEF, IMF and other governments like Canadian government, Russians government and Japanese governments came with a strong body that was charged with collecting views, funds and coming up with a plan on how to implement the funds that could raise the lives of the disadvantaged. This indeed gave positive results since most of the planning, identification of resources and implementation of these social protection ideas was done by the administration body. (Heeks and Baark, 2008).

In March 2006, a regional conference for east and Southern Africa on cash transfers as a social protection instrument took place in Livingstone, Zambia. The resulting Livingstone Declaration, endorsed by 13 countries, called for African governments to put together costed national cash transfer plans within three years that are integrated within national development plans and within national budgets, and that development partners can supplement. The conference pin pointed the role of management as the central point of success/failure of the CT programmes. The role of the 13 member interim management team that comprised of each minister from the participating countries was to do SWOT analysis and give a recommendation to the AU and the various countries.This saw countries like Malawi, Lesotho and South Africa come up with social protection strategies that are managed by experts and people who have benchmarked with other relevant countries like Brazil, Mexico, Chile and Ecuador that have had successful CT schemes for their members. This well-coordinated and qualified administration has seen South Africa have one of the most well-coordinated CT programme scheme in the black continent just like Libya of 2009-2011.

A Madrid Assembly was held in 2007-2008 to discuss the way forward in making CT programme a success in East Africa and the role of administration in the CT was central. The members in the meeting found out that without qualified personnel, experts who have experience in handling the CT schemes, qualified people to allocate the resources without corruption/favouritism, the CTS were to crumble years shortly after they were started. In the years since the Madrid Assembly, governments have introduced a wide range of measures geared at addressing various challenges stemming from population ageing, orphans and the disabled.

Presently (2007-2008) the first cycle of the review and appraisal of the Madrid Plan of Action is underway in East Africa countries although a major number of challenges have taken a centre stage. (African Development Bank, 2004). However, the implementation of the Madrid recommendation has received a great shock in most East African countries like Kenya, Uganda, southern Sudan, Rwanda and partly Burundi. In Kenya for example, the committee handling the CT funds at the constituency level have not only been faulted of employing unqualified staff but: using village elders/chiefs/assistant chiefs who have no idea on how to expertly manage the CT funds, the presence of the MP as the patron in the CSAC has even watered the quality of work force that is used at the constituency level since whether the MP is literate/illiterate/in experiences is still the patron and he further nominates 3 members to serve in the group. Most of the samples taken in studies show that the failure of the CT programmes in Kenya are tightly tied to the fact that the 70% of the staff/people handling the schemes at the local levels are not qualified people but a group of committee members chosen by their closeness to the ruling politicians. These people lack the vital information on the funds distribution, management and organisation since they just get shallow training in their rarely held meetings. (MoLSS, 2014).

A study carried out in Nzamabi Kitui, Kangundo, Kisumu East, Awendo, Pokot, Kisauni, Mpeketoni, Garissa, Lodwar and Samburu on the effectiveness of CT programmes by 2013 found out that most of the fund was mismanaged/mishandled by the people who were in management. In Samburu for example, only 7 people in the whole staff involved in handling the CT funds were found to have university/college degrees while some had not even gotten to any school and could not communicate in either English or Kiswahili. In Kisauni, only 20% of the people who designed the source of partners for extra funds, planned the CT implementation and monitored the CTs had gone beyond college education with only 4% of the employees having relevant knowledge in social protection. Some other members were found to be rude and used a language that scared the beneficiaries since they had not gotten relevant training and information. In Garissa for example, 57% of the aged and orphans feared approaching some women and men elders/chiefs and assistant chiefs for registration because they feared the manner in which these people handled them that left them feeling hurt. This staff members at times have been found to be corrupt to the point that they don't inform their beneficiaries on when the money should be picked and how. At times, they just pick the money without letting the beneficiaries aware, they

use the money or take only a fraction to these people. In Kwale County's Godo village for example, a number of CT local staff committee members have been found to collaborate with some NGOs like Nikumbuke and paying the affected people a half the total amount allocated to them by the original American founder of the Nikumbuke Project. These corrupt staff members have seen the money meant for the needy in the society end up in individual people's pockets instead of helping the needy Kenyans. (MGCSD, 2013).

## **2.5 Influence of Poverty in the Implementation of the NSNP**

The world population has been increasing each day. Currently the population is about 6.2 billion people. Almost 1/3 of these people are living in chronically poverty situation, with most of the affected continents being Asia and Africa whereby about 247 million people live in abject poverty with Africa having 47million people who are suffering from total poverty situations. In Haiti for example, the 2010/2011 natural earthquakes left about 800,000 people helpless with over 150,000 people dead. This is among the natural calamities that have seen many people live in poor conditions that they once never imagined of .these earthquakes left behind 1.1 million total and partial orphans in the country. This made it hard for the World Bank, UN, UNICEF and the government to give emergency support to the orphans, injured/disabled people, the old people and the people stricken by hunger since then up to today due to the high number of people who were involved. (UNDP,2012).

In the sub Saharan Africa, natural calamities like droughts have taken a centre stage leaving 32% of the African population malnourished and dying of hunger, civil wars in Libya, Egypt, Somalia, DRC, CAR, Uganda and Nigeria have left many people injured/disabled, many orphans are growing each day, the older people are being abandoned helplessly in the war thorn areas of Kivu, Niger delta, Kano plains and many rural African towns that have been eating and sleeping war. This has had an overall increment in the number of poor people in the continent. In Uganda for example, since the insurgency of Joseph Kony rebels in the northern parts of the country, the number of orphans, poor people, people who develop disabilities due to attacks has been growing at 2% per annum. This has continuously constrained the overall national government's budget hit in providing the CT programme since almost a half of the Uganda's population is affected .This has been a challenge to the Ugandan government owing to the fact that most of the population is

made of the needy people while the national budget allocates only 1.2% to the CTs of its national annual expenditure. (UNDP, 2011).

In Kenya for example, as a result of socio-economic and political challenges facing the country, 46% of the country's 42 million people are living below the poverty line; there are a rapidly growing number of orphans and vulnerable children - half of which have resulted from a HIV/AIDS pandemic which has hit the country in the last two decades; frequent droughts, and the recently unprecedented post-election violence following the disputed 2007 general elections, social protection programmes for the country's poor and vulnerable population have become increasingly important both economically and politically. Poverty remains widespread in Kenya, despite the government's efforts over the past four decades. Between 2003 and 2009, Kenya's Multidimensional Poverty Index (MPI) value fell from 0.302 to 0.229. Although the incidence of poverty were in steady decline, in 2009 a quarter of the population was still vulnerable to poverty and almost one-fifth lived in severe poverty. Poverty was greater in rural than urban areas; Turkana and Mandera counties had the country's highest poverty rates, at 92.9% and 85.7%, respectively, and Nairobi (22%) and Kajiado (12.1%) the lowest. Kenya's Human Development Index (HDI) ranking has stayed much the same since 2005, and it continued to be classified as a 'low human development' country. Life expectancy at birth increased from 46.4 years in 2001 to 57.1 in 2010 (UNDP, 2003-2011). In terms of progress towards achieving MDG 1, the country is unlikely in the current climate to achieve the target of halving poverty by 2015 (GoK and UNDP, 2010).

From the figure above, if the CT schemes were to be effective in let's say Turkana and Mandera counties alone, 92.9% and 85.7% of the total county population could be targeted. This means that the districts/constituencies in these counties could consume about 42% of the amount allocated for CTs. This has not only been a challenge in these regions but it has cut across the whole country due to many intertwined challenging issues like chronic diseases, floods, internal wars between communities and many more that has seen many people helpless and dependent on their county/central government for help. Chronic diseases- in this case HIV- for example, clearly have widespread implications in terms of vulnerabilities at multiple levels: individual, household, community and nationwide. In absolute terms, the number of people living with HIV

and AIDS (PLWHA) remained at 1.5 million in 2009, following a period of decline between 2001 and 2007. However, prevalence among adults dropped from 8.4% in 2001 to 6.3% in 2009. The majority of PLWHA are adults (1.3 million) and, in 2009, over half (760,000) were women. The prevalence rate of young women living with HIV rose from 1.8% in 2001 to 4.9% in 2009. HIV newly affected about 110,000 adults and children in 2009, and there were an estimated 80,000 AIDS-related deaths, as compared with 120,000 in 2001. In 2009, under half of the people needing antiretroviral therapy (ART) were receiving it, with 32% coverage of children. (UNDP, 2003-2009). The recent figures indicate that in other places like Siaya, the HIV/AIDS prevalence is as high as 24% meaning that the number of deaths are projected to be at 21% with that of orphans increasing by 5.98% in areas like Kisumu east, Siaya, Homabay and Oyani. This has an overall negative effect on the CT programmes since more people need to be covered while the amounts are limited.

Vulnerability to climate change remains a key challenge in Kenya, and climate change will continue to have a severe impact on the country. The country's economic and livelihood systems are highly dependent on natural resources, which are very sensitive to any slight change in climatic conditions. For instance, Kenya's key economic sectors include agriculture, tourism, livestock, fisheries and forest products, which are all highly vulnerable to climate change and variability. With regard to effects on the population, vulnerable groups, including women and children, are likely to suffer greater impacts in the case of climate-related disasters or emergencies, given their social roles, inequalities in access to and control over resources and low participation in decision making. (Heinrich, 2010). Vulnerability to climate change as experienced in natural disasters (drought and flooding) remains high in northern and eastern parts e.g. Makueni County, which are also some of the poorest regions. This has pushed most of the counties like Makueni and Garissa to the points of need while the amount of money allocated for CT programmes is limited. In some cases and in some areas like Lodwar, parents have died of hunger leaving behind orphans, elderly have been left to die for themselves and the disabled have been abandoned as the active population moves during the drought times to look for water in otherwise long distances. This is a challenging situation that has been cited over and over by the world Vision that has continually hindered the provision of the required protection to the

vulnerable groups in the Eastern and North Eastern parts of the country. Marriott, and Gooding, (2007)

The same has replicated itself in most parts of Kwale County like Samburu, Kinango and Jirani whereby a number of deaths have been reported due to lack of food caused by severe droughts resulting from climate change; resulting to pressure to the available funds that have always been limited to a given population under consideration during budgetary allocation.

