

**INFLUENCE OF CASH TRANSFER PROGRAM ON
SOCIO-ECONOMIC STATUS OF BENEFICIARIES In
KENYA: A CASE OF PERSONS LIVING WITH
DISABILITIES IN KITUI CENTRAL SUB-COUNTY IN
KITUI COUNTY**

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DECLARATION

This research report is my original work and has not been presented for any examination in any other Institution.

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DEDICATION

I would like to dedicate this Research report to all disabled persons in Kitui County and remind them that Disability is not Inability. Also dedicated to my lovely parents and siblings for all the efforts that they made in ensuring that I am where I am today not forgetting my lectures thanks a bunch for all the effort. God bless you big.

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LIST OF ABBREVIATIONS/ACRONYMS

PWD	:	Persons with disabilities
CCT	:	Conditional cash transfer
CT	:	Cash transfer
NGO'S	:	Nongovernmental organizations
PWD-CT	:	Persons with disabilities cash transfer
OP-Ct	:	Operational Cash Transfer
OVC-Ct	:	Orphaned and Vulnerable Conditional cash Transfer
CTP	:	Cash Transfer programme
USD	:	United state dollars
NPCWD	:	National council for person's living with Disability
SCT	:	Social cash transfer

ABSTRACT

The purpose of the study was to investigate the influence of cash transfer intervention program on social-economic status of beneficiaries. The study used Kitui Central Sub-County as a case. The study aimed at achieving the following specific objectives. To identify the influence that cash transfer makes to the persons who have severe disabilities in Kitui Central Sub-County. Progressive investment has been made here in Kenya by the government in social protection for the disabled persons. The purpose of this study is to establish the influence of cash transfer program on the social-economic wellbeing of beneficiaries' households in Kitui Central in Kitui County. To establish how enhancement of cash transfer program influences social economic status of disabled persons.

To examine how family relations influences the use of cash transfer program in kitui central sub-county in Kitui county. To establish measures that need to be undertaken to enhance cash transfer program for improvement of social-economic wellbeing of people living with disabilities in Kitui Central Sub County. In Chapter two the study undertook to review and critique literature related to the study. The key themes upon which the review of literature was based on were evolution of cash of cash transfer as instruments of social protection and the types of cash transfer programme that were available. The other theme of literature review was the use of cash transfer money by the beneficiaries, Social impact as displayed on the family relations, on health, and the influence of cash transfer on the economic production of the beneficiaries. Research Methodology is a breakdown of how the research was carried out. It included research design, the research area, and target population, sample size, sampling techniques and data collection techniques and procedures. This study will employ a descriptive survey research design. This is because descriptive research designs are commonly used when examining social issues that exist in communities. Descriptive studies, because of their exploratory nature to be easier and simpler to conduct, yet quite important for providing foundation upon which correlation and experimental studies emerge. (Mugenda, 2008) In employing the design, the research will seek to examine the influence of PWD-CT on socio-economic status of the beneficiaries. Data design represented the data of statistical analysis of the data, their interpretation and discussion. Two sections were used to report the results. Demographic characteristics of the respondents who participated in the were reported in the first section while findings with respect to the variables in the objectives of the study were represented in the second section. Chapter five gave a preview of the findings, conclusion and recommendations that the researcher had found in the entire research project. It also gave suggestion that the researcher gave concerning the project. The study found out that the beneficiaries of cash transfer were not benefitting wholly from the amount given since it wasn't sufficient to cater for all their needs. Again not all the disabled persons who qualified for cash transfer were included in the program. The project also recommended that the amount of cash transfer given should be increased in order to cater for all the needs of the disabled persons and again all the disabled persons should be included in the program.

CHAPTER ONE:INTRODUCTION

1.1 Background of the Study

Cash transfer is the direct transfer payments to certain people who are eligible to receive those payments. Mainly, cash transfer program is usually provided by the state, Non-Governmental Organizations (NGOs), or the government. Introduction, implementation and use of cash transfer program is common. This is mostly the way poor needs are acted upon, old and less fortunate people in the society. Top in the list of the priorities of the government that we have is to implement ways that will aid in the eradication of poverty and ways that will improve the social-economic status of its citizens more so the less privileged in the society. Conditional Cash Transfer CCT are being introduced and promoted as the best practice in the social sector for developing countries (Handa and Davis 2006). Although the use of this cash transfer program as instruments of social protection has been noted to have originated in the west to be specific Europe, the first well known CCT programs were implemented in Latin America in the early nineties to eradicate and reduce poverty and bring up conditions for upward social human capital investment.

