

**INFLUENCE OF CASH TRANSFER GRANT FOR ORPHANS AND
VULNARABLE CHILDREN ON WELLBEING OF HOUSEHOLDS IN
KAKAMEGA CENTRAL: KENYA**

BY

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**A Research Project Submitted In Partial Fulfillment Of The Requirements For The
Award Of The Degree Of Master Of Art In Project Planning And Management Of
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DECLARATION

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

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The research project has been submitted for examination with my approval as the university supervisor.

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DEDICATION

I dedicate this work to my loving wife Mercyline Murunga Libese for her undying support and encouragement during my entire studies.

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ABSTRACT

Cash Transfer Programmes are an essential constituent of social policy, assessing the Programme from the beneficiaries' perspective is important in order to determine its influence on the beneficiaries' well being. This study sought to establish the influence of cash transfer grant for orphans and vulnerable children on wellbeing of households in Kakamega Central. The objectives guiding this study were; to assess how households utilise Cash Transfer grant for Orphans and Vulnerable children for their wellbeing, to establish the perceived influence of Cash transfer grant for orphans and vulnerable children on food consumption and food security of household's wellbeing, to assess the influence of cash transfer grant on education of orphans and vulnerable children for their household's well being and to examine the influence of cash transfer grant for orphans and vulnerable children on the social status and social relations for their household's wellbeing. The literature reviewed focused on the influence of cash transfer to the well being of households. The methodology used in this study was descriptive survey which utilized case study and survey studies. Quantitative and Qualitative methods of data collection were also employed, questionnaires were used as a quantitative method to collect primary data from respondents who were heads of households i.e caregivers while Key Informant Interview Guide was developed to collect data from key informant who was the Sub County Children's Officer and lastly secondary data was collected through a review of existing policy documents, programme documents and other authentic materials. The target population was 863 respondents who are households heads (Care givers) benefiting from the cash transfer in Kakamega Central sub-county. The sample size was 269 respondents, this was in conformity with Krejcie and Morgan (1970) table of determining sample size. Both probability (Purposive) and non-probability (Simple random) sampling procedure were used; purposive sampling was used to select the Key Informant while simple random sampling was used to select respondents who were the heads of beneficiary households. For reliability, questionnaires were pretested through administering them to few respondents through piloting then compared the findings to actual data collected while to ensure validity, the instruments were verified by Sub County Children's Officer and my supervisor and their opinions were incorporated in the final questionnaire. Data was analyzed using SPSS for windows 11.5 where frequency, tables and percentages and cross tabulation conducted in determination of individual influences of factors among the objectives under study. The response rate was 84.03% and results were presented in tabular forms. Basing on the objectives of study, it was found out that majority of respondents 58.1% prioritized cash transfer grant on purchase of food with a huge number of them 76% saying this grant is not adequate. On food security, majority 78.6% confirmed that cash transfer grant improved food security. Majority of respondents 54.6% agreed that cash transfer had improved education by providing learning materials hence improving school performance 56.1%. Lastly, large number of respondents 46.1% confirmed that the cash transfer had improved their social relations and social relations in the community hence those applauding the cash transfer grant as real useful stood at 78.6%.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BWC	Beneficiary Welfare Committees
CCT	Conditional Cash Transfer
CSG	Child Support Grant
CT	Cash Transfer
DCO	District Children's Officer
DCS	Department of Children's Services
DFID	Department For International Development
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
GOK	Government of Kenya
LOC	Vocational OVC Committee
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic and Health Survey
KIHBS	Kenya Integrated Household Budget Survey
KNBS	Kenya National Bureau of Statistics
MGCSD	Ministry of Gender, Children and Social Development

MoLSSS	Ministry of Labour, Social Security Services
MPND	Ministry of Planning and National Development
NACC	National AIDS Control Council
NCCS	National Council for Children’s Services
OPM	Oxford Policy Management
OVC	Orphans and Vulnerable Children
OVC-CT	Orphans and Vulnerable Children Cash Transfer
PCK	Postal Corporation of Kenya
SCOSC	Sub-County OVC Sub-Committee
UCT	Unconditional Cash Transfer
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
USD	United States Dollar

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CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The world over, economic growth- centered strategies have been implemented to spur growth and development especially in the least developed countries. Such strategies tend to make the poor more vulnerable and those in marginal poverty to fall below the poverty line. Children are disproportionately represented among the poor and their poverty and vulnerability has long-term consequences as the effects carry on to their adulthood and often leads to intergenerational transmission of poverty. It is estimated that at least 600Million children under the age of 18 struggle to survive on less than one USD a day representing 40% of children in the developing countries (UNICEF, 2007). According to the 2009 Population and Housing Survey, Kenya has a population of over 38 million, 46% of whom live below the poverty line level of one dollar a day. Among these, 19 percent live in extreme poverty. Of the population 20.6M is below 18 years of age hence children comprise over 53% of the total population (KNBS, 2010). It is estimated that 2.4M children are orphans, with 2% of these children having lost both parents. Many more children live in households with ailing parents especially due to HIV (Ikiara, 2009). Due to the high poverty levels, inequalities and the impact of HIV, an increasing number of children grow up without proper care and protection.

Social support and protection is not new, as transfer of resources (food, shelter, clothing and cash) to the poor has been a feature of human society from ancient times. In modern societies, the responsibility for social protection is borne by social networks, families,

other institutions, markets as well as public authorities or governments. Among the forms of social protection is the cash transfer that entails a by monthly payment of Kshs. 4,000 to the OVC's households. After a long period during which development policy gave prominence to the supply of public goods and services by the state, attention is shifting towards direct transfers to the vulnerable. This is especially following the adoption of the Millennium Declaration in 2000 that helped focus attention and establish social protection mechanisms as an important policy tool to tackle poverty, vulnerability and social exclusion (Barrientos and Hulme 2008:3-9). In line with this thinking, cash transfer programmes have emerged as an essential constituent of poverty reduction strategies (Copestake 2008:545).

Cash transfer is a global concept. The Latin Americas (Mexico, Brazil and Honduras) are the pioneers of CCTs in the 1990s with the largest and iconic CCT programme being Bolsa Familia programme in Brazil reaching 11 Million families (Fiszbeinet al., 2009). The popularity of CT programmes can be attributed to the success of the Bolsa Escola programme in Brazil which provided cash transfers to households with school going children conditional on the children being enrolled in school and had an attendance record of at least 85%. In 2004, the government consolidated all existing cash transfer programmes into Bolsa Familia (Barrientos & DeJong, 2006). CT programmes are now present in about 45 countries covering 110Million families in developing countries (Hanlon et al, 2010).

Mexico's PROGRESA was introduced in 1997 to support poor households with children of school going age in marginalized rural communities (Morley&Coady, 2003). PROGRESA which was later renamed OPORTUNIDADES has impacted tremendously

on education, nutrition, health and rural poverty, as well as the program's overall operation for example, the results of the simulated impact of PROGRESA's cash transfers show that PROGRESA interventions reduced the number of people with income levels below the poverty level by about 10 percent. The depth of poverty is reduced by 30 percent, and the severity index is reduced by 45 percent. For comparison, an untargeted transfer is found to reduce the depth of poverty by 28 percent and the severity of poverty by 36 percent. (Skoufias 2001).

In Africa, The Child Support Grant (CSG), which supports the child directly within the household for her/his development, has become institutionalized in South Africa as a poverty alleviation mechanism replacing the pre-independence Child Maintenance Grant (Triegaardt, 2004). It targets children less than 15 years old and by 2009, had 8.8 Million children enrolled as beneficiaries. Senegal's Conditional Cash Transfer for Orphans and Vulnerable children targets OVC by addressing education-related vulnerabilities affecting primary and secondary school children.

In the East African region, Tanzania has had Tanzania Social Action Fund (TASAF) which has strengthened the capacity of local communities. TASAF was established in 2000, as part of the Government of Tanzania's strategy for reducing poverty and improving livelihoods by stimulating economic activity at the community level. TASAF's first phase of work (TASAF I) began in 2000 and has involved overseeing community-run subprojects(e.g., construction/rehabilitation of basic health-care facilities, schools and other small-scale infrastructure) which give local communities experience in managing funds, employing contractors and labor, monitoring, and reporting. TASAF I

was completed in 2005, having built a foundation for further community-driven development.

In Kenya, cash transfer programme was initiated in 2004 dubbed ‘Orphans and Vulnerable Children Cash Transfer Programme (OVC CT)’ (GOK, 2008). The aim of this programme was to support poor households in taking care of orphans and vulnerable children, and ensuring that families retain orphans and other vulnerable children in the community. It is aimed at the provision of a direct, predictable and regular cash subsidy to poor households caring for Orphans and Vulnerable Children and is implemented by the Department of Children’s Services in the Ministry of Labour, Social security and services. It started with 500 households in three districts namely Nairobi (320 households), Kwale (130 Households) and Garissa (50 Households) with a cash transfer of Ksh 500 per month per household. Over the years it has expanded to cover 130,000 households as at December 2012 (GOK, 2010). In selected administrative locations, which are spread all over the country, the cash transfer has been increased to Ksh 2000 and is paid every two months (4000 per payment). The cash transfer is given to a guardian of the child or children and enrolment is household- based not particular children.

Adato & Bassett (2008) in their extensive review of the evidence for the potential impact of CT programmes argued that Cash Transfers have demonstrated a strong potential to reduce poverty and strengthen children’s education, health and nutrition. On the other hand, Adato and Hoddinott (2007) argued that though Cash Transfer programmes as currently designed are an important part of poverty reduction strategy especially in dealing with human capital development of children, they require complementary

approaches to promote economic development and job creation for persons in the other life cycles.

Cash transfer programming is now widely accepted as a way to meet a variety of needs in humanitarian and transitional settings. The cash enables people to buy goods and services according to their own priorities, and supports markets. In line with this thinking, cash transfer programmes have emerged as an essential constituent of poverty reduction strategies (Borraz& Gonzalez, 2009). The three main types of cash transfers used to tackle childhood poverty include uniform benefit paid for every child in the household; an income supplement paying a fraction of the difference between household income and the poverty line; and a minimum guaranteed income, which supplements income up to a given level.

Whereas in the developed countries more than 90% of the population is covered by various forms of State or market-organized social security systems, in developing countries well over 50% of the population remains uncovered against basic risks (Sanganyi, 2010). Cash Transfer programmes have gained popularity as an approach in the provision of social protection to the poor and other vulnerable groups.

The Government of Kenya employs the third type of cash transfer where the Cash Transfer programme offers a minimum guaranteed income to households that take care of orphans and other vulnerable children. In Kakamega Central Sub-County, the Cash Transfer programme has been developed with the support of the NGOs within the County. Therefore this research sought to assess how the cash transfer for orphans and

vulnerable children (CT-OVC) in Kakamega Central Sub-County addresses the multidimensional nature of child poverty and vulnerability.

1.2 Statement of the Problem

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

While appreciating the work that has been done so far, it is worth noting that most studies have been commissioned by implementing or funding agencies that could selectively focus on results meant to support particular programme objectives. Programme design and other key considerations may not have reflected the recipients' needs but the implementer's preconceptions. Despite the centrality of beneficiaries in Cash Transfer programmes, few studies have been undertaken to determine the influence of the program from the beneficiaries' perspective. Do the cash transfer programmes meet the felt needs

of the beneficiaries or are the amounts too little to have any influence on beneficiary households? It is therefore imperative to determine the influence of Cash Transfer grant for Orphans and Vulnerable children on the wellbeing of the households from the beneficiaries' perspective, in order to assess what the real influence of the programme is, therefore, This research addressed these parameters in Kakamega Central sub-county- Kakamega County.

1.3. Purpose of the study

The purpose of this study was to examine the influence of Cash Transfer grant for Orphans and Vulnerable children on wellbeing of households in Kakamega central, Kakamega County-Kenya.

1.4. Objectives of the study

This research was guided by the following objectives;

1. To assess household utilisation of Cash Transfer grant for Orphans and Vulnerable children for their wellbeing in Kakamega Central, Kakamega County.
2. To establish the influence of Cash transfer grant for orphans and vulnerable children on food consumption and food security of household's wellbeing in Kakamega Central, Kakamega County.
3. To assess the influence of cash transfer grant on education of orphans and vulnerable children for their household's well being in Kakamega Central, Kakamega County.

4. To examine the influence of cash transfer grant for orphans and vulnerable children on the social status and social relations for in Kakamega Central, Kakamega County.

1.5. Research questions

This research study was be guided by the following research questions;

1. How does households utilise cash transfer grant for orphans and vulnerable children for their well being in Kakamega Central, Kakamega County?
2. How does Cash Transfer grant for orphans and vulnerable children influence household's food consumption and food security in Kakamega Central, Kakamega County?
3. How does cash transfer grant influence education of orphans and vulnerable children for their household's wellbeing in Kakamega Central, Kakamega County?
4. How does cash transfer grant for orphans and vulnerable children influence social status and social relations of their households in Kakamega Central, Kakamega County?