## **2.6 The Role of Governance in the Implementation of the NSNP**

According to social scientists of the 19<sup>th</sup> century, Governance plays a central role in shaping the look, direction, future and way of lives of any state. Political ideals, views, opinions, nature of politicians and the type of rule they use in every land greatly determine the final destination of their followers. A politician will always determine what to go to his community, where it comes from, how it can be spent, who to get/access it, who to control and many more. (Fizsbein and Schady, 2009). In India for example, most of the citizens in the eastern and central India are thriving in chronic poverty due to the political policies that started long ago during the 1900s. The policies are normally made in parliament and implemented with the politicians. In a country of above 250 million people then, favouritism, nepotism, corruption and embezzlement of funds was rampant. This left most communities marginalized and living under abject poverty. As much as the national government came up with ways to help the marginalized poor, the politicians opposed this and even came up with the cascade system of governance that has seen the rich continuing being rich while the majority poor are sinking in poverty each day. Money meant for the vulnerable groups in most occasions ended in the pockets of the politicians and their close people. In 1987 for example, the national government was frustrated by the politicians when they disapproved passing the budget that was seen to have allocated 4% of the national budget to the poor blacks who were living in the Southern central villages of India as one of the social security of reviving the otherwise perishing black clan. In India therefore, politics has been in the centre stage in determining the levels of poverty, the number of benefits that some vulnerable communities will receive and the amount of money allocated for cash transfer programmes. . (Fizsbein and Schady, 2009).

In Africa, the current number of orphans in 2012 was 46 million, this rose to 50.1 million in 2013 due to structured political wars and unrests in Libya, Egypt, DRC, and Uganda, terrorism in Nigeria, Somalia, Uganda, and southern Sudan. This has been accompanied by many fatal injuries that have left behind about 9 million Africans living with disability; the poor have been abandoned starting from the Jong-lei area of Southern Sudan to the Kano plains of Nigeria. These people are helpless and have put pressure on the available CT funds, the pressure has grown to the donor levels and this has greatly crippled the operations of the CT schemes in most sub-Saharan Africa countries. In Nigeria for example, the on-going fight between Boko Haram and the government has scared away most of the donors who were supplementing the budgets of the CT programmes leaving most of the people who benefited from the CT funds with no hopes. This is just caused by major political differences between the Christian supremacy in leadership and the Muslim power control. (UNDP, 2011).

In Kenya, Governance issues relating to politics have marred the management and operations of the CT programmes from top to down. This has been in cases whereby the politicians dictate the amount to be given to some geographical regions, instigate social wars that leave most people affected, favour their owns in allocating the funds, due to their political alignments the international community withdrawals support and other related actions. However, the study will limit itself to Governance issues such as rule of law, control of corruption, Government effectiveness and political stability that cut across the world and affect all the economies in the world equally.

### **2.6.1 Governance and political Institutions and accountability**

First, a vital consideration in introducing or scaling up social assistance or cash transfer schemes and the NSNPs, is the capacity of the state to mobilise funds and other resources. (Barrientos and Niño-Zarazúa, 2011). In its assessment of the affordability of CTs, the UK Department for International Development (DFID, 2011) notes that, where a Government decides to invest in CTs, spending is typically within an overall budget for a wide range of sectors, and reflects judgements regarding the comparative advantages (e.g. value for money or political gains such as greater state legitimacy) for achieving broader economic and social goals. Second, limited institutional capacity represents a major challenge to the rollout of CT programmes in most low-

income countries like Kenya, at all stages – from undertaking poverty and vulnerability assessments, to designing and implementing tailored policies, as well as monitoring and evaluating impact .(Barrientos and Hulme, 2008). In many contexts, decentralisation has complicated the picture. While poverty reduction strategies have favoured decentralisation as a way of closing the gap between citizens, local and central government, and strengthening accountability, in practice functions have often been delegated to weak institutions with limited knowledge of anti-discrimination legislation and related programme provisions .(CPRC, 2008). This can undermine progressive programme design and opportunities for a strengthened social contract. (Holmes and Jones, 2013).

Finally, robust monitoring and evaluation (M&E) is integral to assessing the impact of SP programmes, but there is wide variation in the quality of M&E in different countries and regions. There are also considerable challenges as a result of the limited availability of disaggregated data, especially with regard to intra-household and intra-community dynamics. (Holmes and Jones, 2011; Molyneux, 2007).According to the World Bank (2013) the Kenyan government as an institution has in a way failed to make true the dream started by Hon.Mwai Kibaki on CTs due to political pulls from the ruling party Jubilee and the opposition CORD making the whole institution look like two opposing governments to one idea.M&E of the funds has been a challenge in areas around Thika, Nyeri, South Mugirango and Kuria’s Kehancha because of the different held ideologies and views about the CT funds by the local and county leaders in this regions.

### **2.6.2 Political Interests**

Multiple actors are involved in CT policy and programming that include: National governments, Development partners, Civil society and many other players. In the case of national governments for example, evidence from numerous countries suggests competing interests among government agencies (‘departmentalism’) is a common characteristic of CT programmes .(Hagen-Zanker and Holmes, 2012). Programmes are often housed within the ministry responsible for social development, with limited buy-in from key ministries such as finance and planning. According to report published by World Vision (2011), the government of Kenya experienced a major delink because of the differing interests between the ministry of finance, housing and planning



and that of Children and Gender due to the fact the ministers involved- Ministers Hon. Oparanya, Hon. Uhuru Kenyatta and Hon. Naomi Shabaan- had personal issues regarding the importance and relevance of the money allocated by president Kibaki to the CT schemes and this led to major setback in implementing the activity.

In the case of Development partners, similar ‘departmentalist tensions’ are frequently mirrored in development partners’ approaches to CT. UN agencies and international NGOs endorse a rights-based approach, whereas development partners are increasingly emphasising results-based aid and value for money. However, the Kenyan politician with persona vested interested interests have faulted various supporting NGOs when the NGOs fail to dance to the tunes of these politicians.

The interests of civil society in advancing CT, and how these interests are articulated, are also critical. Given the isolation experienced by socially excluded groups, their mobilisation around self-identified interests, often supported by NGO intermediaries, is a precondition for their participation in the construction of the social contract .(Kabeer, 2010). However, most the Kenyan government and development partners continue to treat civil society organisations (CSOs) as junior partners or subcontracted service providers, and there are few success stories of effective mobilisation around social protection at the national level. This in return has left most vulnerable groups easily turned away from the CT programmes which they feel are just government associated initiatives that have no value to the majority poor. For example, social groups like MRC easily found their ways to the poor because they felt that their poor population has not been looked into for a long time making the majority disadvantaged people trust them at the expense of CT schemes and government efforts to fight poverty. (Devereux, 2010).

### **2.6.3 Governance and Political Ideas**

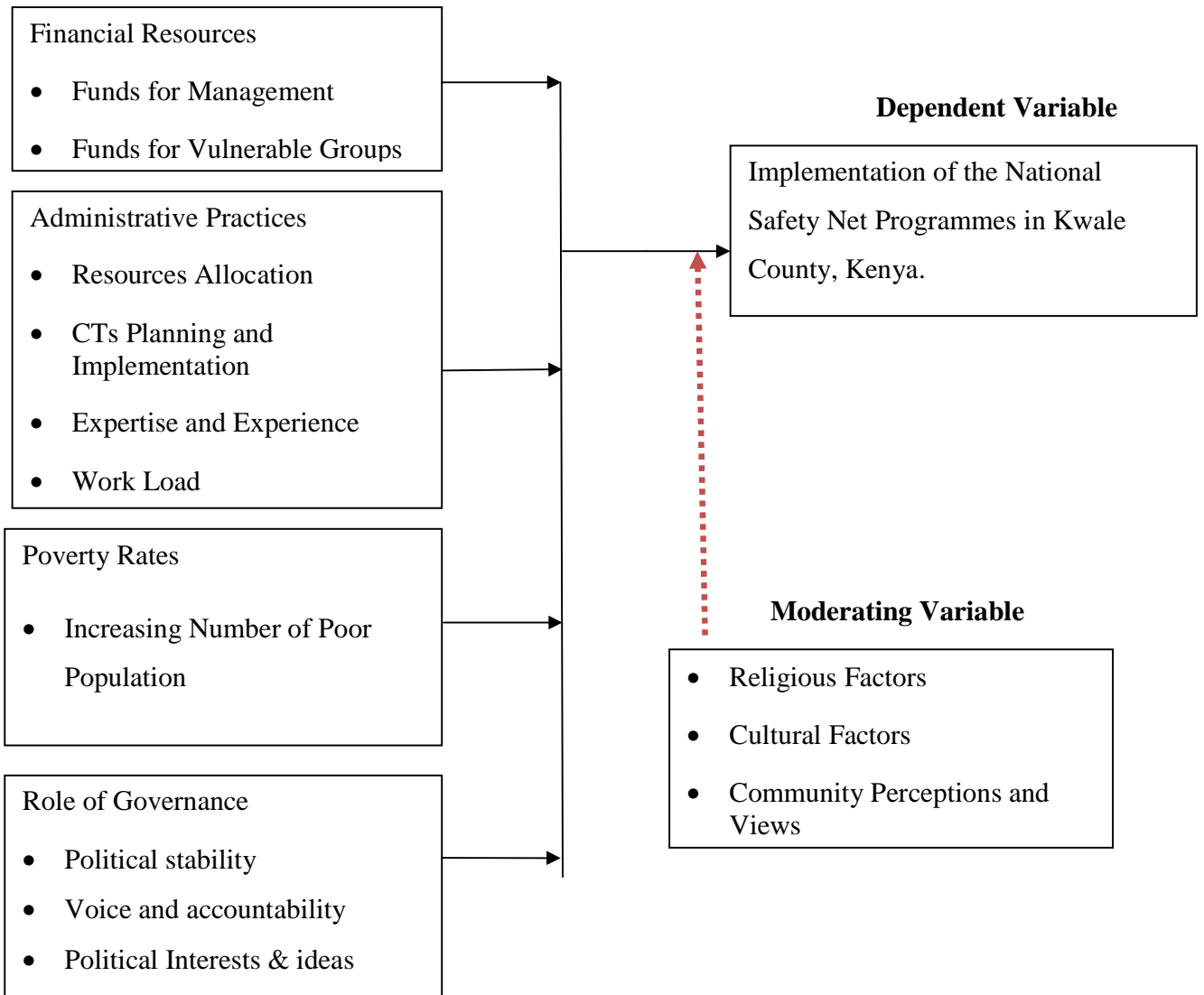
Political economy influences are not limited to institutional capacity and interests; they also encompass the ideas that drive decision making. This is certainly the case with the CT programmes, where divergent national systems reflect a wide range of ideas about poverty and vulnerability and their underlying causes, as well as the purpose of the CT and the role of the state vis-à-vis its citizens. Hickey (2009) argues that the concept of a state–citizen contract helps