Brazil was identified as the first country to have adopted CCT program in 1995 when the government implemented a program called *Bolsaescola and Bolsafamilia*. Other CCT programmes that were introduced in Latin America and Caribbean countries back then as tools of social protection had a wide range of good outcomes as noted by Gonzalel and Borraz(2009). The World Bank 2011 noted that the benefits increased food consumption and improved school enrollment among beneficiaries. On the basis of the success of CCT

programmes in Latin America as tools of social change and protection had a wide range of good outcomes as noted by *Boraz and Gonzalez 2009*. Their key benefits included increased food consumption and improved school enrollment and provision of health care among the beneficiaries.

CCT programs in Latin America, Fizean and Schady (2009) noted that countries in different parts of the world over the years adopted CCT programs at a very high rate. Due to that some countries in the world in 2009, more than 25 countries operating some form of CCT programs (World Bank 2011).

The quick adoption of CCT programs following experience in Latin America made CCT programs to be rated as one of the most widely adopted anti-poverty initiatives in the developing world during the last decade of the 20th Century.

Despite the adoption of CCT programmes all over the world, adoption of this program was mostly in Asia and Africa. Indonesia, Bangladesh, Philippines are some of the countries where large scale CCT programmes were implemented. In October 2005 the Indonesian government implemented unconditional cash transfer program in which eligible households received 100000 per month (Royat 2009). Later on in the year 2007 unconditional cash transfer program was replaced by conditional cash transfer programme. All poor households and pregnant women and young children were the main target in the Indonesian CCT programme. *Programme keluarga Harapan* was the name of the Indonesian CCT programme which was used by the government in the hope of

reducing maternal and child mortality, and to ensure universal coverage of basic education, and to reduce child labour and encourage children to attend school (Royat 2009).

Pantawid pamilyang Pilipino programme was the name of the Philippine CCT programme. Latin America adopted *Pantawid pamilyang Pilipino programme* to provide cash grants to extremely poor households in order for the members of the family to be able to meet certain human development goals (United Nations, 2009) and reduce poverty. Through *Pantawid pamilyang Pilipino programme*, the country was able to fulfil its commitment to meet the Millenium Goals, mainly to eradicate extreme poverty and hunger, provide gender equality, and reduce child mortality.

Several cash transfer programmes were implemented in Bangladesh, the key being education laying a lot of emphasis on the Female Secondary school assistance which incorporated multiple interventions who aimed at reducing the size of the age gap in secondary education and raise the status of women in the economy and the society at large. Primary Education Stipend Programme established in January 2003 aimed to highly increase school enrolment and reduce the rate of children dropping out of school thus eliminating child labour and increasing the poverty levels.

Asia had a similar case where cash transfer programs in Latin America made many countries in Africa adopt CCT as a tool of social protection to their citizens. Mozambique, Zambia, Zimbabwe and Lesotho were among the first countries in Africa

to implement cash transfer programmes for the poorest households. In Ethiopia, Namibia and South Africa, Cash relief grants to food insecure households were implemented. In South Africa, Tanzania, Lesotho, Malawi and Kenya child care grants focusing on orphans and other vulnerable children were implemented while in Lesotho, Namibia and South Africa disability grants were implemented.(persons and Alviar, ND; Kakwani, soares and son,2005).

South Africa led in the implementation of Cash transfer programme in Africa. Child support Grant was first implemented in South Africa in 1998 as one of the system of unconditional benefits to children, persons living with disabilities and the elderly. Three main grants were being provided by the government of South Africa to one quarter of the total population by the year 2006. (Barnes and Wright 2008).

In 2004, a pilot programme was the first to be introduced in Kenya for orphans and vulnerable children in response to HIV and AIDS. PWD-CT was the first programme to be introduced in Kenya According to Alviar and persons (ND) the realization that other elements of social protection in Kenyan society, the HIV and AIDS pandemic led to the growth and breakdown of communal mechanism. Nairobi, Garrisa and Kwale districts were among the counties where pilot programmes were developed with the help and assistance of UNICEF and the Children's Department. Five hundred Kenya shillings was the amount that the beneficiaries were given during that pilot program. Department of Children's services increased the number of counties to 13 using the governments own resources reaching a further 2500 households. Amount paid to the beneficiaries was

hiked by 500 to 1000 in 2006 (Ward et al 2010). From July 2006 the programme of cash transfer has been revised a number of times for it to reach the current amount of 2000 received by each beneficiary. This study therefore seeks to establish how this cash transfer program has influenced the socio-economic status of beneficiaries in Kenya with a focus on persons living with disabilities in Kitui County.