1.6 Significance of the study

Cash transfers as a social protection strategy is a recent development in Kenya. Most of the studies undertaken worldwide are on the programmes in Latin American countries (Attanasio et al. (2005); Borraz & Gonzalez (2009); Harvey and Marongwe, (2006); among others). The social environment in these countries is different from the Kenyan context. The positive effects that have been established in the programmes may therefore

not be applicable to Kenya and other Sub-Saharan African countries. The few studies so far done on the Cash Transfer programmes in Kenya have concentrated on evaluations of programme design and impact assessment based on the objectives (Sanganyi, 2010). Other studies have looked at the Cash Transfer in relation to HIV/AIDS limiting its scope on other orphans who are not due to AIDS and vulnerable children. Due to this, studies that take into account the beneficiaries perspectives are not readily available. Therefore, it's hoped that the findings of this study will be a useful addition to this knowledge base and also help policy makers in programming which in turn will benefit the OVCs.

1.8. Limitations of the study

Orphan hood and vulnerability are very sensitive issues. Some respondents disliked disclosing information about their sufferings believing that it's a sign of weakness and vulnerability. They also believe that sharing their experiences on information of this nature is a sign of weakness. Additionally some people who are taking care of children left behind by relatives do not like referring them as orphans or vulnerable children but take them as their own children. Thus, the success of this study depended entirely on the co-operation of respondents and the key informants. The problem of orphans and vulnerable has been in existent for a long time. The concept of using cash transfer as an intervention strategy is relatively new in Kenya. Being a new area of study not much has been written on this area and the researcher did not find enough information on literature review.

1.7. Delimitation of the study

The study designed to assess the influence of Cash transfer for orphans and vulnerable children on the well being of households in Kakamega Central sub-county within

Kakamega County in Kenya. Population of this area is homogeneous, majorly Luhya community. Kakamega central is the researcher's place of residence and work hence it was convenient for him to communicate to parents in local dialect. The study confined itself to households benefiting from this cash transfer. The researcher will easily connect with the key informants and beneficiaries of this program because this is his field of specialty.

1.9. Basic assumptions of the study

The study worked under the assumptions that, participants will be cooperative and be able to give the required information without any reservations, children's department will be cooperative in providing up to date records of households benefiting from this program and that the responses that will be given by the respondents will be the true picture and reality on the ground.

1.10. Definitions of Significant terms

Beneficiary: The recipient of the cash transfers and includes the children in the recipient household.

Cash Transfer: World Bank defines cash transfer as provisions of assistance in the form of cash to the poor or to those who face a probable risk of falling into poverty in the absence transfer. The main objective is to increase the poor and vulnerable household's real income.

Cash Transfer Programme: This is a non-contributory scheme implemented by the government that gives a certain amount of money on a regular basis to selected households that meet certain defined criteria, for instance poor households with orphans.

Child: An individual who has not attained the age of eighteen years (Constitution of Kenya, 2010; Children Act, 2001)

Household: This includes all persons living under one roof or occupying a separate housing unit, having either direct access to the outside or public area or a separate cooking facility where the members of the household are related by blood or law.

Influence: Oxford dictionary define influence as the capacity to have an effect on the character, development or behavior of someone or something or the effect itself.

Orphans: is defined as a child who has lost either one or both parents through death.

Orphans and Vulnerable Children: The study will adopt world vision definition of OVC; Which defines an orphan as children below 18years who have lost either, father, mother or both parents to any cause; Vulnerable children are children whose parents are chronically ill; children living with very old people as immediate caregivers, children living in households who have taken in orphans; children with physical or intellectual disabilities; any other children the community identifies as most vulnerable.

Vulnerable children: According to the international federation of the Red cross and Red crescent societies, children are also define as vulnerable if they have such specific experiences: withdrawal from school ;discrimination and stigma, emotional need and grief over illness or death of parents, increase of poverty, loss of property and inheritance rights, loss of shelter, inadequate health care, vulnerability and sexual abuse or are found to be in Youth headed Households(YHH) child headed households(CHH) or engaged in

child labour (2002). The other precarious living situations are further described as children living with old and ill caregivers.

Orphans and Vulnerable Children Cash Transfer Programme (OVC-CT):

Government of Kenya programme set up to give cash to poor households that have orphans and vulnerable children. This is aimed at retaining these children within the households and also at improving the human capital of the children through education, health and nutrition. Each household is given Kshs. 2000 per month which is paid on by-monthly basis (Kshs. 4000 per payment cycle), through the Post Office.

Well-being: is the general condition or welfare of a person or group. It is generally agreed to consist of five main components; the basic materials needed for good life, health, social relations, security and freedom of choice and action. For this study, welfare aspects considered are material in the form of food and nutrition, education, health status and social relations.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter reviewed pertinent literature already in existence regarding the influence of Cash transfer for orphans and vulnerable children on the wellbeing of households in Kenya. It will begin by looking at the overview and concept of cash transfer in Kenya providing a keen analysis on cash transfer for Orphans and vulnerable children. Consequently, it will look at household utilization of cash transfer in terms of cash transfer utilization, improvement of household's livelihoods and priorities households assign to cash transfers. Also the chapter will examine the influence of cash transfer on food consumption and food security which will entail OVCs consistency of meals, diet and nutrition. Additionally, the chapter will assess influence of cash transfer grant on education of OVCs in terms of school enrolment rate, retention rate and girl child education. Also, it will look at influence of cash transfer on social status and social relations of households in terms of self esteem, social coexistence and monetarisation of relations. Finally, the chapter will present theoretical framework, conceptual framework and summary of the literature reviewed.

2.2. Overview and concept of Cash transfer grant for Orphans and Vulnerable children

The Government has initiated various CT programmes for specific groups. These include Orphans and Vulnerable Children Cash Transfer, the Older Persons Cash Transfer; the Hunger Safety Net Programme; the Persons with Severe Disability Cash Transfer and the recently introduced Urban Food Subsidy Programme.

The OVC-CT program was launched in 2004 with broad objective of strengthening households capacities to provide a social protection system through regular cash transfers to families with OVC, in order to encourage fostering and retention of orphans and vulnerable children (OVC) in their families within the communities and to promote their human capital development (GOK, 2013). This programme is implemented by the Government through the Department of Children's Services (DCS) in collaboration with key Development partners like the World Bank, DFID and UNICEF. OVC-CT is currently the largest CT programme in the country. Kenya has an estimated over 2.4 million orphans and vulnerable children half of which have resulted from death of parents due to HIV and AIDS crisis. Majority of orphans are taken care of by elderly grandparents and some by fellow children due to the deaths of their parents with no relatives or other guardians ready to take care of them (NACC,2012). Kenya's OVC-CT programme started as a pre-pilot project covering 500 OVC households in three districts (Kisumu, Garissa, Kwale) (GOK, 2013). By 2009, the government funding to the program increased to US \$9 million from USD US\$800,000 allocated in 2005 and coverage increased to 47 districts. Every year since then, the program has received increased budget allocations from the government. For example in 2011/2012 the program was allocated Kshs. 2.8 billion, and in 2012/2013 Kshs 4.4 billion. In 2013/2014, the program received a lion share of Kshs 8 billion.

The program is grounded on multiple national legal and policy frameworks and international commitments. In particular Article 53 of the 2010 Constitution of Kenya spells out the rights of children and the need for their protection. Every child has the right to: Free and compulsory education; basic nutrition, shelter and healthcare; protection

from abuse, neglect, harmful cultural practices, exploitative labor, parental care and protection which includes equal responsibility of both parents whether married or unmarried. The national policy on orphans and vulnerable children developed in 2005 is one of the earliest policy frameworks that grounded in the OVC-CT program in the pilot and scale up phase.

The OVC-CT program provides regular support to poor households caring for OVCs in the intervention areas and its geographical targeting is guided by an OVC- CT program Expansion Plan which is developed at the national level on the basis of poverty and vulnerability criteria. Once locations have been identified, operational structures like the Sub-County OVC Sub-Committee (SCOSC), the Location OVC Committee (LOC) members and Beneficiary Welfare Committees (BWCs) are established and trained. Household-level data is collected and analyzed to assess their likelihood of being poor against national standards. A list of potential beneficiaries is generated, and validated at the community *baraza*. The approved list of households targeted for support is then entered into the management information system, enrolled in the program and issued with a program identity card.

OVC-CT supported households received payments of Ksh 4,000, in cash, every two months via a Payments Service Provider. There are two PSP; the Postal Corporation of Kenya (PCK) and Equity Bank. The program implementation organs are responsible for follow up with households in the communities where concerns are raised about the care being received by a child. LOC members are required to visit households to raise awareness on appropriate care and to provide advice on problems households are encountering in caring for children. Community awareness sessions are also conducted in

the community to promote understanding of the program and to help households deal with health and family issues. The program covers children below 18 years. The program places developmental responsibilities to care givers of the beneficiaries that include; ensuring OVC aged 0-5 years receive immunization and growth monitoring, OVC aged 6-7 regularly attend basic education; OVC acquire birth certificates and care givers attend awareness sessions. The exit from OVC-CT program is triggered by the following: When the beneficiary or the recognized caregiver fails to collect payment for three consecutive payments, When there are no more OVC in the household either because the OVC is over 18 years age limit or through death and lastly in case households fail to comply with the set conditions for three consecutive payments.

There are many proponents of Cash Transfers though their approaches are different. The World Bank focuses on the link between social protection and pro-poor growth (World Bank, 2001), while other organizations like the FAO (FAO Council, 2004) argue from the human rights perspective. Others argue from the perspective of specific vulnerable groups such as children or the elderly (Help Age International, 2004). However, all these groups conclude that Cash Transfers have a positive impact on beneficiaries in most of the instances.

OVCs face many problems including poverty, discrimination, lack of access to services and abuse. For example, the percentage of children who have lost one or both parents and who attend school is 85% as compared to 93% of those with parents. OVCs tend to start school at a later age and drop out earlier than other children (UNICEF, 2009). OVCs also often suffer psychosocial effects and are more vulnerable to exploitation and abuse than other children. The United Nations Convention on the Rights of the Child (UNCRC),

which Kenya is a signatory, requires State Parties to ensure that every child has a standard of living adequate for the child's physical, mental, spiritual, moral and social development. The State Party is tasked to assist the parents or other care givers in case of need by providing material assistance and support programmes particularly in regard to nutrition, clothing and housing (UNCRC, 1989).

The national policy documents articulate the issues of OVCs. The Vision 2030 is Kenya's long-term development blueprint for 2008 to 2030 which aims to create a competitive and prosperous country with a high quality of life by 2030. The Vision is anchored on three pillars: economic, social and political (GOK, 2007). The Vision recognizes that economic growth alone is not sufficient to achieve an all round improvement in the quality of life of the poor and vulnerable members of the population. The social pillar therefore has an objective of building a just and cohesive society with social equity in a clean and secure environment. Among the flagship projects undertaken under this pillar is the establishment of a consolidated social protection fund for cash transfers to OVCs and the elderly (GOK, 2007).

To operationalize the Vision 2030 provisions, a National Social Protection Policy was formulated and passed by Parliament in June 2012. It defines the strategies for improvement of the socio-economic status of the poorest and most vulnerable citizens, and to provide guidelines for the design, implementation, monitoring and evaluation of Social Protection programmes as well as establishing an institutional framework for implementation of the national programmes. The focus of the Policy is on three categories of the population; orphans and vulnerable children, older persons and persons with disabilities. The Policy proposes the use of several strategies and instruments to

deliver social protection including Cash Transfers, Food distribution, School based feeding programmes, Social Health Insurance and Public works, among others.

Further, the National Children Policy 2010 has specific provisions for OVCs that include protection and care within the family, community and larger society. The Policy outlines interventions for OVCs as support for parents, families and care givers; strengthening support structures and community systems to take care of OVCs; and provision of treatment, care and support to children including their parents and care givers (NCCS, 2010).

2.3. Influence of Cash Transfer grant on Household utilization on well being of children

Cash Transfer programmes impacts vary by the specifics of programme design, size of transfer, quality of services, enforcement of conditionalities (if any), as well as by the degree to which transfers are invested. According to Bassett (2008), the overall evidence indicates a clear trend in increased services utilization, that is, school enrolment and healthcare use, but mixed impacts on final outcomes such as test scores, illness prevalence and nutritional status.

Schubert, (2006) while evaluating the Kalomo Pilot Cash Transfer in Zambia noted that Cash Transfers improve livelihoods, transform and impact communities. Households receiving grants use them for food and health care for the family, for the basic education of their children, and for investments in physical capital that can provide a future source of income. The additional purchasing power transferred to the beneficiaries has a multiplier effect and strengthens the local economy. In this way, Cash Transfers breaks

the vicious circle of poverty and promotes pro-poor growth hence kick-starting a virtuous cycle (Schubert, 2006). He further stated that some of the beneficiaries held savings accounts where they retained some of the transfer to use in purchasing food when it became scarce. The children in the households had also benefitted through improved nutrition and in meeting school requirements like books, stationery and uniforms.

However, Cash Transfers have been found to have been diverted into activities that do not benefit the beneficiary household. A UNICEF study on the use of Cash Transfers in emergency response found that though the majority of beneficiaries of Cash Transfer Programmes spent the cash on basic needs, there were reported cases of misuse. Part of the money was used to purchase alcohol or cigarettes, for example in Oxfam's programme in Aceh and in Malawi (UNICEF, 2007).

2.4 Influence of cash transfer grant on Food Consumption and Food security

Food is typically the largest category of expenditure for the poor. Cash Transfers have been shown to enable people and families to avoid destitution and have a marked positive effect on consumption and welfare. CTs are associated with improvements in the quantity and quality of food, which improves nutritional status of beneficiaries (Devereux, 2006). CTs protect recipients against various livelihood shocks such as illness and drought by providing a buffer. Without such a buffer, households facing livelihood threatening insecurity trade away long term economic viability for short-term consumption (Devereux, 2001). CTs therefore help the impoverished households avoid selling off their productive assets such as tools, livestock or land.