in uncovering the philosophical underpinnings of state support towards its citizens, especially the most vulnerable, as well as citizens' rights and responsibilities towards the state. However, although there is a robust case to be made in international law for CT as a human right, to date it is recognised as a justiciable right in only very few countries (including India, South Africa and Uruguay). There is clearly some way to go in the shift from 'development as a welfare activity to a policy that recognises basic development needs as rights of the citizens'. (UNDP, 2010: 6, cited by Holmes and Jones, 2013). The conceptual underpinnings of social policy frameworks advanced by global development partners are also critical, as they often result in shifts of emphasis and action. The International Labour Organization (ILO), the UN Children's Fund (UNICEF) and UN Women all view SP through a rights perspective, whereas the World Bank conceptualises it in terms of 'social risk management', with resilience seen as a key tool for growth promotion. The Organisation for Economic Co-operation and Development (OECD) focuses more on the role CT can play in promoting social cohesion, especially in conflict-affected contexts. (OECD, 2011). This has been a poisonous issue in Kenya's CTs whereby most MPs feel that the money awarded to the citizens need to be under them just like CDF so as not to lose control of the majority poor and needy in their constituencies. This for example has seen the politicians' ideas reign over in the handling of the CTs whereby the MP is the automatic patron; he/she nominated 3 people to the Constituency Social Assistance Committee, the women representative also nominates 2 representatives and these are seen as their mouth pieces who present the ideas of these politicians thus becoming a total challenge to free management of the funds. (OECD, 2013).

## 2.7 Conceptual Framework

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

### Independent Variables



### **Fig 1. Conceptual Framework**

This section discusses the conceptual framework for analyzing the determinants of the implementation of the NSNPs in Msambweni Sub County. The independent variables which are indicators of implementation of the programs are as follows; financial resource, administrative practices, rates of poverty of the individual Kenyans and Governance.

They all interact and work together, and have a collective impact but are moderated by the existing religious factors, cultural factors and the community perceptions and views about the disabled, the disadvantaged and vulnerable groups in the community.

It is these variables which collectively influence the implementation of the National Safety Net Programmes in Kwale County, Kenya. The conceptual model is a conceptualization in functional form of how the independent variables affect the dependent variable as shown in figure 1 above.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

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

#### **3.2 Research Design**

Research design refers to the procedures selected by a researcher for studying a particular set of questions or hypothesis; this includes the researcher's choice of quantitative or qualitative methodology, and how, if at all, causal relationships between variables or phenomena are to be explored (Orodho, 2009). The study employed the use of a descriptive survey design. Mugenda and Mugenda (1999) describe a descriptive survey as a means of gathering information about the characteristics, actions or opinions of a large group of people. The study used surveys because; surveys are capable of obtaining information from large samples of the population over a short period of time. Also, this design was suitable as it brought out information on attitudes that would otherwise have been difficult to measure using observational techniques.

#### **3.3 Target Population**

From the available data in Kwale county's social protection offices, there are about 344,000 people in Kwale County with about 200,000 who live in abject poverty. There are about 6,200 total orphans and 3,600 orphans attached to one parent. There are about 3000 totally disabled persons either mentally or physically and the number of poor old persons stands at about 5100 persons (NBS, 2010). All these three categories of people (PWEDs, OVC and OPs) are limited to about 700 households according to the 2009 Kwale District report. The total number of assistant chiefs is 40 and there are 200 village elders attached to various villages. There are about 63 secondary schools and 210 primary schools which form part of the sample study providers. All the care givers from the 700 households, the head teachers from the 210 primary schools, the 40 assistant chiefs and the 200 village elders will be considered for the study. The total number equates to 1150 target population.

**Table 3.1 Target Population**

| <b>Category</b>  | <b>Total Number</b> | <b>Percentage</b> |
|------------------|---------------------|-------------------|
| Caregivers       | <b>700</b>          | <b>60.87%</b>     |
| Assistant chiefs | <b>40</b>           | <b>3.48%</b>      |
| Head Teachers    | <b>210</b>          | <b>18.26%</b>     |
| Village Heads    | <b>200</b>          | <b>17.39%</b>     |
| <b>Total</b>     | <b>1150</b>         | <b>100%</b>       |

### **3.4 Sample Size and Sampling Procedure**

According to Mugenda and Mugenda (2003), the sample size will have far reaching implication on any study, thus, probability of getting a representation of the target population is of great significance in any research. The sample included households that possessed characteristics relevant to the study, the assistant chiefs who are always in the fore front of identifying the affected people by the CT programmes, the primary school headtechers who manage the education of OVC, and the village elders who are involved in the day to day lives of vulnerable people in the villages. According to Mugenda and Mugenda (2003), when the target population is less than 10000, a sample size of 10% can be considered for a total representation for a given study. That when the target population is less than 10000, a sample of 10% can be considered for the whole representation, though the researcher can increase this top 20% or 30% to take care of the non-respondents. Therefore the research considered a sample population of 10% from the target population of 1150 respondents. This gave 115 sample responded as shown below.

**Table 3.2 Random sample of respondents targeted for research**

| <b>Category</b>  | <b>Total Number</b> | <b>Sample Population(N<sup>x</sup> 0.1)</b> |
|------------------|---------------------|---|
| Caregivers       | <b>700</b>          | <b>70</b>                                   |
| Assistant chiefs | <b>40</b>           | <b>4</b>                                    |
| Head Teachers    | <b>210</b>          | <b>21</b>                                   |
| Village Heads    | <b>200</b>          | <b>20</b>                                   |
| <b>Total</b>     | <b>1150</b>         | <b>115</b>                                  |

### **3.5 Data Collection Instruments**

The questionnaire was the major instrument used in this study. The questionnaire helped the researcher to collect data on knowledge, opinions as well as attitudes of respondents towards provision of cash transfer to the needy population. The questionnaire was suited for this study because it is practical and was used to collect data from a large number of people within a short time and in a relatively cost effective manner. The questionnaires were used to collect data from the head teachers, caregivers, the assistant chiefs and the village elders. Observation method was used to gather crucial data that could not be obtained through questionnaires. Translators/interpreters were used to interpret what was said by the respondents who could not read or write when filling the questionnaires.

Piloting was done to test the validity and reliability of the instruments. The piloting was done in two schools and the procedure repeated in two weeks. The schools where the piloting was done were part of the study sample so as to avoid biased results of the study. Piloting helped the researcher to eliminate any ambiguity in the research instruments to ensure they generated valid results of the research. The questionnaires were administered by the researcher and selected informants. Both open ended and closed ended questions were used. Open ended questions enabled the respondents to provide sufficient details while close ended questions enable the researcher to easily quantify results by the use of SPSS.

### **3.6 Validity and Reliability of Research**

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

#### **3.6.1 Validity of the Research Instrument**

Orodho (2005) refers to validity as the degree to which a procedure or instrument or a tool used in research is accurate, correct, true and meaningful. The research used content validity as a measure of the degree to which the data collected using the questionnaire represents the objectives of the study. The instruments were verified by the County children's Coordinator in charge of Kwale County who implements the Cash Transfer Programs, to assess what the instrument intended to measure and his opinions were incorporated in the final questionnaire. Also before embarking on fieldwork, a pilot study was carried out to pre-test the instruments. This was done in order to assess the clarity of items, validity and reliability of the instruments (Mugenda & Mugenda 2003). The researcher administered questionnaires to some employees whose organization was not included in the final research.

#### **3.6.2 Reliability of the Research Instrument**

Mugenda (2003) says that reliability is concerned with estimates of the degree to which a research instrument yields consistent results after repeated trials. In this study, reliability was determined by a test-retest method whereby 20 questionnaires were administered to 20 subjects and not included in the sample. The questionnaires were administered in an interval of two weeks. Input from invaluable sources was obtained during the study that were useful in modifying the questionnaire before a final set of questions were produced.

### **3.7 Data Collection Procedure**

Questionnaires were used since this was the most suitable tool for a study that aimed at investigating the factors influencing the implementation of the CTs and the National Safety Net Programmes in Kwale County. The questionnaire was prepared on the basis of a review of literature on provision of cash transfer to the vulnerable people. Data collection tools were



piloted and suggestions were made before finalizing the questionnaire. The study utilized a self-administered questionnaire and equally referred to the existing secondary data. The County social Development officer was contacted and was informed that the study would take place in the area. The researcher visited the sampled households and offices and administered the questionnaires and conducted the interviews. Appointments to the sampled households and offices were arranged prior to the visits to avoid any inconveniences to the respondents. The researcher emphasized that the information given would be specifically used for the study and it would be private and confidential and that names would not be necessary.