1.2 Statement of the problem

After introduction of the pilot program in 2004, the government continued to follow up with the program in order for them to cover more counties and increase the number of beneficiaries. The more the program was expanded the more the budget was increasing. Thirty seven districts were covered by the year 2007/2008 benefiting 25000 beneficiaries. By 2008/2009 the program was covering 47 districts while the Kenyan government allocated 5.7 million to PWD-CT budget while development partners put 7.6million (Republic of Kenya ND).

The aim of introducing PWD-CT program was to enhance capital development whereas the development of social capital depends upon relationship in the family and other support networks.(Gauntell 2011).Family relationships of families benefiting from PWD-CT makes aspects of social networks to be of critical concern in any evaluation of the impact of a cash transfer program on the recipient persons. There can be impact on the mental health of children and persons living with disabilities and there output can be poor if we have bad relationships in the family set-up thus retarding overall human development. Again PWD-CT programs affect the social networks of the beneficiary

because when you have money you associate with people who have money thus leading to social vulnerability in the event that you exit the program.

There was promotion of successful youth development, development of norms of labor market attachment, enhancement of good healthcare and nutrition, enhancement of schooling and education, advancement of economic development, which played a crucial role in the functioning of the community as noted by Ottebjjer (2005). By the virtue that PWD-CT was a success in Kenya, other programs like PWD-CT were started. However, no extensive research was carried out on the social economic wellbeing of the households benefiting from the program. It is on this view that this study will be conducted in Kitui Central Sub County in Kitui County on the influence of PWD-CT program on social economic wellbeing of the beneficiaries.

1.3 Purpose of the study

The purpose of this study is to establish the influence of cash transfer program on the social-economic wellbeing of beneficiaries' households in Kitui Central in Kitui County.

1.4 Research Objectives

The objectives of the study are;

1. To establish how enhancement of cash transfer program influences social economic status of disabled persons.
2. To examine how family relations influences the use of cash transfer program in kitui central sub-county in kitui county.

3. To establish measures that need to be undertaken to enhance cash transfer programme for improvement of social-economic wellbeing of people living with disabilities in Kitui Central Sub County.

1.5 Research Questions

The study seeks to answer the following questions;

1. How is the influence of cash transfer program on the social well-being of the people living with disabilities in Kitui Central Sub County?
2. How is the influence of cash transfer program on economic well-being of the people living with disabilities in Kitui Central Sub County?
3. What are measures that need to be undertaken to enhance cash transfer program for improvement of social-economic wellbeing of people living with disabilities in Kitui Central Sub County?

1.6 Significance of the study

Despite the fact that Farrington, Harvey, Holmes and Slater (2007) had noted the importance, types and levels of social impact of different types of cash transfer programs in different contexts there was no extensive empirical studies on PWD-CT in Kenya. According to many scholars who noted that despite the fact that we have so much literature on many topics, Cash transfer research was still in its infancy stages.

It was hoped that more academic debate and interests on the place of CCT as social safety net in Kenya would serve as a springboard for further research in CCT which would be generated and the current studies would be deemed useful in provision of additional information to existing literature on PWD-CT in Kenya.

PWD-CT implementation in Kenya uses a lot of money thus it was hoped that findings from the study would provide feedback to the government and other agencies that have provided funds to support the program in the country. A social protection policy in Kenya would have been developed from the insights provided by the study thus providing useful information to the Children's Department for improving the program in the country.

1.7 Limitations of the study

This study focused on beneficiaries enrolled on PWCT program in Kitui Central. In collecting the data from the respondents, the researcher might be faced with challenges of illiteracy of respondents, problem of communication like in the case where the respondents will be using sign language for the deaf, Braille for the blind and the problem of language barrier. The residences of the beneficiaries are also widely spread out in the sub-county sampled, which may pose a risk of getting lost or using a lot of time to locate their homes.

The researcher will thus use the questionnaires by herself to collect the data. This will help avoid errors that could occur if the respondents are filling them by themselves. The researcher will also make use of research guides who know the homes thus help in locating them. Some of the guides will still serve as interpreters while in other cases the care givers served as interpreters in most of the cases since they will be conversant with the beneficiary.