Attanasio et al., (2005) found that the Familia en Accion (FA) programme in Colombia increased total household consumption considerably by 19.5% in rural areas and by 9.3% in urban areas. Most of the increase in consumption due to the FA was dedicated to food, with consumption of protein-rich foods (meat, chicken and milk) increasing in both rural and urban areas. The programme was also found to have a significant effect on the consumption of clothes and footwear for children but none for adults meaning the programme benefits children more than other members of the household.

Comparative studies between the CSG programme of South Africa recipients and matched households that have CSG-eligible but non-receiving individuals clearly showed differential levels of food expenditure (Delany, et al, 2008). However, although evidence points to improvement in levels of wellbeing with transfer receipt, these effects are not uniformly experienced across all contexts and recipients. They depend on factors such as the extent to which income is pooled within the household and the gender of the transfer recipient. There is evidence that cash transfers given to women benefitted the children more than those that are given to men (Thakur, Arnold & Johnson, 2009 among others). Attanasio et al (2005) found that the Familia en Accion CT programme in Colombia improved the nutritional status of the youngest children but seemed not to have any effect on the nutritional status of older children.

The evaluation undertaken on the OVC-CT programme in 2010 targeting seven districts (OPM, 2010), showed that the programme increased the real household consumption levels of recipient households substantially by some 13% points. The benefits were however concentrated in smaller households. The programme was also found to have

increased food expenditure and dietary diversity, significantly increasing the frequency of consumption of meat, fish, milk, sugar and fats.

MacAuslan & Schofield (2011) observed that food consumption of the beneficiaries of a Concern Worldwide Cash Transfer programme in Korogocho informal settlement increased by at least one meal per day during the transfer period, while dietary diversity also improved. However, this was more noticeable for small households since the transfer was uniform. Bassett (2008), however, argues that despite some evidence that Cash Transfer programmes impacts positively on nutritional status of beneficiaries especially children, the full potential of CTs to improve nutritional status has not been met.

2.5 Influence of Cash transfer grant on Education of Orphans and Vulnerable children

Any loss or change in income may lead to children being pulled out of school as priorities change. Even if children stay in school, a drop in household income may result in worsening of their diet and inadequate nutrition may impede their ability to learn. A study undertaken by UNICEF in selected African countries including Kenya showed that school enrolment rates are lower for double orphaned children than for non orphans (UNICEF, 2009).

The literature reviewed on effect of CT on education shows mixed results for most of the indicators. International evidence suggests that the direct costs of schooling that include fees, uniforms, transport and school supplies are frequently the second largest expenditure for CT beneficiaries after food (DFID, 1999). Data from South Africa reveals that the beneficiaries of the Child Support Grant (CSG) reported increased expenditure on

food (79%), school fees (26%), school uniforms (25%) and electricity (22%) (Delany et al, 2008).

Cardoso and Portela (2004) and Bourguignon et al. (2003) found a strong effect of the Brazilian Bolsa Escola program on school attendance. Behrman et al. (2005), Schultz (2004), and Skoufias and Parker (2001) concluded that the Mexican program PROGRESA increased the enrolment and attendance rate of poor children. On the other hand, a study on the impact of the Ingreso Ciudadano programme in Uruguay undertaken by Borraz & Gonzalez in 2009 found no positive effects on children's school attendance. Attanasio et al. (2005) found that though the Colombian programme Familias en Acción increased the attendance of children aged 12-17 years old it had no effect on school attendance of children between 8 and 11 years old pointing to the possibility that impacts may not be uniform across the age groups.

In Ethiopia, the Social Protection programme, though not tied to children's development, has also resulted in improved schooling but the impact for boys and girls is different, though there is some evidence that the work demands on children may have increased. The South African CSG programme is associated with increase in school enrolment. CSG receipt raised school enrolment by 8.1% for six year olds and school attendance for six, seven and eight year olds to 83, 97 and 98 per cent respectively (Budlender & Woodlard, 2006). However, school enrolment figures drop off after 15 years which coincides with the end of the compulsory school-going age and cut off age for CSG receipt.

The OVC-CT programme evaluation undertaken in 2010 did not find any evidence of increased enrolment or attendance in basic schooling (primary education) (OPM, 2010).

The results indicated a uniform attendance rate of 88% in both Programme and control areas for children aged 6 to 13 years. There was also no impact noted on class repetition. However, there appeared to be an impact on secondary school enrolment in older children, with an increase of 6-7% larger than in the control areas. This is an interesting impact given that secondary school attendance is neither an objective nor a condition of the Programme. The impact was more significant for poorer households and for boys than girls. Further, no impact was noted on the proportion of children attending nursery school which increased for both Programme and control areas.

On a study of the OVC-CT programme in Korogocho location of Nairobi, Sanganyi (2010) found that the most felt impact of the programme in the area was in education. He reported that caregivers were able to pay school fees and other school utilities like books, uniform and cater for school trips. The OVCs did not feel isolated as they previously did when they were unable to take part in the trips due to lack of money. However, it also emerged from his findings that the amount was not adequate to cater for the children in secondary school.

2.6 Influence of cash transfer grant on Social status and Social relations

No family survives completely alone. Social networks are fundamental to survival and wellbeing and at no time are social relations more critical than in situations of distress. The livelihoods of the poor are often complex and varied, usually incorporating different activities and actors across several areas which allow impoverished households to capture opportunities and mitigate shocks. Key to these is inter- and intra-household reciprocity and exchange.

The poor face constraints in gift exchange and systems of exchange because they have weak social networks. There is some evidence that CTs, because they are paid regularly and in cash, provide bargaining power to the poor within these systems of reciprocity. The beneficiaries are able to borrow and pay their debts once they receive their cash transfers. Cash Transfers strengthen the position of the marginalized within these systems of social reciprocity, without which they would be disempowered (Neves, et al, 2009).

Sagner (2000) and Barrientos & Lloyd-Sherlock (2002) document how the State Old Age Grant (SOAG) in South Africa allows otherwise marginalized elderly people to acquire social capital and transact within these informal networks. Further, in a study of the Kalomo CT project in Zambia, Wietler (2007) noted that the social status of beneficiaries had changed in regard of their possibility to deal with personal crises and risks. They were no longer exclusively dependent on other people to cope with shocks such as illness or the loss of livestock but were able to draw back on a reliable monthly income. Beneficiaries were seen to be trustworthy enough to borrow money from community members suggesting a revaluation of their social position. Some non-beneficiaries even stated that they now go and ask for help from beneficiaries when they need something.

Regarding the OVC-CT programme, an evaluation undertaken in 2010 by OPM showed both positive and negative changes in relationships with other members of the community. Some beneficiaries felt that they now were full members of the community and that OVCs were treated more equally by other children after receiving the transfer. On the other hand, some recipients felt that non-recipients were jealous and this worsened their relationships. Wietler (2007) further found out that monetarization of relationships had taken place, for example members of the same family were paid for working on a

relative's field which never used to happen before the CT project. Devereux (2006) asserts that while CT programmes may contribute to the wellbeing of the household, the impact of cash on local markets, gender relations and social networks of the households is not fully understood and therefore the total and long-term well being of households could be under threat.

2.7 Theoretical Framework

A theory is a general statement of fact couched in a way that it is refutable. It is a mental picture of how society is structured, works and changes, Odegi-Awuondo(1993). This study is therefore guided by the following theories to explain the influence of Cash transfer grant for Orphans and Vulnerable Children on the wellbeing of households.

2.7.1 Social Capital Theory

The theory was propagated by Pierre Bourdieu, James Coleman and Robert Putman though each emphasized a different aspect. Bourdieu uses social capital in order to explain the reproduction of social class divisions and inequalities of power, while Coleman and Putman focus on the virtues of network membership and the assets individuals can access through their associations with others (Kawachi, 1999).

Bourdieu identified three dimensions of capital: Economic, Cultural and Social which he saw as the main components of social resources whose control defines the social position of actors. He equates capital with power. Bourdieu argued that just as access to economic capital brings certain privileges to a group or individual, and cultural capital sets a group or individual apart from their less privileged peers, so does social capital supply the networks and connections which allow continued and future access to privileges. He

therefore provides a causal mechanism for access to power and privilege and the inability to access power that results in social exclusion (Bourdieu, 1986). Social capital is traditionally construed to include two factors: one, the networks of affiliation to which people belong - family groups, friendship ties, networks of professional colleagues and business contacts, membership of formal and informal associations and groups; and two, informal behavioral norms individuals and groups rely upon in establishing, maintaining and using those networks, which include reciprocity and trust (Coleman, 1988).

It can be deciphered from the theory that, individuals endowed with a diverse stock of social networks and associations will be in a stronger position to confront poverty and vulnerability, resolve disputes and take advantage of new opportunities. Conversely, the absence of social capital can have an equally important impact. According to Wilson (1996), a defining feature of being poor is that one is not a member of or is excluded from certain social networks and institutions. There is evidence that as the diversity of the social networks of the poor expands so too does their welfare. Cash Transfers on the one hand can foster interpersonal trust, improve social bonds and raise the self esteem of the beneficiaries. Being selected as a beneficiary of a Cash Transfer Programme can make a certain individual or household more confident about the future and can strengthen their links with other community members and the State. Among those who do not receive the Transfer the opposite feeling can develop and may lead to stigmatization of Programme beneficiaries and widening of social gaps.

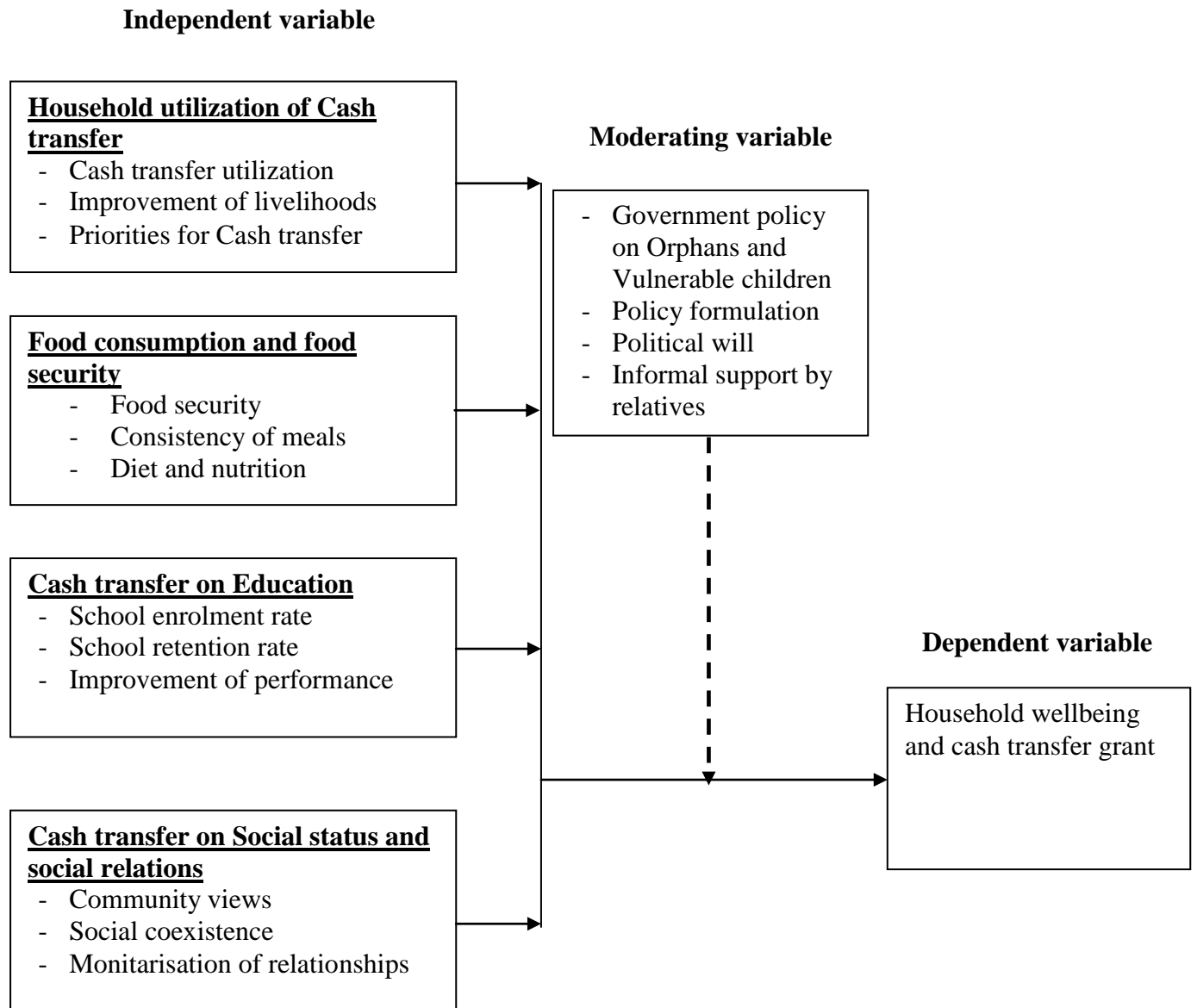
Further, Social Capital allows individuals to establish and continue social relations on the basis of their expectations that such relations will be mutually advantageous. The poor and marginal people face constraints in systems of exchange because they have low

social capital, hence have weak social networks and lack tradable assets (Devereux, 2001). Cash Transfers, because they are paid regularly and in cash, provide bargaining power within these systems of reciprocity. They give recipients something valuable to trade socially, in the form of resources. Therefore Cash Transfers strengthen the position of the poor within networks of social reciprocity, without which they would be disempowered.