### **3.8 Data Analysis**

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

### **3.9 Ethical Considerations**

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

### 3.10. Operational Definition of Variables

**Table: 3.3** Operational Definition of Variables

| Objective  | Variable                 | Indicators   | Measurement scale      | Types of analysis |
|--|--------------------------|--|------------------------|-------------------|
| To find out the extent to which financial resources influence the implementation of the National Safety Net Programmes in Kwale County, Kenya. | Financial Resources      | Funds for Vulnerable Groups<br><br>Funds for Management of program.                                      | Nominal<br><br>Ordinal | Descriptive       |
| To establish how the administrative practices influence the implementation of the National Safety Net Programmes in Kwale County, Kenya.       | Administrative Practices | Resources Allocation<br><br>CTs Planning and Implementation<br><br>Expertise and Experience<br>Work Load | Nominal<br><br>Ordinal | Descriptive       |
| To find out the extent to which poverty rates influence the implementation of the National Safety Net Programmes in Kwale County, Kenya.       | Poverty Rates            | Increasing Number of Poor Population   | Nominal                | Descriptive       |
| To establish the extent to which Governance influences the implementation of the National Safety Net Programmes in Kwale County, Kenya.        | governance               | Government effectiveness<br><br>Control of corruption<br><br>Political Interests<br><br>Political Ideas  | Nominal<br><br>Ordinal | Descriptive       |

## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

#### **4.1 Introduction**

The propose of this study was to examine the determinants of the implementation of the National Safety Net Programs in Kwale County, Kenya. The factors investigated included; financial resources, administrative practices, poverty rates and Governance processes. The study targeted the National and County Government employees working in areas relating to the NSNP programs in Kwale County, Assistant chiefs and village heads in program locations to represent local administrators, Head teachers from within the county and care givers who for this vulnerable groups as representatives of this households. A sample of 115 respondents was selected.

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

#### **4.2 Response Rate.**

This study had targeted a total of 115 respondents. However, due to the study limitations, only 91 responses were achieved which represented 79.13% response rate. This formed the basis for the analysis presented in this chapter. Questionnaires were administered to 70 Care Givers/guardians, 4 assistant chiefs, 21 head teachers and 20 Village heads by 5 informants within Msambweni Subcounty of Kwale County. Out of the 115 questionnaires issued, only 79.13% (91 questionnaires) were returned, fully filled while 20.87% of the questionnaires (24 questionnaires) were never returned or returned without being fully filled.

This is shown in table 4.1 below. One on one interviews were also done on Government administrators on the NSNP at the County level.

**Table 4.1: Response Rate**

|                      |        |
|----------------------|--------|
| Target Sample        | 115    |
| Successful Responses | 91     |
| Missed Responses     | 24     |
| Response Rate        | 79.13% |

### 4.3: Demographic Characteristics and Basic Information of the Respondents

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

#### 4.3.1 Gender Distribution of the Respondents

Table 4.2 shows a cross tabulation of respondents position/category versus gender. The findings show that majority of the respondents (60.5%) were the guardians/caregivers of the vulnerable persons.

**Table 4.2 Sex Distribution of Respondents**

| Category             | Sex    | Frequency | percentage |
|----------------------|--------|-----------|------------|
| Caregivers/Guardians | Male   | 40        | 44%        |
| Ass Chiefs           | Male   | 4         | 4.3%       |
| Head teachers        | Male   | 15        | 16.5%      |
| Caregivers/Guardians | Female | 15        | 16.5%      |
| Head teachers        | Female | 2         | 2.2%       |
| Village Heads        | Male   | 15        | 16.5%      |
|                      |        | 91        | 100%       |

From the table above, male gender dominates. Male respondents made majority of the respondents at 81.3% while the female respondents who participated in the study made 18.7%.

### 4.3.2 Age Distribution of Respondents

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

**Table 4.3 Age Distribution of Respondents**

| <b>Age</b>   | <b>Frequency</b> | <b>Percentage</b> |
|--------------|------------------|-------------------|
| 18-30        | 5                | 5.5%              |
| 31-40        | 15               | 15.5%             |
| 41-50        | 15               | 15.5%             |
| 51-60        | 30               | 33%               |
| 61-70        | 20               | 22%               |
| Over 70      | 6                | 6.5%              |
| <b>Total</b> | <b>91</b>        | <b>100%</b>       |

The table shows that majority of the population that participated in the study was between ages 51-60 years and 61-70 making 33% and 22% years respectively. The very old (Over 70 years) and the young (18-30 years) also participated in the study, but in smaller numbers making 6.5% and 5.5% respectively. Ages 31- 40 made 15%, and 41- 50 made 22 % of the total respondents.

### 4.3.3 Educational Level of Respondents

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

**Table 4.4 Respondents level of Education.**

| <b>Education level</b> | <b>Frequency</b> | <b>Percentage</b> |
|------------------------|------------------|-------------------|
| Primary                | 39               | 42.86%            |
| Secondary              | 12               | 13.19%            |
| Vocational Training    | 9                | 9.89%             |
| None                   | 10               | 10.99%            |
| Diploma                | 13               | 14.29%            |
| Degree                 | 7                | 7.69%             |
| Masters                | 1                | 1.09%             |
| <b>Total</b>           | <b>91</b>        | <b>100%</b>       |

In this study respondents with primary level of education were majority at 42.86%. Respondents with secondary and diploma level of education follow at 13.19% and 14.29% follow respectively. Respondents with undergraduate degree made 7.69% while those with other skills and vocational training were at 9.89%. There was only one respondent with a masters degree among those whom responded by use of questionnaire.

#### **4.4 The Role of Financial resources in Implementation of the National safety net programs.**

Financial resources play a central role in the provision of services, goods and other production capital to the community/society, formal/non-formal organizations, governments, industries, farms, firms and many more.

##### **4.4.1 Financial allocation for National safety net programs**

The study sought to find out what the respondents thought about the amount of resources allocated by the Government and partners for the management of the NSNP.

Questions were asked on whether the respondents felt the Government allocated enough financial resources for the management of the NSNP, Funds to the vulnerable households and for payment of staff that handle the program. The following results were obtained.

**Table 4.5: Financial Resource Allocation for management purposes**

|  | <b>Responses</b> | <b>Frequency</b> | <b>Percentage</b> |
|--|------------------|------------------|-------------------|
| Financial resources for management purposes                  | Yes              | 60               | 65.9%             |
|  | No               | 11               | 12.1%             |
|  | Not sure         | 20               | 22.0%             |
| Financial resources paid to the staff who handle the program | Yes              | 50               | 54.95%            |
|  | No               | 21               | 23.08%            |
|  | Not Sure         | 20               | 21.97%            |

This study shows that 65.9 % of the respondents feel that the Government allocates enough financial resources for the management of the programs, while 54.95% feel that the government rewards those who handle the program fairly.

#### 4.4.2 Funds allocated for the vulnerable Groups

The respondents were asked their opinion as to whether the funds given to the vulnerable groups in the NSNP were sufficient to cater for their needs. They were asked to rate the amount paid to the deserving vulnerable people in their areas and the following results were obtained.

**Table 4.6: Funds allocated for the vulnerable Groups**

|   |       | Extremely Little | Very Little | Little | Fair Amount | Good Amount |
|---|-------|------------------|-------------|--------|-------------|-------------|
| Financial resources allocated to the disadvantaged groups of population | Count | 7                | 13          | 32     | 27          | 12          |
|   | %     | 7.69%            | 14.29%      | 35.16% | 29.67%      | 13.19%      |

According to this results, a larger number of the respondents (35.16%) felt the funds allocated for the vulnerable groups by the Government and partners was not enough to cater for the needs of this households. Only 29% felt that the funds were fair and 13.19% felt it was enough.

#### 4.4.3 Funds allocated for the vulnerable Groups in the community

The respondents were asked to indicate the extent to which they agree or disagree with the following statements in relation to the funds allocated for each household of the vulnerable people in the community. The following scale was used;

**1=SA-Strongly agree, 2=A- Agree, 3=U- Uncertain, 4=D-Disagree, 5=SD- strongly disagree**

**Table 4.7: Funds allocated for the vulnerable Groups in the community**

| Factor   | SA | A  | U  | D  | SD |
|--|----|----|----|----|----|
| There is enough funding from stakeholders towards the NSNPs            | 7  | 13 | 32 | 27 | 12 |
| Most vulnerable groups are in families living below 1 US Dollar a day  | 35 | 30 | 10 | 3  | 13 |
| The number of Donors and stakeholders for NSNPs has been on the rise   | 27 | 33 | 13 | 12 | 6  |
| The number of vulnerable groups benefitting has increased tremendously | 19 | 24 | 8  | 20 | 20 |

According to the respondents, stakeholders are not giving enough funds for the NSNPs. Only 7.69% of them feels that enough funds are available for the vulnerable groups. A further 14.29% also agree that the stakeholders are giving enough funds. Most of the respondents as shown by

35.16% of them are uncertain while 29.67% disagree. In the mean time, 13.19% of the respondents strongly disagree to this view. On the second item, most of the respondents (38.46%) strongly agree that most vulnerable groups are in families living below 1 US Dollar a day. This view is further endorsed by 32.97% of the respondents who are in agreement. Another 10.99% of the respondents were uncertain while 3.3% disagreed as the remaining 14.29% were in strong disagreement with this view. Quite a good number of the respondents as shown by 29.67% of the respondents strongly felt that the number of donors and stakeholders is on the rise while 36.26% were also in agreement. Some of the respondents at 14.29% were uncertain while 13.19% disagree. There were still 6.59% of the respondents who strongly disagreed with the idea. Finally 20.87% of the respondents supported the view that the number of vulnerable people benefitting from the NSNPs has tremendously increased by strongly agreeing while 26.37% were in agreement with the same view. A small number of the respondents at 8.79% were uncertain while 21.98% of them disagreed and yet another 21.98% of the respondents strongly disagreed.

#### **4.5 How administrative practices affect implementation of the program.**

This study sought to find out whether the administrators at National, County, Sub-county and Local level are showing enough commitment and attention to the NSNPs in their area. They were asked to rank the administrative practices on the programs in their area. This question aimed at testing the views of respondents on how the management of the NSNP programs is affected by administrative practices by the various players. The results in table 4.5 below were obtained.