1.8 Delimitation of the study

The study will be carried out in Kitui Central Sub-County in Kitui County. Kitui Central Sub-County was chosen for the study because it has got the highest number of PWD-CT beneficiaries.

Although PWD-CT was to be implemented, the study carried out in 2005 involved OVC-CT beneficiaries who had been on the program for at least six years. This is because the beneficiaries were expected to exit the program after benefiting for five years in order to create room for new beneficiaries to benefit as well. It was envisaged that after five years the beneficiaries had benefitted long enough for the influence on the social-economic well-being of the beneficiary household to be evaluated on the progress.

1.9 Basic Assumption of the Study

The study will be based on the following assumptions. First the researcher makes an assumption that the respondents shall provide genuine and true information. The second assumption is that the households enrolled on PWD-CT program in the study area will be

properly targeted and known by the National Council for Persons with Disabilities and thus are economically poor and had severe disabilities.

1.9.1 Definition of Significant Terms Used in the Study

Cash Transfer Programme: A social safety programme on which beneficiaries receive a regular financial support.

Beneficiary Household: A household registered on PWD-CT programme from which the household receives regular financial assistance from the government.

Conditional cash transfer programme: A social safety programme from which beneficiaries receive a regular financial assistance, on condition that they undertake certain behavioural changes for them to continue to receive the financial assistance.

Human capital: A stock of competencies, knowledge, skills social and personality attributes embodied in the ability to perform labour.

Social Capital: A stocks of social trust, norms and networks, relationships which people can draw upon to solve common problems.

Social wellbeing: A state of a household in which the household experiences good supportive relationship among its members, and also enjoys strong bonds, mutual support and well wishes from other households, neighbours and relatives.

Family relations: The various human interactions that take place within a family.

Social Networks: The bonds a household has with neighbours and relatives which a household can draw upon in case of a problem.

Economic wellbeing: Improvement in investments in productive activities that increase the beneficiary household's revenue generation capacity.

1.9.2 Organization of the Study

The study will be organized into five chapters. Chapter one is the introduction, chapter two is on literature review and chapter three is on research methodology. Chapter four is on data analysis, presentations, interpretation and discussions. On the other hand, chapter five will present the summary of the findings, conclusions and recommendations. Chapter one includes the background to the study, statement of the problem, purpose of study, objectives of study and the research questions that guided the study. Chapter one also presents the significance of study, the basic assumptions of study and the limitations of the study. It also has delimitations of the study and definitions of significant terms.

Chapter two has introductory issues relating to cash transfer programmes. It also contains discussions on types of cash transfers used in different parts of the world. The remaining sections of chapter two contains discussions of literature on studies carried out in different parts of the world which are directly related to the objectives of this study. Chapter three has a description of the methodology that was employed in the study. This includes a description of the research design that was adopted in the study, the target population, sample size and sampling procedures and data collection instruments. It also describes how the instruments were piloted, and how validity and reliability of the research instruments were determined. Further, the chapter presents procedures of data collection for the study, data processing and analysis techniques and the ethical considerations which were made in the study. Chapter four contains data analysis, presentation, interpretation and discussion. It represents the data of statistical analysis of the data, their interpretation and discussion. Two sections are used to report the results.

Demographic characteristics of the respondents who participated in the study are reported in the first section while findings with respect to the variables in the objectives of the study are represented in the second section. Chapter five gives a preview of the findings, conclusion and recommendations that the researcher has found in the entire research project.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter undertook to review and critique literature related to this study. The key themes upon which the review of literature was based were evolution of cash of cash transfer as instruments of social protection and the types of cash transfer programme that are available. The other theme of literature review was use of cash transfer money by the beneficiaries, Social impact is displayed on the family relations, on health, and the influence of cash transfer on the economic production of the beneficiaries.

2.2 Evolution of cash transfer program in social protection

Europe was the origin of social protection policy and cash transfer which is formed by giving special consideration about the poor and the vulnerable. 16th century was when Hanlon, Hulme, and Barrientos (2010) noted the inception of the idea in England, when governments accepted collective responsibility for ensuring subsistence for all which was followed by implementation of old age insurance and sickness benefits in Europe in the late 19th century. Social protection was developed in the 20th century by the United Nations by making provision of adequate standards of living in the human right. The early introduction of introduction of measures aimed at the poor and the vulnerable persons like the disabled people according to Hanlon et al (2010) had the benefit of creating a firmer underpinning for development by giving people more security and promoting labour mobility in the industrialised countries. The rich accused the poor of responsible for their poverty and undeserving of assistance back in the mid19th century

and late 20th century and this notion has persisted in the United States of America Hanlon et al (2010).