2.8 Conceptual Framework

The conceptual framework is based on the variables identified to show the effects of the OVC-CT programme on OVCs wellbeing and social relations. A household should ideally be able to cater for all its members' basic needs which include food, shelter, clothing, education and medical care. Poor households with OVCs who are unable to cater for this should be supported through various means. This may be by social protection interventions including Cash Transfers, and assistance by relatives to ensure that they are able to meet the basic needs of the OVCs. These are aimed at ensuring that the basic needs of the OVCs and their households are met in the short term and their future earning potential is enhanced in the long term. In the event that these interventions are not put in place, the wellbeing of the OVCs is affected in that they are unable to get enough and nutritious food, do not enroll in school or they drop out, and their health is compromised. Their income earning potential in future is also affected hence perpetuating intergenerational transmission of poverty.

Figure 2.1 Conceptual Framework



Source: Researcher (2015)

2.9. Summary of literature reviewed

Given the literature on what scholars had to say about the role and potential of Cash Transfers in the wellbeing of children, it is indicative that the findings are mixed on the various variables. Some studies show positive results while others show there is no effect at all. For instance, while Bourguignon et al. (2003) and Cardoso and Portela (2004) find a strong effect of the Brazilian Bolsa Escola program on school attendance, Borraz & Gonzalez (2009) found no positive effects on children's school attendance arising from the Ingreso Ciudadano programme in Uruguay though the programmes had similar designs and expected outcomes.

Even though there is evidence from most of the literature reviewed that CTs are beneficial to children in the targeted households, there is also considerable evidence that no positive effects were realized in some of the Programmes. Most of the literature available had no beneficiary perspective on the effects of the Cash Transfer Programmes. It is therefore imperative to understand how the beneficiaries view the programme and whether from their perspective the programme has had any effects on the wellbeing of children hence the contribution of this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presented a detailed description of the research methodology that was employed in this study under the following sub heading; Study area, study population sampling and sampling size, research design, methods and tools of data collection, sampling techniques, ethical issues, validity, reliability and data analysis.

3.2 Research Design

This study used descriptive survey which utilized case study and survey studies. Mcmillan and Schumaker (2001) described a research design as a plan for selecting subjects, research sites and data collection procedures to answer the research questions. These involved the use of questionnaires that enabled data to be analyzed and presented quantitatively; in addition, it also allowed interviews and discussions with variety of beneficiary household heads. At the same time this being a social research in the community, qualitative data was collected to get perspectives and opinions on the Cash Transfer Programme.

Kraemer (1993) describes a descriptive survey as a means of gathering information about the characteristics, actions or opinions of a large group of people. Surveys are capable of obtaining information from large samples of the population. This design was also suitable as it brought out information on attitudes that would be difficult to measure using observational techniques. Equally, surveys require minimal involvement to develop and administer and are quite easy for making generalizations. (McIntyre, 1999).

According to Rumfield (2014) it is important during research to balance between quantitative and qualitative methods if need be, Quantitative measures are good for telling us what happens while qualitative methods build on what to explore the why and the how.

3.3 Target Population

According to Mugenda and Mugenda (2003), population refers to an entire group of individuals, events or objects having a common observable characteristic, in other words it refers to an aggregate of all that conforms to a given specification.

The study therefore targeted 863 household heads who are the direct beneficiaries of the OVC- CT grant in Kakamega Central sub-county. It also targeted the Kakamega Central Sub-County children's officer who is a key informant and in-charge of implementation of the program hence the researcher believed the information provided by the key informant was essential, therefore, the total number of the target population was 864 respondents. Below is the summary of household beneficiaries of OVC-CT per location.

Table 3.1 Households benefiting from OVC-CT per location in Kakamega Central Sub-county.

Locations in Kakamega Central Sub-county	No. of House Hold Heads/respondents
Bukhungu	228
Shieywe	218
Butsotso South	298
Butsotso Central	60
Butsotso East	59
TOTAL	863

Source; Department of children's services-Kakamega Central sub county 2015

3.4 Sample size and Sampling procedure

This included the number of respondents that were selected to represent the larger population and the process of selecting these respondents.

3.4.1 Sample Size

The Sample size for this study was 269 respondents who were heads of households benefiting from cash transfer grant. This was in line with Krejcie and Morgan (1970) table of determining sample size where a sample size of 269 is a good representation of a target population of between 851 to 900 respondents.

3.4.2 Sampling Procedure

According to Orodho & Kombo (2012), sampling is the process of selecting a number of individuals or objects from a population such that the selected group contains elements representative of the characteristics found in the entire group. This study employed both

probability (Purposive Sampling) and non-probability (simple random sampling) sampling procedures. The population for this study entailed all the heads of the households benefiting from the OVC-CT programme in Kakamega Central Sub-County. Purposive sampling was used to select the Key Informant. This allowed the selection of the participant who is knowledgeable of the Programme and who is able to provide crucial information in respect to the objectives of this study.

Simple random sampling was used to select respondents who are the heads of beneficiary households. This ensured that each household head had an equal chance of being selected as a respondent for this study.

3.5 Data collection instruments

The study employed the use of both quantitative and qualitative methods of data collection. Primary data was collected through field work using various methods. The main data collection technique was the use of questionnaires targeting heads of beneficiary households. The questionnaires were both structured and semi-structured in order to collect the required information adequately.

To collect qualitative data, Key Informant Interview Guide was developed to facilitate the researcher in undertaking in-depth interview with the selected programme officer. The Guide constituted a series of open-ended questions that sought to determine the influence of the programme based on their knowledge and experience concerning the Programme.

Secondary data was collected through a review of existing policy documents, programme documents and other authentic materials. These included programme documents like reports and minutes of the Sub-County children’s office-Kakamega Central.

Table 3.2 Data Collection Tools to be used

Method	Tool	Source
Household Interview	Questionnaire	Household’s heads
Key Informant Interview	Key Informant Guide	SCCO
Review of Secondary Data	Checklist	SCCO reports.

3.5.1 Pilot testing

Pilot testing entailed actual collection of data on a small scale to get feedback on whether or not the instrument was likely to work as expected. According to Gall and Borg (1996), the total number of respondents for the pilot study should be between 9 – 10% of the sample population; therefore, in this study, a total number of 27 respondents were randomly selected for piloting and came from Likuyani sub-county-Kakamega County who represented 10% of the sample population of 269 respondents. This gave the researcher an opportunity to revise the instrument and the process of collecting data. Piloting of the instrument sought to correct errors in questions such as questions that respondents do not understand, ambiguous questions, questions that combine two or more issues in a single question and questions that make respondents uncomfortable.

3.5.2 Validity of the instrument

Dane (1990) defines validity as the extent to which a measure actually measures what is supposed to measure. Validity therefore has to do with how accurately the data obtained in the study represents the variables of the study. Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are; whether the means of measurement are accurate and whether they are actually measuring what they are intended to measure.

To ensure validity, the instrument was verified by the sub-county children officer in charge of Kakamega Central Sub-county of Kakamega County who implements the Cash Transfer OVC Programme, by assessing what the instrument was trying to measure and her opinions was incorporated in the final questionnaire. In addition, my supervisor examined the items and what specific items intended to measure hence supervise their suitability against the set objectives.

3.5.3 Reliability of the instrument

Joppe (2000) defines reliability as: ‘The extent to which results are consistent over time and an accurate representation of the total population under study’. A reliable measure is the one that gives the same reading when used on repeated occasions. A measuring instrument is reliable if it provides consistent results every time it is used.

To ensure reliability, the researcher pre-tested the questionnaires by administering it to a few respondents through piloting then compared it to actual data collected. Piloting was done in areas where the researcher did not conduct the actual study.

3.6 Data collection procedures

A questionnaire and face to face interview guide were used since they were the best tools for this Study that aimed at establishing the influence of cash transfer grant for OVC on the wellbeing of households in Kakamega central Sub-County. Questionnaires were prepared on the basis of the objectives developed for this study. Data collection tools were piloted hence suggestions made were incorporated in the final questionnaire. The study utilized a self administered questionnaire and an in-depth interview schedule and equally refer to the existing secondary data. The researcher acquired a permit from the graduate school and relevant Government authorities to undertake research. The sub-county children's officer was contacted in advance and informed that the study was to take place in the area. Appointments to the sampled households were arranged prior to the visits to avoid any inconveniences to the respondents. The researcher emphasized confidentiality of the information given and assured them that it is for academic purposes only.

3.7 Data analysis techniques

According to Dawson (2002) data analysis involves examining what has been collected in a study and making inferences and deductions. Data analysis is undertaken for the purpose of summarizing the collected data and organizing these in a manner that they answer the research questions (objectives).The researcher ensured that all questionnaire/checklist forms were kept safely throughout the data collection period. At the end of each day, all completed questionnaire/checklist forms were re-visited and corrections done before losing such valuable information. Preliminary data entry was done using statistical package for social sciences (SPSS)version 11.5 and presentation

and analysis followed by tables, where frequencies and percentages were tabulated, and cross tabulations where categorical responses were analyzed in relation to the dependent variable.

3.8 Ethical considerations

Collecting data through any method involves some ethical issues in relation to the participants and the researcher. The researcher endeavored to ensure that informed consent is obtained from the respondents before they are involved in the discussions or interviews. This consent was obtained voluntarily and without pressure of any kind after the objectives of the study had been explained. Confidentiality of the information collected was preserved and only used for research purposes. The response given by the respondents will not affect their continued participation in the programme.

3.9. Operationalization of Variables

Table 3.3: Operationalization of variables

Objective	Source	Type of information	Data collection instrument	Measuring scale	Data analysis technique
- To assess how households utilise Cash Transfer grant for Orphans and Vulnerable children for their wellbeing	Household heads Sub-county children officer	- Cash transfer utilization - Improvement of livelihoods - Priorities for Cash transfer	Questionnaire Interview schedule	Ordinal	Percentage and frequencies Cross tabulation
- To establish the perceived influence of Cash transfer grant for orphans and vulnerable children on food consumption and food security of household's wellbeing	Household heads Sub-county children officer	- Food security - Consistency of meals - Diet and nutrition	Questionnaire Interview schedule	Ordinal	Percentage and frequencies Cross tabulation
- To assess the influence of cash	Household heads	- School enrolment rate	Questionnaire	Ordinal	Percentage and

transfer grant on education of orphans and vulnerable children for their household's well being	Sub-county children officer	- School retention rate - Girl-child education	Interview schedule			frequencies Cross tabulation
- To examine the influence of cash transfer grant for orphans and vulnerable children on the social status and social relations for their household's wellbeing.	Household heads Sub-county children officer	- Individual self esteem - Social coexistence - Monitoring of relationships	Questionnaire Interview schedule	Ordinal		Percentage and frequencies Cross tabulation
- The influence of OVC CT grant on the wellbeing of households	Household heads Sub-county children officer	- Vulnerability - Purchasing power - Accessibility to basic needs	Questionnaire Interview schedule	Ordinal		Percentage and frequencies Cross tabulation

CHAPTER FOUR
DATA ANALYSIS, PRESENTATION, INTERPRETATION AND
DISCUSSION

4.1 Introduction

This chapter presents findings of the study which have been discussed under thematic and sub-sections in-line with the major objective of the study. The thematic areas include; demographic characteristics of respondents, household utilization of cash transfer, food consumption and food security, cash transfer’s influence on education, cash transfer on social status and social relations, policies regarding cash transfer with regards to the well being of households in Kakamega central District.

4.2 Response Rate

The researcher administered 269 questionnaires to respondents through the help of four (4) enumerators he had contracted, data collection took three (3) weeks where out of all questionnaires distributed, the researcher received 226 fully filled and signed questionnaires. This was presented as in table 4.1.

Table 4.1: Response rate

Category	Sample size	Return rate	Percentage
Care givers	268	225	83.71
Sub county children officer	1	1	0.31
Total	269	226	84.03

Table 4.1 depict that 226 (84.03%) respondents returned questionnaires while the difference, 43 (16%) did not. The high turnout can be alleged to the fact that most household heads were women who could easily be located by the research assistants in their villages whereas the one sub county children's officer could be easily found after a booked interview owing to the fact that he is stationed in his office where the researcher easily established contact, booked an interview on a preferred date and conducted the interview himself. According to According to Alan Werner (2004), results from surveys with response rates above 80% are considered reliable. Some respondents did not return questionnaires and this partly accounted for 43 (16%). This could be due to the nature of their jobs, *juacali* sectors, while some people were not available and others refused to answer the questions. Hostilities and lack of cooperation from respondents were also experienced in other villages where stigma was experienced among beneficiaries of OVC CT.

4.3 Demographic characteristics of respondents

The study was interested exploring demographic characteristics of respondents such as gender, age, marital status and distribution of respondents on the period of receiving OVC Cash transfer in order to establish how each component relate to understanding wellbeing of households in Kakamega central.

4.3.1 Gender of Respondents

The researcher wanted to establish how gender of the respondents as a component was related to the understanding wellbeing of households in Kakamega central. Therefore the respondents were asked to state their gender and the results are as shown in table 4.2.