**Table.4.8: Ranking of administrative practices in management of the program.**

| <b>Ranking</b> | <b>Frequency</b> | <b>Percentage</b> |
|----------------|------------------|-------------------|
| Extremely well | 4                | 4.4%              |
| Well           | 5                | 5.5%              |
| Fairly well    | 7                | 7.7%              |
| Poor           | 25               | 27.5%             |
| Very Poor      | 50               | 54.9%             |
| <b>Total</b>   | <b>91</b>        | <b>100%</b>       |



The study found out that 54.9% rated the management of the whole programs as very poor, while 27.5% of the respondents thought it was poor. A few of the respondents at 7.7% rated it fairly well while another 5.5% rated it well. A final 4.4% rated the management as doing extremely well. In other words the respondents had no confidence in the way the programs are being run as shown by the larger percentage of the respondents.

#### 4.5.1 The suitability of the people handling the NSNP program

The respondents were asked to give their views on whether they felt that the people handling the program were qualified and whether the program was handled expertly. The respondents indicated their views on the factors below and how they influence the implementation of the NSNPs. The following scale was used; **1= Strongly Disagree 2= Disagree 3= Weakly agree 4= Agree 5= Strongly agree**

**Table 4.9: Suitability of the people handling the NSNP program**

| <b>Factor</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|---|----------|----------|----------|----------|----------|
| People handling NSNPs in your areas are all qualified           | 15       | 20       | 30       | 20       | 6        |
| Workers in the NSNPs have other responsibilities                | 6        | 15       | 20       | 35       | 15       |
| Planning & implementation of NSNPs expertly done in your area   | 10       | 6        | 20       | 35       | 20       |
| Workers handling NSNPs at the local level get regular trainings | 31       | 28       | 9        | 12       | 11       |

The results on the table above indicate that 16.48% of the respondents strongly disagree with the view that people handling the NSNPs are all qualified to handle the same while 21.98% weakly disagree. On the same point, most of the respondents at 32.97% weakly agreed that the people handling the program were qualified while another 21.98 % fully agreed. Furthermore, 6.59% strongly felt that the personnel are qualified. In this case the study suggests that the programs are run or handled by fairly qualified personnel.

On the second point, the results indicate that a smaller percentage of the respondents at 6.59% were strongly opposed to the notion that the handlers of the NSNPs were engaged in other responsibilities that may cause them to be slack in dutifully handling the implementation of the program. Another 16.48% disagreed that the handlers of the program have other engagements.

Meanwhile 21.98% weakly supported this notion. On the contrary, a whopping 38.46% of the respondents felt that the personnel had other duties besides the program. On the same note a further 16.48% of the respondents strongly agreed and indicated that the program personnel had other duties other than focusing on the program which led to ineffective management of the program.

When asked whether they felt the planning and implementation of the program was expertly done, only 10.99% of the respondents strongly disagreed and another 6.59% disagreed. On the other hand 21.98% of the respondents weakly agreed that there was expertise in the program. Most of the respondents on this matter, at 38.46% agreed that the programs were handled with experts while a further 21.98% supported this opinion.

On the last item concerning whether the workers handling the program at the local level were regularly trained or had regular trainings to improve their skills at the program, the respondents had a resounding no by strongly disagreeing at a whopping 34.07%. Also a large number of the respondents at 30.77% disagreed that people handling the program at the local level were regularly trained. Only 9.9% of the respondents weakly agree as 13.1% support this notion by agreeing to it while a final 12.1% strongly agreed. This strongly suggests that the general feeling of the respondents is that the program has not given much attention to its staff and this weakens their capacity to perform optimally.

#### **4.6 National Safety Net Programs and Poverty Rates.**

The respondents were asked to give their views on the status of the needy and vulnerable people in the community. They were asked to state whether they felt the numbers of vulnerable groups in the community continues to increase each day.

**Table 4.10: Numbers of Needy and vulnerable groups in community increase each day.**

| <b>Equal Resources Allocation</b> | <b>Frequency</b> | <b>Categories</b> | <b>Percentage</b> |
|-----------------------------------|------------------|-------------------|-------------------|
| YES                               | 61               |                   | 67.03%            |
| NO                                | 17               |                   | 18.68%            |
| NOT SURE                          | 13               |                   | 14.29%            |
| <b>Total</b>                      | <b>91</b>        |                   | <b>100%</b>       |

From the table above, 67.03% of the respondents say that the numbers of the needy people in the society increase each day, citing factors like HIV AIDS and poverty in the community and other chronic illnesses. Another 18.68% of the respondents don't think the numbers of vulnerable groups increase each day as they remain hopeful of a better future with support from government and partners while 14.29% were not sure of this view.

#### **4.6.1 The Relationship between poverty rates and the NSNPs**

The research sought to find out how the levels of poverty, HIV/AIDS epidemic, population increase and other issues in the community impacted the implementation of the NSNPs. They were asked to indicate their position on the factors below and how they impact on the implementation of the NSNPs. **1= Strongly Agree 2= Agree 3= Uncertain 4= Disagree 5= Strongly Disagree.**

**Table 4.11: Poverty rates, population increase HIV AIDS and the NSNPs**

| <b>Factor</b>   | <b>1</b>  | <b>2</b>  | <b>3</b>  | <b>4</b>  | <b>5</b>  |
|---|-----------|-----------|-----------|-----------|-----------|
| Most of the poverty cases are as a result of natural calamities         | <b>10</b> | <b>20</b> | <b>5</b>  | <b>20</b> | <b>36</b> |
| HIV/AIDS has contributed a lot to increase of poor people in society    | <b>47</b> | <b>32</b> | <b>6</b>  | <b>4</b>  | <b>2</b>  |
| The great number of poor people are the OVC, PWSD and Ops               | <b>39</b> | <b>26</b> | <b>9</b>  | <b>10</b> | <b>7</b>  |
| Population increase in rural areas has led to increased rate of poverty | <b>30</b> | <b>28</b> | <b>15</b> | <b>13</b> | <b>5</b>  |

Results from the table above on the first item on whether poverty cases are as a result of natural causes, only 10.99% of the respondents strongly agree and another 21.98% agree and are thus in support of the view that most incidences of poverty are as a result of natural calamities. A small number of the respondents at 5.49% were uncertain of the phenomenon. On the other hand, 21.98% of the respondents disagreed with this view while most of the respondents at 39.56% were strongly opposed this view.

On the item on whether HIV AIDS contributed a lot to increase of poor people in society, most of the respondents strongly agreed at 51.65%. They were followed closely by 35.16% of the respondents who were also in agreement with this view. Only a small number of the respondents at 6.59% were uncertain while 4.4% of them disagreed and a further 2.2% of them strongly disagreed with this notion.

Similarly most of the respondents at 42.86% strongly felt that a great number of the poor people consist of the OVCs, PWSD and OPs within the community. Another 28.57% of the respondents were also in agreement. On the contrary 10.99% of the respondents disagreed and yet another smaller percentage of the respondents at 7.69% strongly opposed this view as 9.89% remained uncertain. This clearly suggests that most of the respondents felt that a great number of the poor people consist of the OVCs, PWSD and OPs within the community.

Finally 32.97% of the respondents strongly agreed that Population increase in rural areas has led to increased rates of poverty in the community. Another 30.77% of the respondents agreed as well while 14.29% disagreed and a further 5.49% strongly disagreed with this view. In the meantime 16.48% of the respondents were uncertain concerning this view

#### **4.7 The effects of Governance processes on the provision of the NSNPs**

The study sought to establish the extent to which Governance processes impact on the implementation of the NSNPs. Among the issues captured in this objective included; Governance issues such as corruption, political institutions, political interests and ideas, financial reporting and auditing and M&E. The respondents were asked to state their position regarding their thoughts on whether Governance had a role on the implementation of the NSNPs in their area and their response was as shown in the table below.

**Table. 4.12: Role of Governance processes on the provision of the NSNPs**

| <b>Life Improvement</b> | <b>Frequency</b> | <b>Percentage</b> |
|-------------------------|------------------|-------------------|
| YES                     | 62               | 68.13%            |
| NO                      | 23               | 25.27%            |
| NOT SURE                | 6                | 6.60%             |
| <b>Total</b>            | <b>91</b>        | <b>100%</b>       |

The study reveals that most of the respondents (68.13%) thought that governance played a key role in implementation of the NSNPs. Yet quite a number of them at 25.27% felt that Governance issues had nothing to do with the implementation of the NSNPs. In the meantime 6.6% of the respondents were not sure of the effect of governance on the implementation of the NSNPs.

The respondents were asked to state the extent to which they agreed or disagreed with the items on governance in table 4.12 below pertaining to governance systems and NSNPs using this scale; 1= Strongly Agree 2= Agree 3= Uncertain 4= Disagree 5= Strongly Disagree.

**Table 4.13: Governance processes and the implementation of the NSNPs**

| <b>Factor</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|---|----------|----------|----------|----------|----------|
| Corruption is a major impediment in implementation of NSNPs       | 44       | 29       | 5        | 9        | 4        |
| Different politicians' interests hinder the Implementation of CTs | 30       | 32       | 10       | 13       | 6        |
| Lack of financial reporting & auditing impacts negatively on NSNP | 31       | 29       | 9        | 10       | 12       |
| Inadequate or lack of M & E inhibits progress of NSNPs            | 29       | 28       | 15       | 16       | 3        |

According to the respondents, corruption is a major impediment in the implementation of the NSNPs as would be indicated by 48.35% who strongly support this view. A further 31.87% also agree with this view as opposed to only 9.89% and another 4.4% who disagreed and strongly disagreed respectively. Just a few of the respondents at 5.49% were uncertain about this view. On the second item on political interests and their bearing on implementation of NSNPs, 32.97% of the respondents strongly agreed with this view maintaining that political interests hinder greatly the implementation of the NSNPs. A larger number of the respondents at 35.16% were in

agreement with the view also. Just 10.99% of the respondents were uncertain while 14.29% disagreed with this view. A small number of respondents at 6.59% strongly opposed this view.

On matters of financial reporting and auditing 34.07% of the respondents felt that Lack of timely financial reporting and auditing impacts negatively on the program. They received support on this matter by 31.87% of the respondents who also agreed to this view. A few of the respondents at 9.89% were uncertain concerning this issue whereas 10.99% of them disagreed and yet another 13.18% strongly disagreed. Lastly on matters of M&E, most of the respondents strongly agreed that lack of or inadequate M&E greatly affects implementation of the program. As would be indicated by 31.87% and 30.77% who strongly agreed and agreed respectively. Whereas 16.48% of the respondents were uncertain concerning this issue, 17.58% disagreed and a further 3.3% strongly disagreed.