Europe is deemed to be the origin of cash transfers Pearson and Alviar ND point out. They traced the origin of cash transfer as Europe in the early years of the twentieth century. Several countries started complementing the forms of social assistance that were by then in existence by cash transfers as noted in the early years of the twentieth century. After the Second World War the use of cash transfers went a notch higher. As observed by Fajth and Vinay (2010) birth grants offered in Europe were based on the birth registration. Universal child allowances to schools were being conditioned to school attendance to restore its falling enrolment rates following the 1989 revolution in Romania. In 1993, Bangladesh started Female Secondary School Assistance project to address gender imbalances in education. Use of cash transfer spread from Europe to Atlantic to the USA and Canada and to other parts of the world such as Australia and South Africa towards the middle of the 20th century as noted by Pearsons and Alviar ND.

Further spread of the use of cash transfer as noted by Pearsons and Alviar ND to the poor as a key tool of the state slowed down greatly until 1990s when a wave of new programmes started in Latin America like *Familias en Accion* in Colombia, *Bolsa Familia* in Brazil, and *progresas* programme in Mexico. In Latin America, a new model of cash transfer programme demonstrated to have excellent impacts in terms of nutrition, health, and education for the targeted population at low costs contributing to the

increased adoption of cash transfer as instruments of social protection in different parts of the world.

CCT had their origin in Mexico and Brazil in the late 1990s as home-grown initiatives that paired an income transfer which required behaviours for recipients as observed by Basset (2008) while Hanlon et al (2010), and Pearson and Alviar (ND) noted cash transfer to have originated from Europe. In Mexico and Brazil this initiatives grew into large-scale programs. In Mexico and Brazil this programs grew to become the largest known CCTs as noted by Basset (2008) social protection and poverty reduction strategies functioning as central elements of their countries. CCTs emerged in Africa, Asia and Middle East and begun on to take new forms of conditionality in response to the specific needs of poor people in each country from the success of CCTs across Latin America.

CCTs occurred in the evolution of different phases as noted by Basset (2008). Latin America is the location where the first programme began in the 1990s which included both education and health conditions. South Africa and East Asia followed focusing on education basically for the girl child. The CCTs had no health conditionality they just took on scholarship programmes contingent upon school attendance. The next generation covered domestic urban development programmes and international emergency settings.

2.3 Types of Cash Transfer Programmes

This is money that is provided by the government or Non-governmental organisations on a regular basis to individuals or households with the objective of decreasing

chronic/shock-induced poverty addressing social risk and reducing economic vulnerability (Samson 2009). Transfers can be conditional on recipients providing labour in compliance with a work requirement, unconditional, conditional on households actively fulfilling human human development responsibilities as noted by Samson. The transfers are normally targeted to those who are deemed to be poor and have severe disabilities.

Handa and Davis 2006 noted that most CCTs have the same dual objectives, combining long-run human-capital development with short term poverty alleviation. Wright, Banes, Noble and Lund (2008) noted that cash transfer program is one of the ways/methods for addressing poverty in this day and age. The main objective of the CCT programme as noted by Boraz and Gonzazel (2009) is reduction of intergenerational poverty. CCT is targeted towards families living in extreme poverty in order to alleviate poverty in the short term and increase investment in human capital of families in the long-term as a kind of social policy.

There are two net programmes of cash transfer that have been implemented so far as noted by Son (2008) and this is Conditional and Unconditional. Child Support Grant in South Africa was singled out by Aguero, Carter and Woolard (2007) as a case of Cash Transfer Programme. Types of cash transfer program aiming to basic social protection as noted by Pearson and Alviar (ND) are non-contributory pensions, social assistance to families or households, and cash transfers, which may be conditional or unconditional.

2.4 Cash Transfer Conditionality's

Certain behavioural changes ought to be undertaken by the recipients in return for the CCT transfers. CCT determine the component which the beneficiaries are required to fulfil. Many CCT programmes condition their transfer both on enrolment and regular attendance of household disabled persons as noted by Fiszbein and Schady (2009). *Bolsa Familia* being the largest conditional cash transfer program in 2012 was provided forty one million people (22% of the Brazilian Population) with between 32 and 232 *reis* per month (approximately USD 17 and USD 124 ,respectively) to families earning less than *reis* per capita per month (approximately USD 74). There was a condition that children attend school and participate in preventive health care programs in order to benefit from this income as Bither-Terry (2012) notes.