Table 4.2: Distribution of respondents by gender

Measurement scale	Frequency	Percent
Male	11	4.8
Female	215	95.2
Total	226	100.0

Table 4.2 depict that from the study population, 215 (95.2%) were females whereas 11 (4.8%) were males. This could be factored as most female headed such households where Orphans and Vulnerable children are found. This implied that most females headed such houses where OVC CT support programs had been initiated given their high vulnerability level and poverty.

4.3.2 Age distribution of respondents

The study further sought to find out how the age of the respondents relate to the wellbeing of households with OVC CT support programs and the respondents were asked to state their age brackets and the results were as presented in table 4.3;

Table 4.3: Distribution of respondents by age

Measurement scale	Frequency	Percent
19 - 30 years	16	7.0
31 - 40 years	94	41.5
41 - 50 years	63	27.9
51 - 60 years	46	20.5
71> years	7	3.1
Total	226	100.0

Table 4.3 show that respondents between the ages of 31 – 40 years were 94 (41.5%), followed by 41 – 50 years,63(27.9%), 51 – 60 years, 46 (20.5%0, 19 – 30 years, 16 (7.0%) and lastly respondents above 71 years were only 7 (3.1%) of the total population. This implied that most caregivers in OVC CT in Kakamega Central Sub County covered household fall between the ages of 31 – 40 years which is a mid age that could have been affected by HIV Aids pandemic or separation/divorce which always leave one parent with huge burden of providing for the family.

4.3.3 Marital Status of Respondents

The study further sought to establish the marital status of respondents in the study in relation to wellbeing of household in Kakamega central sub-county and therefore the respondents were asked to indicate their marital statuses and the results were as tabulated in table 4.4;

Table 4.4: Distribution of respondents by marital status

Measurement scale	Frequency	Percent
Single	12	5.2
Married	27	11.8
Separated	30	13.1
Divorced	49	21.8
Widowed	108	48.0
Total	226	100.0

Table 4.4. indicate that widowed respondents represented the larger population standing at 108 (48.0%) followed by those divorced at 49 (21.8%), separated 30 (13.1%), married, 27 (11.8%) and lastly 12 respondents were single with 5.2%. this implied that most of the respondents under study, where OVC CT support covered

were widowed for one reason or the other and really exhibited justification for their involvement in OVC CT support program given their vulnerable nature. This could explained that since one spouse had been left to fend for the family, it had become a huge burden in terms of provision of basic necessities hence need for safety net which is OVC cash transfer.

4.3.4 distribution of respondents on the period of receiving OVC cash transfer

The program targeted vulnerable households and the researcher sought to know why the turn out in widowed population was high at 108 (48.0%) and asked the respondents how long they had been in the OVC CT support program and the results were as stipulate in table 4.5;

Table 4.5: Distribution of responses on the period of receiving the OVC cash Transfer

Scale of measurement	Frequency	Percent
1 - 12 months	28	12.2
13 - 24 months	81	35.8
25 - 36 months	114	50.7
37 - 48 months	3	1.3
Total	226	100.0

Table 4.5 indicated that most respondents had been in the program for between 25 – 36 months and this was represented by 114 (50.7%), followed by 81 (35.8%) who had been in the support program for 13 – 24months, 1 – 12 months were 28 (12.2%) and lastly those who had been in the program for between 37 – 48 months were only 3 (1.3%). This implied that most of the respondents who fell between 25 – 36 months.

This was so owing to the fact that most respondents in Kakamega central had been included in the program in the past three (3) years when the department of children Services did a major scale up owing to the high poverty index experienced in the region following the research done by Kenya National Bureau of Statistics in 2011 (KNBS 2011).

4.4 Utilization of cash transfer and wellbeing of households in Kakamega

This was the first objective of the study. Household utilization of cash transfer grant in the wellbeing of household in utilization of Cash transfer in Kakamega Central sub-county, in western Kenya. This study focused on household utilization factors such as; cash utilization, improvement of livelihoods, and priorities for cash transfer and utilization. Therefore the researcher asked the respondent on the adequacy of the funds, mode of payment and the priorities allocated with the same and the results were as discussed.

4.4.1: Household utilization of cash transfer

The study was interested in establishing household utilization of cash transfer funds in terms of priority and allocation of the funds to what the household head deemed appropriate. Cash transfer is a form of social assistance, which is increasingly becoming a major part of anti-poverty policy measures in most countries. International development partners and donor agencies have recognized cash transfer as a core pro-poor development tool for reducing short-term poverty and breaking the intergenerational transmission of poverty, particularly in sub-Saharan African countries. Therefore the researcher asked the respondents whether adequacy of the cash as a component of utilization influenced the wellbeing of the households and the results were as shown in table 4.6;

Table 4.6: Cash transfer utilization (adequacy)

Scale of Measurement	Frequency	Percent
Yes	54	24.0
No	172	76.0
Total	226	100.0

Table 4.6 depict responses by the subjects where a majority 172 (76.0%) had the opinion that OVC CT was not adequate while 54 (24.0%) had the contrary opinion that indeed the cash was sufficient to cater for their wellbeing. This implied that a majority of the respondents who were targeted subject by the program are not sufficiently accessing their basic needs in terms of their respective levels from this government support program, perhaps the grant is too little to cater for their basic necessities or they have large families in terms of OVCs to support. To establish the categorical responses, the study conducted a cross tabulation and the results were as shown in table 4.7;

Table 4.7: Cross tabulation on the adequacy of OVC CT and wellbeing of households in Kakamega central sub-county

Cross tabulation frequency percentages			Is the amount adequate for all the basic needs of the children?		Total
			Yes	No	
Well being of households in Kakamega	Influences	Count	42	122	164
		% within adequacy	78.2%	71.3%	72.9%
		% of Total	18.8%	54.1%	72.9%
Does not influence		Count	12	50	62
		% within adequacy	21.8%	28.7%	27.1%
		% of Total	5.2%	21.8%	27.1%
		Count	54	172	226
		% within adequacy	100.0%	100.0%	100.0%
Total		% of Total	24.0%	76.0%	100.0%

Results from table 4.7 indicated that 78.2% among respondents under the category “yes” opined that adequacy of OVC CT influenced the wellbeing of households in Kakamega central sub-county whereas in the same category, 21.8% declined its influence. This was followed by 71.3% among respondents under the “no” category who opined that adequacy of OVC CT did influence wellbeing of households in Kakamega, while in the same category, 27.1% declined its influence on wellbeing of households in Kakamega central sub-county. As a crisis response measure, cash transfers have gained prominence in most governments’ initiatives in meeting the Millennium Development Goals of 2015 (Bryant, 2009). The increased urgency,

according to Adato and Basset (2009), has been as a result of continued interaction between HIV and AIDS and other drivers of poverty. Low-income countries affected by the HIV and AIDS epidemic face the challenge of providing sufficient resources to satisfy the basic needs of their members, especially poor households (Fields, 2001).

The study further sought to understand the mode of payment of the OVC CT as a component of household utilization of OVC CT's influence on the wellbeing of the household and the results were as presented in table 4.8;

Table 4.8: Mode of payment

Scale of measurement	Frequency	Percent
Cash	20	8.7
Bank account	116	51.5
Others	90	39.7
Total	226	100.0

Table 4.7 depict that majority of respondents represented by 116 (51.5%) received their cash through bank account in banks cited as KCB and Equity bank, followed by 90 (39.7%) who received their cash through “other means” that could include Posta pay, while those who received their support by cash were represented by 20 (8.7%). This implied that majority of the subjects under study received their support via banks which were selected outlets by the government. To establish the categorical responses, the study conducted a cross tabulation and the results were as shown in table 4.9;

Table 4.9: Cross tabulation showing the mode of payment and wellbeing of households in Kakamega central sub-county

Cross tabulation frequency percentage		How are the payments made?			Total
		Cash	Bank account	Others	
Wellbeing of households in Kakamega	Count	11	85	68	164
	Influences				
	% within mode of payment	55.0%	73.7%	75.8%	72.9%
	% of Total	4.8%	38.0%	30.1%	72.9%
	Does not influence				
	% within mode of payment	45.0%	26.3%	24.2%	27.1%
	% of Total	3.9%	13.5%	9.6%	27.1%
	Count	20	116	90	226
	% within mode of payment	100.0%	100.0%	100.0%	100.0%
Total	% of Total	8.7%	51.5%	39.7%	100.0%

Table 4.9 depict categorical responses within modes of payment being cash, bank accounts and “others” and their purported influence on the wellbeing of households under OVC CT, that are represented as; 75.8% responses within the category “others” opined that CT influences wellbeing of households while in the same category, i.e. “others”, 27.1% declined its influence. This was followed by, 73.7% within the “Bank account” responses who were of the opinion that CT influences wellbeing of households while in the same category, 26.3% declined its influence and lastly, respondents in the cash category depicted a 55.0% acceptance of influence while in

the same category, 45.0% declined the influence of CT on wellbeing of households in Kakamega central sub-county with regard to modes of payment.

BMC (2014) asserts that strengthening the capacity of households to care for orphaned and vulnerable children (OVC) within the community is the key strategic response in addressing the OVC crisis. The Cash Transfer to Orphans and Vulnerable Children (CT-OVC) is a government social support program which provides regular and predictable (unconditional) cash transfers to poor households taking care of orphans and vulnerable children. The main objective of the CT-OVC program is to encourage fostering and retention of OVC within their families and communities as well as to enhance their human capital development. The Kenya CT-OVC program started in 2004 and currently supports 151,243 households in 69 districts, translating to support for over 750,000 OVC nationwide. Enrolled households receive a cash payment of KSH. 2000/= (approximately \$20 USD) paid by monthly through the Kenya Post Office or Equity Bank and later KCB and other affiliated banks came in.

The researcher sought to establish the priority areas where allocation of OVC cash was made by heads of the households and the results were as presented in table 4.10;

Table 4.10: Priority areas

Scale of measurement	Frequency	Percent
Education	48	21.4
Food	131	58.1
Health	41	17.9
Security	6	2.6
Total	226	100.0

Table 4.8 depict that; majority of the respondents 131 (58.1%) allocated a good sum to food, followed by 48 (21.4%) who allocated the money to education, 41 (17.9%) on health and security came the least at 6 (2.6%). This implies that most household put preference of food as at the primary needs level before achieving education and health and thus putting security the least among their needs; therefore this means food was the most basic component in OVC household. To establish the categorical responses, the study conducted a cross tabulation and the results were as shown in table 4.11;

Table 4.11: Cross tabulation showing priority spending and wellbeing of households in Kakamega central sub-county

Cross tabulation frequency			How do you spend money from the programme?				Total	
			Education	Food	Health	Security		
percentage								
Wellbeing of households in Kakamega a	Influences	Count	37	94	30	4	165	
		% within priority	77.6%	71.4%	73.2%	66.7%	72.9%	
		% of Total	16.6%	41.5%	13.1%	1.7%	72.9%	
Doesnot influence		Count	11	37	11	2	61	
		% within priority	22.4%	28.6%	26.8%	33.3%	27.1%	
		% of Total	4.8%	16.6%	4.8%	.9%	27.1%	
Total			Count	48	131	41	6	226
			% within priority	100.0%	100.0%	100.0%	100.0%	100.0%
			% of Total	21.4%	58.1%	17.9%	2.6%	100.0%

Table 4.11 show responses within categorical indicators on priority of expenditure of the OVC CT by households. Among respondents within the education category, 77.6% acknowledged the influence of CT on the wellbeing of the households while 22.4% declined, followed by 73.2% within the health category who acknowledged the influence of CT on livelihoods of the households in Kakamega central while in the same category 26.8% declined, 71.4% within the food category who opined that CT influences wellbeing of households whereas in the same category, 28.6% declined it

influence, and lastly under the security category, 66.7% acknowledged the influence of OVC CT on wellbeing of household in Kakamega central sub-county whereas 33.3% in the same category were of the contrary opinion, does not influence.

Masunzu (2014) asserts that a vivid lack of money (capability) has been seen as a great obstacle for parents to send their children to school regularly as well as to failing to provide the basic needs like food, clothing and shelter which are necessary for human survival. In emphasizing the role played by money in the whole process of achieving education, Levy and Ohls, 2007: 3 as cited in the World Bank, (2001: 43) report: "Education was widely associated with high well being and so it seemed reasonable to refer that schools are regarded as important because of the personal benefits that are seen to accrue from investing in education. In this vein, the cost of buying into education service was seen as a major impediment to social advancement by the poor group" (Levy and Ohls, 2007, 3) in (World Bank, 2001b, 43).