#### **4.7.1 The Role of Politics on Funding for the National Safety Net Programs.**

The respondents were asked for their views concerning the notion that politicians have attracted more funds for the NSNPs from the Government, Donors, CBOs, well-wishers, NGOs and partners in general. The table below is a summary of their responses.

**Table. 4.14: The Role of Politics on Funding for the National Safety Net Programs.**

| <b>Life Improvement</b> | <b>Frequency</b> | <b>Percentage</b> |
|-------------------------|------------------|-------------------|
| YES                     | 24               | 26.37%            |
| NO                      | 48               | 52.75%            |
| NOT SURE                | 19               | 20.88%            |
| <b>Total</b>            | <b>91</b>        | <b>100%</b>       |

From the results on table 4.13 above 52.75% of the respondents don't think politicians attract any funding towards the NSNPs from any of the sources indicated. But 26.37% of the respondents were of the opinion that the politicians indeed did attract funding for the NSNPs from a number of sources including those indicated in the question. Some of the respondents at 20.88% were however not sure of this view. These findings indeed agree with the views of

Organization for Economic Co-operation and Development (OECD 2013) that such has been a poisonous issue in Kenya's CTs whereby most MPs feel that the money awarded to the citizens need to be under them just like CDF so as not to lose control of the majority poor and needy in their constituencies.

#### **4.8 Testing of hypothesis using chi-square**

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

H<sub>0</sub>: Financial resources have no influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

H<sub>1</sub>: Financial resources have a significant influence in the implementation of the National Safety Net Program in Kwale County, Kenya.

H<sub>0</sub>: Administrative practices have no role in the implementation of the National Safety Net Programs in Kwale County, Kenya.

H<sub>1</sub>: Administrative practices play a significant role in the implementation of the National Safety Net Programs in Kwale County, Kenya.

H<sub>0</sub>: Poverty rates have no influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

H<sub>1</sub>: Poverty rates have a significant influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

H<sub>0</sub>: Governance has no influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

H<sub>1</sub>: Governance has a significant influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

##### **4.8.1 Testing of the first hypothesis**

The study sought to test the following hypothesis.

H<sub>0</sub>: Financial resources have no influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

H<sub>1</sub>: Financial resources have a significant influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

**Table 4.15:** Showing observed versus expected responses on the funds allocated for the vulnerable groups in the community.

| Scale        | Extremely little | Very little | Little | Fair Amount | Good Amount |
|--------------|------------------|-------------|--------|-------------|-------------|
| Observed (O) | 7                | 13          | 32     | 27          | 12          |
| Expected (E) | 91               | 91          | 91     | 91          | 91          |

Table 4.16: showing Chi-Square testing for the first hypothesis

| O  | E  | (O-E) | (O-E) <sup>2</sup> | (O-E) <sup>2</sup> /E     |
|----|----|-------|--------------------|---------------------------|
| 7  | 91 | -84   | 7056               | 77.54                     |
| 13 | 91 | -78   | 6084               | 66.86                     |
| 32 | 91 | -59   | 3481               | 38.25                     |
| 27 | 91 | -64   | 4096               | 45.01                     |
| 12 | 91 | -79   | 6241               | 68.58                     |
|    |    |       |                    | $\sum (O-E)^2/E = 296.24$ |

$$\chi^2_c = 296.24 > \chi^2_{\alpha, 0.05} = 9.488 \text{ at 4 degrees of freedom and 5\% level of confidence.}$$

Since the calculated chi-square value of 296.24 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis thus provision of financial resources has a significant influence in the implementation of the NSNPs in Kwale County.

#### 4.8.2 Testing of the second hypothesis:

The study sought to test the following hypothesis:

H<sub>0</sub>: Administrative practices have no role in the implementation of the National Safety Net Programs in Kwale County, Kenya.

H<sub>1</sub>: Administrative practices play a significant role in the implementation of the National Safety Net Programs in Kwale County, Kenya.



**Table 4.17:** Showing observed and expected responses on whether Administrative practices play a role in the implementation of the National Safety Net Programs in Kwale County, Kenya.

| Scale        | strongly agree | Agree | Uncertain | Disagree | Strongly disagree |
|--------------|----------------|-------|-----------|----------|-------------------|
| Observed (O) | 15             | 20    | 30        | 20       | 6                 |
| Expected (E) | 91             | 91    | 91        | 91       | 91                |

**Table 4.18:** Showing Chi-Square testing for the second hypothesis.

| O  | E  | (O-E) | (O-E) <sup>2</sup> | (O-E) <sup>2</sup> /E     |
|----|----|-------|--------------------|---------------------------|
| 15 | 91 | -76   | 5776               | 63.47                     |
| 20 | 91 | -71   | 5041               | 55.40                     |
| 30 | 91 | -61   | 3721               | 40.89                     |
| 20 | 91 | -71   | 5041               | 55.40                     |
| 6  | 91 | -85   | 7225               | 79.40                     |
|    |    |       |                    | $\sum (O-E)^2/E = 294.56$ |

$$\chi^2_c = 294 > \chi^2_{\alpha, 0.05} = 9.488 \text{ at 4 degrees of freedom and 5\% level of confidence.}$$

Since the calculated chi-square value of 294.56 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis thus Administrative practices play a significant role in the implementation of the National Safety Net Programs in Kwale County, Kenya.

### 4.8.3 Testing of the third hypothesis

The study sought to test the following hypothesis:

H<sub>0</sub>: Poverty rates have no influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

H<sub>1</sub>: Poverty rates have a significant influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

**Table 4.19:** Showing observed and expected responses on whether the greater numbers of poor people are the OVC, PWSD and Ops

| Scale        | strongly agree | Agree | Uncertain | Disagree | strongly disagree |
|--------------|----------------|-------|-----------|----------|-------------------|
| Observed (O) | 39             | 26    | 9         | 10       | 7                 |
| Expected (E) | 91             | 91    | 91        | 91       | 91                |

**Table 4.20:** Showing Chi-Square testing for the third hypothesis.

| O                         | E  | (O-E) | (O-E) <sup>2</sup> | (O-E) <sup>2</sup> /E |
|---------------------------|----|-------|--------------------|-----------------------|
| 39                        | 91 | -55   | 3025               | 33.24                 |
| 26                        | 91 | -65   | 4225               | 44.23                 |
| 9                         | 91 | -82   | 6724               | 73.90                 |
| 10                        | 91 | -81   | 6561               | 72.10                 |
| 7                         | 91 | -84   | 7056               | 77.54                 |
| $\sum (O-E)^2/E = 301.01$ |    |       |                    |                       |

$\chi^2_c = 301.01 > \chi^2_{\alpha} = 9.488$  at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 301.01 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis thus Poverty rates have a significant influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

#### 4.8.4 Testing of the fourth hypothesis

The study sought to test the following hypothesis:

H<sub>0</sub>: Governance has no influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

H<sub>1</sub>: Governance has a significant influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

**Table 4.21:** Showing observed and expected responses whether on Governance has a significant influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

| Scale        | strongly agree | Agree | Uncertain | Disagree | Strongly disagree |
|--------------|----------------|-------|-----------|----------|-------------------|
| Observed (O) | 44             | 29    | 5         | 9        | 4                 |
| Expected (E) | 91             | 91    | 91        | 91       | 91                |

**Table 4.22:** Showing Chi-Square testing for the fourth hypothesis.

| O                         | E  | (O-E) | (O-E) <sup>2</sup> | (O-E) <sup>2</sup> /E |
|---------------------------|----|-------|--------------------|-----------------------|
| 44                        | 91 | -47   | 2209               | 24.27                 |
| 29                        | 91 | -62   | 3844               | 42.24                 |
| 5                         | 91 | -86   | 7396               | 81.27                 |
| 9                         | 91 | -82   | 6724               | 73.90                 |
| 4                         | 91 | -87   | 7569               | 83.18                 |
| $\sum (O-E)^2/E = 304.86$ |    |       |                    |                       |

$\chi^2_c = 304.86 > \chi^2_{0.05} = 9.488$  at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 304.86 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis thus Governance has a significant influence in the implementation of the National Safety Net Programs in Kwale County, Kenya.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

The purpose of this study was to investigate the Determinants of the implementation of the National Safety Net Programs in Msambweni SubCounty, Kwale County in Kenya. Among the issues contained in this chapter includes; summary of the findings and conclusions, recommendations and suggestions for further research. The chapter also contains suggestions for related studies that may be carried out in the future.

#### **5.2 Summary of Findings**

The study was to investigate the determinants of the implementation of the National Safety Net Programs in Msambweni Sub County, Kwale County in Kenya. Among the objectives investigated included; Financial resources role in the program, administrative practices, poverty rates and governance and their impacts on the implementation of the NSNPs. From an analysis and review of the research data and additional data gathered through focus group discussions a number of issues became apparent. From the study, 65.9% of the respondents felt the government has done well in allocating funds for the vulnerable groups.54.95% of the respondents also felt that the people handling the program are fairly rewarded by the government and partners this has increased confidence in the program by the community.

##### **5.2.1: Financial resources and the implementation of the National Safety Net Program.**

Data analysis, interpretation of interview responses and questionnaire responses from the respondents of the study revealed that the government and donors have allocated enough resources to the management of the program even though little has been allocated to the beneficiaries of these programs. Only 7.69% of the respondents felt that there was sufficient funds for the beneficiaries while most of the respondents (29.67%) felt the amount allocated to the beneficiaries was not enough.38.46% of the respondents felt that most vulnerable people live below 1 US Dollar a day and much more needed to be done to support them.

### **5.2.2: Administrative practices and how they affect the implementation of the NSNPs.**

The study found out that most people (54.9%) felt the management of the whole programs was very poor. Only 5.5% felt that the program the program was well conducted, citing that the community was not involved fully in all the stages of the program. In other words the respondents had no confidence in the way the programs are being run. This study further revealed that most people handling the program do not have requisite training. Only 16.48% of the people think that most of the people handling the program are not qualified.