PROGRESA was launched in 1997 as a revolutionary which was later known as *Oportunidades* in Mexico and incentive-based poverty alleviation programme (Rowe DN). Parker (2003) noted that the programme consisted of educational, health and nutritional components. Education component was given emphasis as an important link between productivity and growth, strategic factor in breaking the vicious circle of poverty and productivity and growth (Skoufias 2001). Through PROGRESA investment in education was seen as a way of facilitating growth while simultaneously reducing poverty and inequality as noted by Skoufias. Improving school enrolment, attendance and performance was one of the objectives of PROGRESA. A system of educational grants was to be used in order to achieve this; monetary support for the acquisition of school material; strengthening the supply and quality of education services; and cultivation of

parental responsibility for, and appreciation of the advantages stemming for their children's education.

Under PROGRESA cash transfers were awarded to mothers every two months and to children over the age of 7 years and under the age of 18 years were deemed eligible. In order for children to be able to receive the grant, they should be in school and the parents should ensure regular attendance of at least 85% for both monthly and annually. Skoufias (2001) noted that failure to this led to the loss of the benefit at first temporarily and at the end of it all permanently.

Poor families received dispensation of small amounts of money which the families had the freedom to spend as they wish as long as they fulfilled the programme conditions under *Oportunidades*. Children belonging to the beneficiaries were supposed to attend school regularly and the family members were supposed to obtain preventive medical care through regular visits to the clinic and attendance of educational talks (Rowe DN). *Oportunidades* aimed to provide short-term income poverty relief while promoting the formation of human capital as a means to break the intergenerational transmission of poverty as noted by Rowe through school attendance for children and through attendance of preventive medical care by the various members of the family. *Oportunidades* provided grants for persons under the age of 22 years enrolled in school between the third grade of primary and the third grade of secondary and this was provided for under the educational docket. \$US10.50 (105 pesos) in the third grade of primary to about \$US58

(580pesos) for boys and \$US66(660 pesos) for girls in the third year of school Parker (2003).

Oportunidades involved provision of preventive basic health care services for all members of beneficiary families in the health component. There was a fixed monetary transfer equal to about \$US15.50 which was provide monthly far all the beneficiary families to facilitate their improvement in the food that they consume, the clothes that they ware, access to nutritional supplements for their children, access to medication for the epileptics (parker 2003)and this was found in the nutrition component. Parker observed that under *Oportunidades* monetary benefits were given directly to a woman of the family and were adjusted every six months for inflation.

CCT required the beneficiaries of Indonesia to ensure primary school enrolment for all children between the ages of six and twelve under the educational component possessing a minimum of 85% class attendance for all primary school children, and junior secondary school enrolment of all children between the ages of 13 and 15.A minimum attendance of 85% for all junior secondary school aged children was also a necessity (ILO ND)

One of the worlds widely recognised CCTs which was recognised mainly for the impact it had in a short period on the education and health of beneficiary children was Nicaragua started mainly by *Red de protection social* RPS (Moore, 2009).Supporting the accumulation of the human capital with the programmes cash transfer component being a mechanism by which to encourage beneficiaries to invest in their own human capital

development while the overall objective of the program was to achieve higher levels of well being among the extremely poor population of Nicaragua as noted by Moore. According to Moore, It was believed that females had a lesser likelihood of using the money in ways that won't be beneficial to the children and that is why it was given to them. Education, health and nutrition were all included in the RPS of Nicaragua with demand side transfer and corresponding supply side transfer as observed by Moore (2009).

Nicaragua's RPS nutritional component involved giving a bi-monthly food transfer at the household level, regardless of the size and composition of the family (Moore, 2009). It was feared that households would be encouraged to have more children if transfers were given at an individual level. Food shortage that is faced by many people is the one that was being addressed by food transfers in Nicaragua's RPS. Moore (2009) noted.

CCT in Indonesia had educational and health components. ILO (ND) noted the conditions that were supposed to be fulfilled by the beneficiaries under the health components.