4.5. Food consumption and food security and household's wellbeing

This was the second objective of the study. The first obstacle that poor households face is the direct effects of being poor. These effects include the inability to purchase food, access proper medical care, or invest in income producing assets. Nutritional deficiency that derives from the inability to buy food has numerous adverse consequences. Being hungry or malnourished reduces productivity and can make people more vulnerable to disease and illness. In turn, these effects can make income streams more volatile. To study the influence it had on the wellbeing of household in

Kakamega central sub-county, the researcher studied indicators within food consumption and food security and discussed them under the following indicators;

4.5.1: Food security

Social protection programs and social transfer programs in particular, aim to address the problems confronting poor households. These obstacles include the direct consequences of poverty – lack of resources for food. The researcher therefore asked the respondent how many meals per day she/he is able to have since being integrated into the OVC CT program and the results were as presented in table4.12;

Table 4.12: Meals per day since integration to OVC CT

Scale of measurement	Frequency	Percent
Two	76	33.6
Three	150	66.4
Total	226	100.0

Table 4.12 depict that a majority of respondents 150 (66.4%) were able to afford three meals per day while only 76 (33.6%) had two meals a day. This implied that a majority of the vulnerable households were able to afford three meals a day since being integrated to the support program in Kakamega central sub-count, this can be alluded to the fact that OVC Cash transfer increased purchasing power of households under program hence increasing food affordability and consumption rate. In an effort to identify categorical responses towards influencing households wellbeing the researcher conducted a cross tabulation and the results were as shown in table 4.13;

Table 4.13: Cross tabulation showing meals afforded per day and the wellbeing of households in Kakamega central sub-county

Cross tabulation frequency percentage		How many meals do you				
		now take per day?		Total		
		Two	Three			
Wellbeing of households in Kakamega		Count	52	113	165	
	Influences		% within meals per day?	68.8%	75.0%	72.9%
			% of Total	23.1%	49.8%	72.9%
		Does not influence	Count	24	37	61
			% within meals per day?	31.2%	25.0%	27.1%
			% of Total	10.5%	16.6%	27.1%
	Total	Count	76	150	226	
		% within meals per day?	100.0%	100.0%	100.0%	
		% of Total	33.6%	66.4%	100.0%	

Table 4.13 indicate that within the categorical responses cross tabulated with the decision to influence and not to influence, 75.0% among those who had three meals a day opined that OVC CT had influence on the wellbeing of households whereas in the same category, 25.0% declined its influence on wellbeing of households in Kakamega central sub-county. Within the “two” meals a day category, 68.8% among the respondents in this category acknowledged the influence of OVC CT on households wellbeing while in the same category, 31.2% were of the contrary opinion. The

overall implication was that OVC CT had influenced household's wellbeing since its inception. Wei et., al. (2010) asserted that evaluation has shown that CT-OVC has successfully reduced poverty, improved food consumption and food diversity, increased school attendance potentially through reducing the need for child labor among the beneficiary households.

Oduro (2013) also points out in his study that, the caregivers report spending a greater part of the cash transfer on food items due to the large number of children (both beneficiary and non-beneficiary) in their households. According to them, the cash was used up during the first week and afterwards it was difficult providing enough food for the children in their respective households. This suggests that the in-flow of the OVC CT cash every two months could not sustain the households till the next payment; the length of time the cash transfer remained in the households was therefore very short.

The researcher also studied the main source of food consumed by OVC families. It was a component within objective two: food consumption and food security. The researcher therefore asked the respondents to indicate the main source of food for the households and the responses were as presented in table 4.14:

Table 4.14: Main sources of food for the household?

Scale of measurement	Frequency	Percent
Cultivated	43	19.2
Bought	116	51.5
Borrowed	26	11.4
Relief food	41	17.9
Total	226	100.0

Table 4.14 indicate that a majority of respondents 116 (51.5%) bought their food, followed by 43 (19.2%) who cultivated, 41 (17.9%) that dependent on relief food and 26 (11.4%) who borrowed food from neighbors. This implied that majority of vulnerable households initiated to the OVC CT social support program spent cash on food, as this was earlier attested in the previous indicators on priority of expenditure. To further clarify categorical responses with regard to influence of OVC CT on household wellbeing, the researcher conducted a cross tabulation and the results were as depicted in table 4.15;

Table 4.15: Cross tabulation showing main source of food for household and wellbeing of households

Cross tabulation frequency			What is the main source of food				Total
			Cultivated	Bought	Borrowed	Relief food	
percentage							
Wellbeing of household s in	Influences	Count	32	88	13	31	164
		% within main source of food	75.0%	76.3%	50.0%	75.6%	72.9%
		% of Total	14.4%	39.3%	5.7%	13.5%	72.9%
Kakameg a	Does not influence	Count	11	28	13	10	62
		% within main source of food	25.0%	23.7%	50.0%	24.4%	27.1%
		% of Total	4.8%	12.2%	5.7%	4.4%	27.1%
Count			43	116	26	41	226
% within main source of food			100.0%	100.0%	100.0%	100.0%	100.0%
Total			19.2%	51.5%	11.4%	17.9%	100.0%

Table 4.15 indicate that majority of respondents within the “bought” category 76.3% acknowledged that OVC CT influenced household’s wellbeing while in the same category 23.7% declined its influence, whereas in the “cultivate” category, 75.0% opined that OVC CT influenced on the wellbeing of households in Kakamega Central sub-county while in the same category 25.0% were of the contrary opinion. 75.6% within those in the category of relief food as their main source of food acknowledged the influence of OVC CT, whereas in the same category 24.4% were of the contrary opinion, and lastly, 50.0% within those who borrowed food acknowledged the influence of OVC CT, while 50.0% in the same category declined. This could be as a

result of having most of the household heads widowed by HIV and AIDs thereby being so weak to cultivate and thus only depend on relief and cash transfer to get their food. Also the cash is used during the first week and afterwards it was difficult providing enough food for the children in their respective households.

Biemba et al, (2009) purports that Despite not having accurate OVC figures, the Kenyan government has responded by putting in place the National Plan of Action on OVC which helps to strengthen the capacity of families to protect and care for OVC, provide economic, psychosocial and other forms of social support, as well as mobilize and support community based responses to increase OVC access to essential services such as food and nutrition, education, health care, housing, water and sanitation. The Ministry of labour and Social Services in collaboration with the National steering committee on OVC developed the OVC Policy, a key aspect of which is the provision of a direct predictable and regular cash subsidy of KSH 2,000 per month to households caring for OVC.

Another indicator studied was diet and nutrition. Once condition to qualify for the program is to ensure that the children have access to health care services and nutritional food (NSPS, 2007). The researcher therefore sought to establish whether respondents have been able to afford food since they were enrolled beneficiaries of OVC CT and the results were as shown in table 4.16;

Table 4.16: Diet and nutrition

Scale of measurement	Frequency	Percent
Yes	178	78.6
No	48	21.4
Total	226	100.0

Table 4.16 depict that 178 (78.6%) among the subjects under study indicated that they have been able to afford food after being absorbed into the OVC CT program while 48 (21.4%) were of the contrary opinion. This implied that OVC CT program cash was majorly used in buying food and related nutrition cases. The assessment of cash transfer programmes around the world has typically been conducted against their ‘material impacts’ on the consumption expenditure, income, nutrition, human capital development in health and education. To identify categorical responses within the indicators and their relevance on the wellbeing of household in Kakamega central sub-county, the researcher conducted a cross tabulation and the results were presented as in table 4.17;

Table 4.17: Cross tabulation showing Diet and nutrition and the wellbeing of households among OVC CT

Cross tabulation frequency percentage		Have you been able		Total
		to afford food?		
		Yes	No	
Wellbeing of households in Kakamega	Count	131	34	165
	Influences % within have you been able to afford food	73.3%	71.4%	72.9%
	% of Total	57.6%	15.3%	72.9%
does not influence	Count	47	14	61
	% within have you been able to afford food	26.7%	28.6%	27.1%
	% of Total	21.0%	6.1%	27.1%
Count		178	48	226
% within have you been able to afford		100.0%	100.0%	100.0%
Total	% of Total	78.6%	21.4%	100.0%

Table 4.17 indicates categorical responses within affordability of dietary and nutrition needs among respondents in Kakamega Central sub-county. Among the responses in ‘yes’ category who were able to afford food after being enrolled in OVC CT social support program 73.3% acknowledged the influence of OVC CT on the wellbeing of households in Kakamega central sub county while in the same category 26.7% were of the contrary opinion; it does not influence. 71.4% among those who had not been able to afford food even after being enrolled in the program, acknowledged the influence of OVC CT on the well being of households in Kakamega central sub-

county whereas in the same category, 28.6% were of the contrary opinion, it does not influence the wellbeing of households in Kakamega central sub-county. This implied that majority of respondents acknowledged that their affordability of food and proper nutrition was as a result of the positive influence OVC CT had on the wellbeing of households in Kakamega central sub-county.

Hurrell et al. (2010) assert that the transfer is also expected to improve food security/nutrition outcomes for OVC, while building the caregivers' knowledge about care and support of the OVC. It not only tackles income poverty but also provides an effective, tangible and direct support to maximize human development objectives, including better nutrition, health and education outcomes. Only if people have access to educational opportunity, quality and affordable health care, adequate and nutritious food, secure shelter and basic income security, they will be able to become or remain productive members of the workforce, or remain dignified members of a society that are not dependent on accidental charitable support even if no longer active in the labour market (ECA 2012).

4.6. Cash transfer on education and household's wellbeing

This was the third objective of the study which sought to establish the influence of OVC CT program on education and its influence on the wellbeing of households in Kakamega central sub-county. Majority of the global population has no access to comprehensive social protection. Social protection programmes tackle multiple dimensions of poverty and deprivation (decent work, education, health care, food security, income security) and can therefore be a powerful tool in the battle against poverty and inequality. Social protection can play a fundamental role in creating more inclusive and sustainable development pathways. In studying this

objective, the researcher studied; school enrolment rate, retention rate, girl-child education as indicators.

4.6.1. School enrolment rate

Social support programs were introduced in Kenya with an effort of ensuring equality in terms of opportunity can be accorded to the vulnerable population. Education therefore was among the most salient features to be addressed by OVC CT. to study the extent of influence, the researcher asked the respondents to indicate whether OVC CT assisted in provision of enough learning materials and the results were as presented in table 4.18;

Table 4.18: Provision of enough learning support material

Scale of measurement	Frequency	Percent
Disagree	4	1.9
Moderately agree	98	43.5
Agree	124	54.6
Total	226	100.0

Table 4.18 depict that, majority of respondents 124 (54.6%) agreed and were contented with the support gained from OVC CT as regards education and support of learning materials they got from the same, followed by 98 (43.5%) who moderately agreed to that fact whereas, the least number of respondents 4 (1.9%) disagreed to the fact that OVC CT provided enough learning materials. This implied that majority of the respondents acknowledged the role of OVC CT in terms of provision of enough learning materials such as books, pens and other scholarly items which go along way

in boosting school enrollment rate. To further acquire an insight on the categorical responses against the dependent variable, the researcher conducted a cross tabulation and the results were as presented in table 4.19;

Table 4.19: Cross tabulation showing provision of education support material and household wellbeing

Cross tabulation frequency percentage		does cash transfer provide enough learning support materials			Total
		Moderatel			
		Disagree	y agree	Agree	
Wellbeing of households	Count	3	81	85	169
	% within				
	Influences provision enough learning support materials	80.0%	82.8%	68.8%	75.1%
	Count	1	17	39	57
	% within				
	Does not influence provision enough learning support materials	20.0%	17.2%	31.2%	24.9%
	Count	4	98	124	226
	% within				
	provision enough learning support materials	100.0%	100.0%	100.0%	100.0%
	Total materials				

Table 4.19 depict that, 81 (82.8%) among those who moderately agreed to cash transfer providing enough learning materials acknowledged that OVC CT influenced wellbeing of the households whereas in the same category, 17 (17.2%) were of contrary opinion, followed by 3 (80.0%) from among those who disagreed that acknowledge the influence of OVC CT on household's wellbeing while in the same category1 (20.0%) declined to its influence on household's wellbeing and lastly, 85 (68.8%) among those who agreed acknowledged OVC CT role in provision of learning support material while in the same category 39 (31.2%) declined it influence. This implied that cash transfer's support in providing learning and support materials influenced the well being of the household.

According to UNICEF (2012) Social protection also plays a critical role in supporting the realization of other rights, such as the right to survival and development and the right to education. Reaching specific and equitable sector outcomes such as child survival or education for all, relies on a set of enabling factors: (i) equitable access to services and goods; (ii) social inclusion; as well as (iii) changes in behavior; and (iv) supply of adequate and efficient services. Social protection can have a direct impact on the removal of social and economic barriers preventing access to the basic services and goods required to improve human development outcomes, and it can indirectly encourage increased availability and quality of services.

The study further sought to establish whether school performance improved since cash transfer, the respondents were asked on whether OVC CT influenced school performance and the results were as presented in table 4.20;

Table 4.20: Performance of schools since inception of OVC CT

Scale of measurement	Frequency	Percent
Moderately agree	99	43.9
Agree	127	56.1
Total	226	100.0

Table 4.20 indicate that a majority of respondents agreed that since the inception of OVC CT, schools performance in the area have improved, represented by 127 (56.1%) while 99 (43.9%) moderately agreed on the same. This could be due to fact such as improved nutrition that was best with fighting pathogens and diseases, and thus proper school attendance. Implied that majority agreed that OVC CT had promoted better results in schools. To understand the categorical responses within each category of responses on the dependent variable, the researcher conducted a cross tab and the results were as shown in table 4.21;

Table 4.21: Cross tabulation showing school performance and its Influence on wellbeing of households

Cross tabulation frequency percentage		Has school performance improved since cash transfer?		
		Moderately agree	Agree	Total
wellbeing of households	Count	75	95	172
	Influences			
	% within improved performance since cash transfer?	75.7%	74.6%	75.1%
	Count	24	32	57
does not influence	% within improved performance since cash transfer?	24.3%	25.4%	24.9%
	Count	99	127	226
Total	Count	99	127	226
	% within improved performance since cash transfer	100.0%	100.0%	100.0%

Table 4.21 show that among respondents who moderately agreed that school performance has improved since OVC CT inception, 75.7% acknowledged its influence on the wellbeing of households whereas in the same category, 24.3% declined its influence, followed by 74.6% among the “agree” category who acknowledged the school Performance improvement since inception of OVCT influenced wellbeing of households while 25.4% in the same category did not acknowledge the influence of school performance on wellbeing of household in Kakamega central sub-county. This implied that since the inception of OVC CT, there has been tremendous improvement in school performance which has positively influenced household wellbeing in Kakamega central sub-county. Adato& Bassett (2008) in their extensive review of the evidence for the potential impact of CT programmes argued that Cash Transfers have demonstrated a strong potential to reduce poverty and strengthen children’s education and performance in school in relation to household wellbeing.