### **5.2.3: National Safety Net Programs and Poverty Rates.**

The findings showed that the numbers of vulnerable groups in the community continues to increase each day as indicated by 67.03 % of the respondents, citing factors like HIV AIDS and poverty in the community and other chronic illnesses as would be indicated by 51.65% who were in agreement that HIV/AIDS has contributed a lot to the increase of poor people in the society. The study also found out that most of the vulnerable people in the community comprise mostly of the orphans and vulnerable children, people with severe disability and the older persons, all of whom need social assistance in form of the Safety net programs. The study also shows that increase of population in rural areas has led to increased rate of poverty.

### **5.2.4: Governance and the provision of the NSNPs.**

The respondents were asked to state their position regarding their thoughts on whether Governance had a role on the implementation of the NSNPs in their area. The study found out that most people as would be represented by 68.13% of the respondents felt that governance played a significant role in determining the implementation of the program. Issues of corruption emerged as being major impediments in the implementation of the program as most respondents (48.35%) indicate. Politics was also cited as being key among the factors that hinder the implementation of the NSNPs as 32.97% of the respondents show. Other factors also revealed by the study include lack of proper financial reporting and auditing and monitoring and evaluation of the programs.

### **5.3 Conclusion**

The purpose of this study was to investigate the Determinants of the implementation of the NSNPs in Msambweni Sub County, Kwale County.

The study established that the vulnerable people are increasing tremendously as poverty levels increase and others due to the ever increasing number of orphans and vulnerable children due to the number of deaths being experienced due to HIV/AIDS, natural hazards like famine/hunger and many more. That these vulnerable groups are found mainly in households living below 1US Dollar a day. That even though the number of donors and stakeholders in the provision of the NSNPs has been on the rise, the number of the beneficiaries of this programs has not had a proportionately growth and hence the government and partners need to do more in order to assist the deserving vulnerable people.

The study also reveals that the management and administration of the programs is not fair in allocation of the funds to the deserving families and that there lacks professionalism in handling the programs. This has greatly influences the provision of funds and support to the deserving vulnerable groups in the community. There is need therefore for the government to hire professionals and qualified personnel to handle the programs and ensure regular trainings for them regularly at all levels.

Whereas the number of needy and vulnerable people in the community was found to increase each day, the study found out that most of the poor people are the OVC, PWSD and Ops and that most of these cases are as a result of HIV/AIDS which has contributed a lot to the increase of poor people in the society. The big numbers of such vulnerable people are an uphill task for government and donors to provide universal care for all since the numbers are on the rise. The government has been the key stakeholder in the provision of NSNPs in the recent past, but donors and NGOs are also doing a lot in providing funds and other support to this groups. Socio-economic factors like poverty and HIV/AIDS have greatly interacted and hence the need to increase the number of vulnerable people who need to be supported by the NSNP programs.

Finally, the study found out that the governance structures in place greatly impact on the implementation of the programs. The study found that the Government and community groups greatly impact on the implementation of the programs and that they were greatly involved in the

activities of the program. The private sector was however fairly involved in the project and thus there are calls for more involvement of them in the provision of the NSNPs to the vulnerable members of the community.

#### **5.4 Recommendations**

From the findings of the study, the following recommendations were made;

There is need to recruit more qualified staff and to ensure they get regular training and capacity building on the programs. There is also need to ensure that the beneficiaries and stakeholders were directly involved in decision making process of the programs.

There is need for the government and donors to increase the amount paid to the deserving vulnerable persons to take care of their personal needs. There is also need to scale up the numbers of beneficiaries as the studies reveals that the numbers of the vulnerable are ever on the increase even as poverty levels heighten.

Both the national government and county government should jointly invest heavily in the NSNPs. The government should increase its funds and also invite other stakeholders and donors and even businessmen and local leaders to support efforts towards scaling up and supporting the program. The frequency of auditing of the program, financial reporting, monitoring and evaluation need to be increased to either monthly or quarterly.

#### **5.5: Suggestion for Further Research**

Studies need to be conducted on the various devolved funds in this new county government system and other locally available funds such as Constituency Development Fund (CDF) and County devolved funds to come up with better ways in which the funds can be utilized to improve on the provision of the NSNPs. This could greatly reduce overdependence on external donors who have very stringent policies that have to be followed by the local beneficiaries and stakeholders and even the government.

### **5.6: Further Suggestions for Further Research**

1. This study was limited within one subcounty only,there is need for similar studies to be carried out in the other subcounties and the whole County at large.
2. Another study needs to be carried out to establish the impact of the NSNPs since their inception in the county.
3. Studies to be conducted to determine the sustainability of the NSNPs.



## REFERENCES

- Adato, M. and Bassett, L. (2008) 'What is the Potential of Cash Transfers to Strengthen Families Affected by HIV and AIDS? A Review of the Evidence on Impacts and Key Policy Debates'. *Technical Report, Joint Learning Initiative on Children and HIV/AIDS, Learning Group 1: Strengthening Families.*
- African Development Bank, (2004), *Economic Analysis of Projects-financial Sustainability. Food Security Program.*
- Babbie, E. R. (2008): *The Practice of Social Research.* Cengage Learning, Cape Town: Oxford University press.
- Barrientos, A and J. DeJong (2004): Cash transfers and child poverty, CHIP Report 4. *Government of Kenya/UNICEF Country programme action plan.*
- Barrientos, A. and Hulme, D. (2008) *Social Protection for the Poor and the Poorest: Concepts, Policies and Politics.* Basingstoke: Palgrave Macmillan.
- Barrientos, A. and Niño-Zarazúa, M. (2011) 'Financing social protection for children in crisis contexts', *Development Policy Review* 29(5): 603-620.
- Baulch, B., Minh Nguyen, H. T., Thi Phuong, P. T. and Pham, H. T. (2010) *Ethnic Minority Poverty in Vietnam. Working Paper No. 169.* Manchester: Chronic Poverty Research Centre.
- Bryant, J.H. (2009) 'Kenya Cash Transfer Programme: Protecting the Health and Human Rights of Orphans and Vulnerable Children'. *Health and Human Rights* 11(2): 65-76.
- CBS (Central Bureau of Statistics), MoH (Ministry of Health) and ORC Macro (2004) 'Kenya Demographic and Health Survey 2003'. *Calverton, MD: ORC Macro.*
- CPRC (Chronic Poverty Research Centre) (2008) *The Chronic Poverty Report 2008-09: Escaping Poverty Traps.* Manchester: Chronic Poverty Research Centre.
- Coady, M (2004): 'Targeting of Transfers in Developing Countries: Review of Lessons and Experience'
- Devereux, S. (2010) 'Social Protection in Africa: Where Next?' *Discussion Paper. Brighton: CSP, IDS.*
- Devereux, S. and Sabates-Wheeler, R. (2004) 'Transformative Social Protection'. Working Paper 232. Brighton: Institute of Development Studies.

- Devereux, S (2008): *'Innovations in the Design and Delivery of Social Transfers: Lessons from Malawi'* Institute of Development Studies, Sussex.
- DFID (2005): *Eliminating Hunger. Strategy for achieving the Millennium Development Goal on hunger*
- DFID (2006): *Reaching the very poorest team: Tackling chronic poverty; the role of social transfers, DFID policy paper.57.*
- DFID (Department for International Development) (2011) *Systematic Reviews in International Development: An Initiative to Strengthen Evidence-Informed Policy Making.*
- Economic Commission for Africa, ILO, UN Conference on Trade and Development, UN Department for Economic and Social Affairs and UNICEF (2012) *Social Protection: A Development Priority in the post-2015 UN Development Agenda. Thematic Think Piece. UN System Task Team on the Post-2015 UN Development Agenda.*
- Farrington, J., Slater, R. and Holmes, R. (2007) *'Linking Social Protection and the Productive Sectors'*. Briefing Paper 28. London: ODI.
- Fizbein, A., & Shaby, N. (2009): *Conditional Cash Transfers: Reducing Present and Future Poverty, World Bank.*
- GoK (Government of Kenya) and UNDP (UN Development Programme) (2010) *'Progress in Attainment of MDGs and Way Forward Towards Achieving MDGs by 2015 in Kenya'*.
- Ha, W., Chai, J. and Alviar, C. (2010) *'Targeting in Kenya's Cash Transfer Programme for OVC'*. Tunis: ADB.
- Hagen-Zanker, J. and Holmes, R. (2012) *Social Protection in Nigeria: Synthesis Report. London: Overseas Development Institute and UNICEF Nigeria.*
- Handa, S., Pettifor, A. Thirumurthy, H. and Halpern, C. (2012). *'Effect of a national social cash transfer program on HIV risk behavior in Kenya'*. Abstract for IXI International AIDS Conference 22-27 July 2012, Washington DC.
- Harper, C. and Jones, N. (2011) *'Impacts of Economic Crises on Child Well-being'*. *Development Policy Review* 29(5): 511-526.
- Harvey P and Bailey S (2011): *Good practice review 11: Cash transfer programming in emergencies. Humanitarian Practice Network.*