The last indicator tested was school retention rate, where the researcher asked the respondents to state whether there has been evident school retention rate since inception of OVC CT and the answers were as presented in table 4.22;

Table 4.22: Has retention rate improved since OVC?

Scale of measurement	Frequency	Percent
Strongly disagree	36	16.0
Disagree	12	5.2
Moderately agree	78	34.6
Agree	100	44.2
Total	226	100.0

Table 4.22 show that 100 (44.2%) agreed that there has been improved retention rates in school followed by 78 (34.6%) who moderately agreed to that fact, whereas 36 (16.0%) and 12 (5.2%) strongly disagreed and disagreed respectively in the influence of OVC CT on retention rates in schools. OVC-CT program was launched in 2004 with broad objective of strengthening households capacities to provide a social protection system through regular cash transfers to families with OVC, in order to encourage fostering and retention of orphans and vulnerable children (OVC) in their families within the communities and to promote their human capital development (GOK, 2013). The study further conducted a cross tabulation that indicated categorical responses on the dependent variable and the results were as shown in table 4.23:

Table 4.23: Retention rate's influence on wellbeing of households in Kakamega central sub-county

Cross tabulation frequency percentage		Has retention rate improved since OVC?				Total	
		Strongly disagree	Disagree	Agree	Strongly agree		
Influences	Count	30	9	52	78	169	
	% within improved retention	83.3%	76.9%	66.7%	78.4%	75.1%	
	Does not influence	Count	6	3	26	22	57
	% within improved retention	16.7%	23.1%	33.3%	21.6%	24.9%	
Count		36	12	78	100	226	
% within has retention rate improved since OVC?		100.0%	100.0%	100.0%	100.0%	100.0%	

Table 4.23 show that 83.3% respondent within the strongly disagree category acknowledged the influence of retention rate wellbeing of households whereas in the same category, 16.7% declined its influence followed by 78.4% within the agree category who acknowledged the influence of retention rate on household's wellbeing, whereas in the same category 21.6% declined its influence, 76.9% within the

“disagree” category acknowledged the influence retention rates had to the well being of households while in the same category 23.1% declined its influence on household’s wellbeing and lastly, 66.7% within those who moderately agree on the improvement of retention rate acknowledged its influence to wellbeing of households while in the same category, 33.3% opined contrary.

4.7. Cash transfer on social status and social relations

This was the fourth objective of the study. Moorstein (2010) defines Social protection describes all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable, and marginalized groups. Among indicators studied included, perception of the community concerning the respondents beneficiary status, relations between community and beneficiaries of the program and usefulness of OVC CT on children wellbeing within beneficiaries.

Perception of the community concerning a beneficiary status was measured on a scale of; privileged, deserving, undeserving, jealous and do not know. Responses were obtained, and tabulated. Table 4.24 reveals the perception of the community towards the beneficiary status of the respondents under study;

Table 4.24: What is the perception of the community concerning your beneficiary status?

Scale of measurement	Frequency	Percent
Privileged	105	46.7
Deserving	91	40.2
Undeserving	1	.4
Jealous	10	4.4
Do not know	19	8.3
Total	226	100.0

Table 4.24 reveal that; majority of community members viewed OVC CT beneficiaries as privileged represented by 105 (46.7%), followed by those who felt that they deserved assistance, 91 (40.2%), 19 (8.3%) did not know where OVC CT placed the beneficiaries, 10 (4.4%) indicated their jealousy status towards the OVC beneficiaries while a minority viewed OVC as undeserving. This implied that, a majority of OVC beneficiaries were viewed to be in dire need of assistance as represented by the figures 105 (46.7%), and this could be owed to factors such as their HIV status, social status among the community and their economic means. Moreover respondents felt that the community thought they really deserved assistance as suggested by figures 91 (40.2%) owing to various elements within education, health and deterioration. The study further categorized responses by cross tabulating the indicators versus independent variable and the results were as shown in table 4.25;

Table 4.25: What is the perception of the community concerning your beneficiary status and its influence on wellbeing of households

Cross tabulation frequency percentage		What is the perception of the community concerning your beneficiary status?					Total
		Privilege	Deser	Undeser	Jealou	Do not	
		d	ving	ving	s	know	
wellbeing of households	Count	82	66	1	6	14	169
	% within perception of the community concerning your beneficiary status?	78.5%	72.8%	100.0%	60.0%	73.7%	75.1%
	% of Total	36.7%	29.3%	.4%	2.6%	6.1%	75.1%
	Count	23	25	0	4	5	57
	% within perception of the community concerning your beneficiary status?	21.5%	27.2%	.0%	40.0%	26.3%	24.9%
	% of Total	10.0%	10.9%	.0%	1.7%	2.2%	24.9%
	Count	105	91	1	10	19	226
	% within perception of the community concerning your beneficiary status?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total	46.7%	40.2%	.4%	4.4%	8.3%	100.0%
	Total		%				%

Table 4.25 reveal that, 82 (78.5%) among those who felt that the community viewed them as privileged acknowledged that OVC CT influenced the wellbeing of their households, in the same category 23 (21.5%) had a contrary opinion; 66 (72.8%) among those that felt the community saw them as deserving the support program acknowledged the influence of OVC CT on the well being of their households whereas in the same category, 25 (27.2%) felt it does not influence the wellbeing of their households; 14 (73.7%) among those who did not understand the community's perception on their OVC status felt that OVC CT influences their wellbeing while in the same category, 5 (26.3%) did not acknowledge OVC on their households well being. 6 (60.0%) among those who felt the community was jealous on their new status acknowledged the influence of OVC CT on their households wellbeing while in the same category, 4 (40.0%) were of the contrary opinion.

The study sought to establish how relations have been between beneficiaries and non-beneficiaries in the community and the results were as presented in table 4.26;

Table 4.26: How have relations between beneficiaries and non-beneficiaries within the community been affected?

Scale of measurement	Frequency	Percent
Improved	175	77.3
Same	51	22.7
Total	226	100.0

Table 4.26 reveal that relations have improved since respondents were initiated into the OVC CT program for social support as indicated by the majority who felt they

have improved at 175 (77.3%) whereas 51 (22.7%) felt that the relations have been normal. This implied that, factors such as stigma due to very low community status might have contributed to alienation of some vulnerable community members especially when it comes to HIV % AID, tuberculosis and other cancer related ailments where relatives and friends shun the affected/infected due to associated stigma. To further identify categorical responses among the respondents versus influence relating to households wellbeing, the study conducted a cross tabulation and the results were as presented in table 4.27;

Table 4.27: Cross tabulation showing how relations between beneficiaries and non-beneficiaries within the community have influenced on wellbeing of households?

Cross tabulation

Cross tabulation frequency percentage		How have relation between beneficiaries and non-beneficiaries within the community been affected?		Total
		Improved	Same	
Influences wellbeing of households	Count	132	37	169
	% within relation between beneficiaries and non-beneficiaries within the community been affected?	75.7%	73.1%	75.1%
	% of Total	58.5%	16.6%	75.1%
	Count	43	14	57
does not influence	% within relation between beneficiaries and non-beneficiaries within the community been affected?	24.3%	26.9%	24.9%
	% of Total	18.8%	6.1%	24.9%
	Count	175	51	226
	% within relation	100.0%	100.0%	100.0%
		between beneficiaries and non-beneficiaries within the community been affected?		
Total	% of Total	77.3%	22.7%	100.0%

Table 4.27 reveal that within those who felt the community relations had improvised 132 (75.7%) acknowledged the influence to their wellbeing that OVC had done whereas in the same category, 43 (24.3%) did not acknowledge while 37 (73.1%) within those who felt the community relations maintained, acknowledged influence of OVC CT on their households wellbeing whereas in the same category 14 (26.9%) were of the contrary opinion. This implied that a social fabric could well have been maintained with sustainable assistance in social support as with OVC CT that fostered co-existence within these communities where beneficiaries came from.

The study sought to establish whether children from beneficiary groups had their wellbeing catered for in terms of education, nutrition and health, and the respondents were asked whether they thought the affairs of the children had been taken care of by OVC CT and the results were as presented in table 4.28;

Table 4.28: In your opinion is OVC cash transfer useful to children in beneficiary households?

Scale of measurement	Frequency	Percent
Yes	178	78.6
No	48	21.4
Total	226	100.0

Table 4.28 reveal that majority of respondents 178 (78.6%) acknowledged importance of OVC CT on their children wellbeing in terms of school, nutrition and health, 48 (21.4%) didn't however express their gratitude towards the same. This implies that children in household registered with OVC showed improved attendance in school

and performance, good health and nutrition status which was welcome by beneficiary households. The study further established categorical responses with regard to the dependent variable and the results obtained were presented as in table 4.29;

Table 4.29: Cross tabulation showing opinion is OVC cash transfer useful to children in beneficiary households and influence on wellbeing of households

Cross tabulation frequency percentage		Is OVC cash transfer useful to children in beneficiary households?			
		Yes	No	Total	
			Count	134	36
influence on wellbeing of households	Influences	% within in your opinion is OVC cash transfer useful to children in beneficiary households?			
		75.0%	75.5%	75.1%	
		% of Total			
		59.0%	16.2%	75.1%	
does not influence		Count	44	12	56
		% within in your opinion is OVC cash transfer useful to children in beneficiary households?			
		25.0%	24.5%	24.9%	
		% of Total			
		19.7%	5.2%	24.9%	
Total		Count	178	48	226
		% within in your opinion is OVC cash transfer useful to children in beneficiary households?			
			100.0%	100.0%	100.0%
Total		% of Total	78.6%	21.4%	100.0%

Results from the cross tabulation reveal categorical responses within scales of measurement “Yes and No”. it was revealed that within those who felt their children had been taken care of since being joined in the support program, 134 (75.0%) acknowledged the influence OVC CT had had on their households improvement whereas in the same category 44 (25.0%) had a contrary opinion. 36 (75.5%) among

those within the “No” category felt that OVC had influenced their households well being while objecting its importance on their children’s welfare whereas in the same category 12 (24.5%) had a contrary opinion not to influence.

1.8 Key informants’ interview response

The study sought views from one key informant who is the Sub-county children’s officer in charge of Kakamega Central sub-county. Her views were essential because she is a government officer in charge of implementing the cash transfer program in Kakamega Central. She gave a chronological procedure of how the beneficiary households are selected stating that the process of selection is done by the public members in the community meetings (Barazas) hence making it very fair. She went ahead and stated that the beneficiaries get a by monthly payment of Ksh. 4,000 payable through Posta and selected banks including equity and KCB banks. She explained that before this program, the needy OVCs used to survive through informal support like fundraising etc, hence these strategies reduced with the initiation of this program which has enhanced food security, reduced object poverty and increased school enrolment and retention rates.

The officer added that previously before this program, these OVC’s households were viewed as underprivileged but since its inception, it has increased these households’ purchasing power and community integration. She noted that while a few of the beneficiaries were stigmatized as this program was associated with HIV Aid pandemic, majority of the beneficiaries are seen as privileged. She concluded by narrating that OVC CT program has immensely helped the OVCs in the community and indicated that if the program could be up scaled further, majority of people will benefit.

1.9 Summary

This chapter contains findings of the study which were guided by its objectives, the analysis was done and study findings put in tables and discussions explained according to variables. Key informants opinions and views were also incorporated in the study. The findings showed that majority of respondents spent this cash transfer grant on food stating that this grant is not adequate enough to cater for their needs. However, they indicated that the grant had immensely improved their food security as a greater percentage of the grant is used to purchase food. Majority of respondents also observed that the cash transfer grant increased school enrolment and hence improved school performance by aiding in purchase of learning materials therefore boosting school retention rates, this therefore improved their social status and social relations in the community.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of findings, the discussion of the findings and the conclusions drawn from the data findings. In addition, it presents the recommendations of the study

5.2 Summary of findings

The study had 226 (84.03%) respondents who returned their questionnaires out of the sample population of 269. In this study, majority 215 (95.2%) were females aged between 31 – 40 years who were 94 (41.5%) who had been in the program for between 25 – 36 months and this was represented by 114 (50.7%). The number of respondents under divorced category made a huge chunk of the population 108 (48.0%). On adequacy, majority 172 (76.0%) had the opinion that OVC CT was not adequate with whom 116 (51.5%) received their cash through bank account in banks cited as KCB and Equity bank, a majority 131 (58.1%) also stated that allocated a good sum to food, and 150 (66.4%) were able to were able to afford three meals per day after being included in the program whereas another indicator revealed that majority of respondents on main source of food 116 (51.5%) bought their food. Further 178 (78.6%) among the respondents under study indicated that they have been able to afford food after being absorbed into the OVC CT program and a majority respondents 124 (54.6%) agreed and were contented with the support gained from OVC CT as regards education and support of learning materials they got from the support program results further indicated that schools performance in the area had improved since inception of OVC, represented by 127 (56.1%) where 100 (44.2%)

agreed that there has been improved retention rates in school. Majority of community members viewed OVC CT beneficiaries as privileged represented by 105 (46.7%) and that relations between beneficiaries and community have improved since respondents were initiated into the OVC CT program for social support as indicated by the majority who felt they have improved at 177 (77.3%). Some respondents 178 (78.6%) acknowledged importance of OVC CT on their children wellbeing in terms of school, nutrition and health and overall, OVC CT impacted positively in the lives of households in Kakamega Central sub-county. The key informant ascertained that Cash transfer has greatly improved the lives of OVC's in the area through education, food security and social relations.

5.4 Conclusions

The study made the following conclusions;

First, orphans and vulnerable children are at higher risk for poor social protection outcomes even when cared for in family-based settings. Orphans remain at higher risk for not obtaining basic primary education even after being directly funded because of a severe low in achievement of basic needs such as food. Most households were therefore seen to purchase food as a priority allocation before health and education.

Second, it was established that OVC CT was inadequate in terms of meeting household requirements like food, clothing, and education at the same time, there is an urgent need of involving more stakeholders in the scheme, so as to have more cash, disbursed within a one month period to have sustainable development both socially and economically of households registered for the social protection program.

Additionally, a community's well being is anchored in healthy and medically fit human resource. In this length, there's need for policies involved within OVC CT to create a kitty where critical conditions such as HIV/AIDS, Epilepsy and Tuberculosis could be well handled.

Moral support, avoidance of stigma and labeling as seen from other community members was a factor that discouraged registration into OVC by some vulnerable families due to it being 'labeled' as an organization of assisting HIV related cases among the community.

5.5 Recommendations

In addition to prioritizing research questions to be answered in Kenya, stakeholders can play a crucial role in creating a policy and funding environment for program-relevant research to thrive. The study recommends several actions are listed below;

1. Adopt a National OVC Research Agenda with an implementation strategy clearly indicating priority research areas matched with resources. A National Research Agenda will help researchers know what areas the country needs more evidence to improve the effectiveness and impact of OVC programs and more likely help them focus on policy and program relevant national research priorities.
2. Commission a National Longitudinal Cohort study, posing different research questions as needed. Following children and families being supported by various services, over an extended period of time, is the most reliable way to understand whether the services being provided are making a difference on the lives of the children, both in the short term and longer term.

3. Develop and implement a robust plan to monitor and evaluate all OVC programming. Incorporate shared, well defined indicators across programs for ease of comparison.
4. Set up a central OVC database to capture all demographic data on OVC, OVC care placements, service providers and their coverage in terms of services and geographically, etc. This will serve as a resource for planning and budgeting and allow the Ministry of Community Development and Social Services know who is doing what and where and help coordinate services to improve synergy between service providers, reduce duplication of efforts, and improve efficiency in programming of resources.
5. Engage national and international stakeholders to support program-relevant research. USAID, for example, has Basic Program Evaluation (BPE) and Public Health Evaluation (PHE) mechanisms to support research as well as programming.
6. At the program level, it will be helpful for the Department of Children services within the Ministry of Labour and Social Services and partners to incorporate a National Scale-up Plan for OVC in the OVC National Plan of Action; with clear annual coverage targets matched with expected resources.

5.6 Recommendations for further research

1. This study was carried out in Kakamega Central sub-county alone; in future therefore, a similar study should be carried out in the whole of Kakamega County with a larger sample size in order to generalize the findings.
2. A study can be carried out to establish the effectiveness of OVC beneficiary identification procedures in Kakamega County for this program.

3. A similar study should be carried out in another region in order to compare findings.

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APPENDICES

Appendix I: Questionnaire for household heads

My name is Kelvin, a graduate student at the University of Nairobi. I am conducting a research on the influence of cash transfer grant for orphans and vulnerable children on wellbeing of households in Kakamega central sub-County. I kindly request you to allow me to ask you some questions on this subject. All information provided will be treated with utmost confidentiality and will used for academic purposes only. Your participation in the study will not affect any benefits/services you are getting from this programme.

Enumerator Name: _____ Number of respondent: _____

Sub-Location: _____ Village: _____

Date: _____

SECTION A: Bio-data and household characteristics

a. Name (optional): _____

b. Gender

Male

Female

c. Age category

Below 18 years 19- 30 years 31-40years 41-50years

51 - 60 years 61- 70 years 71years and above

d. Marital status

Single Married

Separated orced Widowed

e. What is your level of education?

Never been to school Primary Secondary
 Tertiary college University Others
 (specify): _____

f. What is your religion?

Christian – Catholic Christian – SDA
 Christian – Protestant Christian –Others
 Muslim Others (Specify): _____

g. What is your **Main** source of income?

Permanent employment
 Casual laborer
 Business
 Farming
 Remittances
 Cash Transfer
 Other (Specify): _____

g. Approximately, what is your monthly income other than the Cash Transfer?

Below Kshs 1000 Between Kshs 1001 and 2000
 Between Kshs 2001 and 3000 Between Kshs 3001 and 4000
 Between Kshs 4001 and 5000 Other (write here) Kshs

i. Total number of household members who normally reside in the homestead including the respondent _____

j. How many members are below 18 years _____ Boys: _____ Girls: _____

k. Of those below 18 years how many are the household's children and how many are "fostered"?

Households: _____ Fostered: _____

l. How many children in the household are below 5 years old? (both belonging to the household and "fostered"): _____

n. How many children in the household are orphans and vulnerable? _____

SECTION B: Household utilization of Cash Transfer grant

a. When did you become a beneficiary of the OVC Cash Transfer?
Year: _____

b. How long have you been receiving the OVC Cash Transfer?

1-12 Months

13-24 months

25- 36 months

37-48 months

More than 48 months

c. Has the amount been constant?

Yes No

If No, please explain _____

d. Is the amount adequate for all the basic needs of the children?

Yes No

If no, what amount do you suggest should be given per month?

e. Do you know why you were selected to receive the money?

f. How were you selected?

g. How often are the payments made to the beneficiaries?

h. How are the payments made?

Cash

Through Post Office

Bank account

Other Specify: _____

i. How do you spend the money from the programme? Please rank with the most important use as number 1

Use	Ranking
Education	
Food	
Health	

Security	
Bride wealth	
Payment of debts	
Clothing	
Seeds	
Livestock purchase	
Treatment of livestock	
Business	
Other (specify)	

j. In one payment cycle (two months) list the approximate amount you spent on the following:

- 1) School fees: Kshs: _____
- 2) Food: Kshs: _____
- 3) Medical care: Kshs: _____
- 4) Remittance: Kshs _____
- 5) Rent: Kshs _____
- 6) Investment: Kshs: _____

k. Who in the household makes decisions on how the money is spent?

- Husband
- Wife
- Both husband and wife
- Children
- Grandfather
- Grandmother

Other (please specify) _____

SECTION C: Food consumption and Food Security

a. How many meals were you taking per day before you became a beneficiary?

One Two Three Other

(Specify)_____

b. How many meals do you now take per day?

One Two Three Other

(specify)_____

c. If one or two above which ones?

Breakfast Lunch Dinner

d. What is the main source of the food for the household?

Cultivated Bought Borrowed Relief food

Others (please specify) _____

e. How often do the children take the following foods?

i. Milk:_____

ii. Meat/fish:_____

iii. Fruits:_____

iv. Vegetables:_____

f. How did you deal with lack or reduction of food before you became a beneficiary of the programme?

- Reducing food consumption
- Pulling children out of school
- Selling family assets
- Child labour
- Brewing and/or selling traditional liquor
- Others (Please specify): _____

g. Before you became a beneficiary were you able to have food all year for the household?

Yes No

h. Since you became a beneficiary are you able to have food all year for the household?

Yes No

SECTION D: Orphans and Vulnerable children's Education

a. Before you joined the Programme did you have children of school- going age?

Yes No

b. Were they going to school?

Yes No Some

c. What is the **main** reason for children not going to school?

Lack of fees School is far

Lack of uniform Lack of other school utilities like books

Have not paid all school charges The refused

Others (specify): _____

d. Do you think cash transfer grant has helped OVC access education?

Yes () No () Not sure ()

e. Give a reason for your answer above _____

f. Indicate your position on the factors below appropriately: **1=Strongly disagree**

2= Disagree 3= Weekly disagree 4= Agree 5= Strongly agree

FACTOR	1	2	3	4	5
Cash transfer grant provide schemes provide enough school fees for OVCs in your household					
Cash transfer grant provide enough learning support materials					
School performance by OVC who benefit from cash transfer grant has improved					
School retention rate of the OVC has increased since the introduction of the cash transfer grant					

SECTION E: Social Status and Social Relations

a. In your opinion how was your social status in the community before you started receiving the Cash Transfer?

High Medium Low Do not know

Please explain your answer

b. How do you consider your social status in the community now?

- High Medium Low Do not know

Please explain your answer

c. Before you became a beneficiary were there any social functions you were invited to participate in?

- Yes No

d. Are there social functions you are now invited to since you became a beneficiary?

- Yes No

If yes, which ones?

e. What is the perception of the community concerning your beneficiary status?

- Priviledged
 Deserving
 Undeserving
 Jealous
 Do not know

Please explain your answer

f. How have relations between beneficiaries and non-beneficiaries within the community been affected?

- Improved No change Worsened

Please explain your answer

g. What is the relationship of the OVCs and other children in the community?

h. Before you became a beneficiary of the OVC Cash Transfer, were you receiving any kind of assistance from community members (including relatives)?

- Yes No

Has the assistance changed in any way?

i. Now that you are a beneficiary, do you take goods on credit from others?

Yes

No

If yes, it is easier or more difficult to get credit now than before you were a beneficiary?

j. In your view, is the OVC Cash Transfer programme useful to the children in the beneficiary households?

Yes

No

i. If yes above, what are the main benefits?

ii. If No, what are the reasons you think so?

k. Please use the key provided to indicate (use tick) your extent of agreement or disagreement with the following aspects of the Orphans and Vulnerable Children Cash Transfer Programme

5= Strongly agree 4=Agree 3=Not sure 2=Disagree 1=Strongly disagree

	5	4	3	2	1
a) The Programme has enabled beneficiary households enroll and retain their children in school					
b) The programme has ensured that households are able to get adequate and balanced food for the children					
c) Due to the Programme beneficiary households are treated with dignity and recognized as useful members of the community unlike before the programme					
d) There have been positive effects from the implementation of the Programme in the community					
e) The Programme has introduced jealousy and hatred in the community between the beneficiaries and non-beneficiaries					
f) The Programme is encouraging laziness and dependency among beneficiaries					
g) There have been negative effects from the					

implementation of the Programme in the community					
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1. What suggestions can you give to improve the OVC Cash Transfer programme?

Thank you for your time and cooperation.

Appendix IV: Key Informant Interview Guide

Date of interview: _____

Name of key informant: _____

Title: _____

Gender: _____

1. Who are targeted by programme?
2. How are the beneficiaries identified?
3. Was the identification fair? How?
4. What is the amount and how is it disbursed? What are your views on its adequacy?
5. What are some of the livelihood strategies OVC households used before the programme?
6. Which strategies were abandoned and which ones reduced when the programme started?
7. What do people do with the money they receive? Have there been any cases of misuse?
8. Who benefits from the expenditure of the Cash Transfer?
9. Have there been any changes in food consumption and food security?
10. Have there been any changes in education?
11. What was the perceived social status of the beneficiaries before the programme?
12. Has it changed in any way? If yes, How?
13. Has the programme had any effects on community relations? In which ways?

14. Are the OVCs and their households looked down upon in the community?
15. Generally, what are the positive and negative effects of the programme from your viewpoint?
16. What do you suggest can be done to change the negative effects?

Thank you for your time.

APPENDIX V: WORK PLAN

ACTIVITY	TIME
Preparatory stage	
Problem identification	August 2014-January 2015
Proposal writing	January-February 2015
Proposal defense	March 2015
Operational stage	
Data collection	June - August 2015
Research solution development	August - September 2015
Evaluation stage	
Report writing	September – October 2015
Submission and evaluation of the Thesis	October 2015
Thesis defense	October 2015

APPENDIX VI: BUDGET

Item	Cost (Kshs.)
Binding and Photocopying	6,700
Printing and Typing	10,500
Transport and subsistence	15,000
Stationery and preparation of the copies	7,500
Miscellaneous	13, 000
Total	52,700

Appendix V: LETTER OF TRANSMITTAL

P.O BOX 1561 -50100

KAKAMEGA

5TH March, 2015.

Dear Respondent,

RE: INTRODUCTION

I am a post graduate student pursuing Masters degree in Project Planning and Management from the University of Nairobi, currently undertaking my research on the topic “Influence of cash transfer grant for Orphans and Vulnerable Children on wellbeing of households; a case of Kakamega central sub-county-Kenya being the partial fulfillment of the requirement for the above program.

I would like you to be one of my respondents and rest assured that information divulged to me will only be used for this research and I will uphold your informational and personal confidentiality.

I look forward to your cooperation. Thanks in advance.

Yours Sincerely;

Kelvin Kimulu Eyase

0711981130