- Ikiara, G (2009): *Political economy of cash transfers in Kenya*. Nairobi. Overseas Development Institute.
- Kraemer (1993): *Survey research methodology in management information*.
- Heinrich Boll Stiftung (2010) '*Climate Change Vulnerability and Adaptation Preparedness in Kenya*'. Nairobi; Heinrich Boll Stiftung.
- Helmke, G. and Levitsky, S. (2004) '*Informal Institutions and Comparative Politics: A Research Agenda*'. *Perspectives on Politics* 2(4): 725-740.
- Heeks, R., & Baark, E. (2008), "*Evaluation of donor-funded information technology transfer projects in China: A lifestyle Approach*", unpublished manuscript, Institute for Development Policy and Management, University of Management, Manchester.
- Hickey, S. (2007) '*Conceptualising the Politics of Social Protection in Africa*'. *Working Paper 4*. Manchester: BWPI.
- Hickey, S. (2009) '*The Politics of Protecting the Poorest: Moving beyond the "Anti-politics Machine"?*' *Political Geography* 28(8): 473-483.
- Hickey, S. and Bracking, S. (2005) '*Exploring the Politics of Chronic Poverty: From Representation to a Politics of Justice?*' *World Development* 33(6): 851-865.
- Holmes, R. and Jones, N. (forthcoming 2013) *Gender and social protection in the developing world: beyond mothers and safety nets*. London: Zed Books.
- Holmes, R. and Jones, N. (2009) Putting the 'Social' Back into Social Protection: A Framework for Understanding the Linkages between Economic and Social Risks for Poverty Reduction. London: ODI.
- Holmes, R. and Jones, N. (2011) '*Why is Social Protection Genderblind? The Politics of Gender and Social Protection*'. *IDS Bulletin* 42(6).
- ILO (International Labour Organization) (2011) International Labour Conference, 100th Session, 2011, *Report VI: Social Security for Social Justice and a Fair Globalisation. Sixth Item on the Agenda*. Geneva: ILO.
- Jones, N., Harper, C. and Watson, C. (2010) *Stemming Girls' Chronic Poverty: Catalysing Development Change by Building Just Social Institutions*. Manchester: CPRC.
- Jones, N., Samuels, F., Gisby, L. and Presler-Marshall, E. (2011) *Rethinking Cash Transfers to Promote Maternal Health: Good Practice from Developing Countries*. London: ODI.
- Kabeer, N. (2010) *Can the MDGs Provide a Pathway to Social Justice? The Challenge of*

- Intersecting Inequalities. Brighton: IDS and the MDG Achievement Fund.*
- Marriott, A. and Gooding, K. (2007) *Social Assistance and Disability in Developing Countries. Brighton: Sightsavers International.*
- MGCSD (Ministry of Gender, Children and Social Development) (2009) '*National Social Protection Strategy*'. Nairobi: MGCSD.
- MGCSD (Ministry of Gender, Children and Social Development) (2011) '*CT-OVC: Operations Manual*'. Nairobi: MGCSD.
- MGCSD (Ministry of Gender, Children and Social Development) (2012) '*CT-OVC Status Report FY 2011-2012*'. Nairobi: MGCSD.
- MoLSS (Ministry of Labour, Social Security and Services) (2014) '*Social protection for vulnerable groups*'
- Molyneux, M. (2009) *Conditional Cash Transfers: A 'Pathway To Women's Empowerment? Pathways Working Paper 5*. IDS, Sussex. ISBN: 978 1 85864 562 X  
(<http://www.pathwaysofempowerment.org/PathwaysWP5-website.pdf>)
- Molyneux, M. (2007) *Change and Continuity in Social Protection in Latin America: Mothers at the Service of the State?* Geneva: UNRISD.
- Mugenda, O and Mugenda, A.G (2003): *Research Methods: Quantitative and Qualitative Approaches.*
- Musembi, D.N. (2010) '*Results on Operational Impact Evaluation of the Cash Transfer for Orphans and Vulnerable children (CT-OVC) Program in Kenya*'. Nairobi: World Bank.
- NBS (National Bureau of Statistics) and ICF Macro (2010) '*Kenya Demographic and Health Survey 2008-09*'. Calverton, MD: ICF Macro.
- OECD (Organisation for Economic Co-operation and Development) (2011/2013) *Perspectives on Global Development 2012: Social Cohesion in a Shifting World. Paris:*
- Orodho, J.A (2005): *Elements of Education and Social Science Research methods, Kanazja publishers.*
- Pearson, R. and Alviar, C. (2009) '*Cash Transfer for Vulnerable Children in Kenya: From Political Choice to Scale up*'. *Policy and Practice. New York: UNICEF.*
- Razavi, S., Arza, C., Braunstein, E., Cook, S. and Goulding, K. (2012) *Gendered Impacts of Globalization: Employment and Social Protection. Geneva: UNRISD.*
- Republic of Kenya, (2009) *National Social Protection Policy, Draft 3, Ministry of Gender,*

- Children and Social Development, Nairobi, May 2009(a).*
- Republic of Kenya, (2009) *Social Protection Strategy, 2009-2012, Draft unpublished, March 2009(b).*
- Samson, M, van Niekerk, I. and MacQuene, K. (2011) *Designing and Implementing Social Transfer Programmes. Second edition. Cape Town: EPRI.*
- Traflon, T (2009): *Multidimensional Social Outcome Measurement. Paper presented at OPHI Workshop on Multidimensional Measures in Six Contexts at Oxford University*
- UNAIDS, UNICEF and USAID (2002): *Children on the Brink: A Joint Report on orphans estimates and programme strategies.*
- UNAIDS (Joint UN Programme on HIV/AIDS) (2004-2010) *Global Reports. Geneva: UNAIDS.*
- UNDP (UN Development Programme) (2003-2011) *Human Development Reports. New York: UNDP.*
- UNICEF (UN Children's Fund) (2011), *The State of the World's Children in 2011. New York: UNICEF.*
- UNICEF (UN Children's Fund) and GoK (Government of Kenya) (2010) '2009 Situation Analysis of Children, Young People and Women in Kenya'. Nairobi: UNICEF and GoK.
- UNRISD (UN Research Institute for Social Development) (2010) 'Why Care Matters for Social Development'. *Research and Policy Brief 9. Geneva.*
- UNAIDS, UNICEF and USAID (2010, 2012, 2013, 2014): *Children on the Brink: A Joint Report on orphans estimates and programme strategies.*

## APPENDIX 1

### Letter of transmittal

Apoko Zephania O.

P.O Box.....

Msambweni.

Tel:0714651491.

Email: [apokozeph@yahoo.com](mailto:apokozeph@yahoo.com)

### Dear participant,

My name is Apoko Zephania and I am a student undertaking a Master of Arts Degree in Project Planning and Management at the University of Nairobi, Mombasa Campus.

To fulfill the completion of this course, I am carrying out a study on the factors influencing the implementation of the National Safety Net Programmes, i.e. Cash Transfer for Orphans and Vulnerable Children, Cash transfer for People With Severe Disability and Cash Transfer for Older Persons in Kwale County. Since the matter affects the whole community, I am inviting you to participate in this research study by completing the attached questionnaire.

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

Thank you in advance.

Yours Faithfully

Apoko Zephaniah Omar

L50/60926/2013

University of Nairobi.

## APPENDIX 2

### RESEARCH QUESTIONNAIRE.

This questionnaire is meant to collect information on the Determinants of the implementation of the National Safety Net Programs (Inua Jamii projects). A case study of program locations in Msambweni Sub-County in Kwale County, Kenya. Kindly answer the questions by writing a brief statement or ticking in the spaces provided as will be applicable. The information provided will be treated as confidential and at no instance will your name be mentioned in this research.

#### A. Bio-Data: Tick *where appropriate* :(√)

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

#### B. Basic Information

3. School /Name \_\_\_\_\_ Type of occupation \_\_\_\_\_

4. Level of education:

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

Degree ( )    Masters ( )    PhD ( ).

#### C. Item on Financial Resources

*Clearly answer the following questions:*

5. Do you think the government is allocating enough funds to pay the staff and workers handling the 3 National Safety Net Programmes in your location? Yes ( ) No ( ) Not Sure ( )
6. Give a reason for your answer in 5 above \_\_\_\_\_
7. Are all the people involved in handling the cash transfer money from the national level to the village level paid? Yes ( ) No ( ) Not Sure ( )
8. How do you rate the amount paid to the deserving vulnerable people in your location?
- Extremely little ( ) Very little ( ) Little ( ) Fair amount ( ) Good amount ( )

9. Give a supporting reason for 7 above\_\_\_\_\_

10. Do you think the amount paid to the deserving vulnerable persons is paid on time?

Not at all ( ) No ( ) Yes ( ) At times ( )

11. Do the amount released for the needy and vulnerable groups in your location reach them effectively? Not at all ( ) No ( ) Yes ( ) At times ( )

12. Give a probable reason for your answer in 10 above\_\_\_\_\_

**D. Item on Administrative Practices**

13. Do you think the administrators at National, County, Sub-county and Local level are allocating enough resources and attention to the cash transfer programmes in your area?

Yes ( ) No ( ) Not Sure ( )

14. Give a reason for your answer above\_\_\_\_\_

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

| Factor  | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| The people handling CT funds in your area are all qualified           |   |   |   |   |   |
| Workers in the CT programme have other responsibilities               |   |   |   |   |   |
| The planning & implementation of the CT is expertly done in your area |   |   |   |   |   |
| The workers handling CT at location level get regular training        |   |   |   |   |   |

**E. Item on Poverty Rates**

16. The number of needy and vulnerable people in the community is increasing each day?

Yes ( ) No ( ) Not Sure ( )



17. Indicate the extent to which you agree to the following statements in relation to CTs .

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

| Factor   | SA | A | U | D | SD |
|--|----|---|---|---|----|
| Most of the poverty cases are as a result of natural calamities              |    |   |   |   |    |
| HIV/AIDS has contributed a lot to the increase of poor people in the society |    |   |   |   |    |
| The great number of poor people are the OVC, PWSD and OPs                    |    |   |   |   |    |
| Population increase in rural areas has led to increased rate of poverty      |    |   |   |   |    |

**F. Item on the Role of Politics**

15. Do you think politicians play a role in the implementation of the CTs in your area?

Yes ( ) No ( ) Not sure ( )

16. Give a reason for your answer above\_\_\_\_\_

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

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

| Factor   | SA | A | U | D | SD |
|--|----|---|---|---|----|
| Corruption is a major impediment in the implementation of the NSNPs              |    |   |   |   |    |
| Different politicians' interests hinder the Implementation of CTs                |    |   |   |   |    |
| Lack of financial reporting and auditing impacts negatively on the program       |    |   |   |   |    |
| Inadequate or lack of Monitoring & Evaluation inhibits the progress of the NSNPs |    |   |   |   |    |

18. Politicians have attracted more funds from the following areas for CTs: Government, Donors, CBOs, Well-wishers, NGOs, and others.

Yes ( ) No ( ) Not sure ( )

19. Support your answer in 18 above\_\_\_\_\_