- i. Taking iron tablets during pregnancy.
- ii. A trained professional should assist you during pregnancy.
- iii. Attend at least four prenatal care visits for the pregnant women.
- iv. Complete childhood immunization.
- v. Attend a minimum of two postnatal clinics.
- vi. Ensure monthly weight increase for the infants.

- vii. Vitamin A twice a year for the under-fives.
- viii. Have a monthly weighing for babies and biannually for under-fives.

As noted by Schubert and Huijbregts (2006) the cash transfer program estimated that one person per household that has got an individual with severe disability MK 600 (approximated USD4) that of two person per household was MK 1000(approximated USD7) while that of three person per household was MK 1400 (approximated USD10). The cash transfer was MK 1800(approximately USD 13) for a family of four and more persons. A bonus of MK 200 was added for the children enrolled in primary school while a bonus of MK 400 was added for children enrolled in secondary school. Cash Transfer Scheme for Kalomo in Zambia had three objectives as noted by Schubert (2005), one of which was to reduce extreme poverty, hunger and starvation in the 10% most destitute and incapacitated (non-viable) households in the pilot region; holds). OVC was focused on households that were headed by the elderly and had vulnerable children.PWD-CT focused on households that had severely disabled persons.

The main condition which the PWD-CT caregivers in the Kenyan case had to fulfil according to the Ministry of Gender, Culture and Social Development ND are;

- i. Take all the persons aged 0-1 years living in the household to health clinics for immunization, and those aged 1-5 years old for vitamin A administration and growth monitoring.
- ii. Ensuring all the persons under the caregiver are provided with basic necessities .

- iii. Protecting all persons under care from all forms of abuse such as exploitative labour, sexual exploitation, disinheritance and neglect.
- iv. Making sure that all persons who need therapy, excise and rehabilitation are engaged actively.

2.5 Use of Cash Transfer Money by Beneficiaries

Every beneficiary uses cash transfer for different reason. In a survey that was carried out in Mexico, it showed that its only 30% that did not use the PROCAMPO money to purchase inputs (Davis, de Janvry and Sadoulet (2001). In Lesotho, Mhales Hoek and Maseru districts as reported by Slater and Mphale (2008) beneficiaries used cash transfer to buy food and to meet other basic household needs, such as candles and paraffin (Daniel, 2011). In Mchinji social cash transfer pilot scheme, Schubert and Huijbregets (2006) noted that the beneficiaries use the money they get basic needs. Although some invested money from the scheme in improving their shelter and acquiring some livestock as Huijbregets noted.

In Kalomo District of Zambia, Wietler (2007) found out that most of the money obtained from the transfer was spend on food as he was doing a study on the impact of social cash transfer on informal safety. Wietler also noted that some of the beneficiaries used the money to hire other persons to plough their fields. As noted by Wietler, half of the beneficiaries were able to spend the money on education like purchasing of stationary and some have also used the transfer money to buy livestock like sheep, goat and

chicken. Wietler also noted that the buying of livestock was considered a way of saving of saving and again a way of multiplying the transfer at hand.

In the study carried out by Wietler (2007) whereby he conducted 32 interviews that he conducted on incapacitated heads of households that had persons with severe disability in three rural and two urban CWACs. For the Qualitative interviews, they were conducted on areas where the scheme did not cover and with beneficiaries of the pilot scheme carried out in Kalomo Zambia on two rural and two urban areas. For the Quantitative data it was obtained from records that were kept by CWAC members in the study sites while qualitative research methods including semi structured interviews, focus discussions, case studies and social relation mapping were used to obtain the qualitative data.

The cash payment was mostly used for school related expenses as noted by Ressler (2008) as he was doing a study on beneficiary groups in Homabay and Kangemi Kenya. Secondly, the cash transfer payment was used for purchasing household food. As noted by Ressler's report, the beneficiaries were able to have more than one meal a day and did not have to sleep hungry thanks to the cash transfer. Another use of the money was in the purchase of medication and paying of rent. Six families were interviewed in Kangemi Nairobi and also in Homabay Kisumu as noted by Ressler in his study. The interviewees from Kangemi Nairobi had received the cash transfer for a period of two years while the interviewees from Homabay in Kisumu had just begun receiving the cash transfer. Interpretive approach was used in analysing the response Ressler(2008).

2.6 Cash Transfer Program and Family Relation

The healthy balance of mind, soul and body results in an overall state of well-being. Rubio and Rawlings (2005) if money is distributed to the mothers in the households then it might lead to an effect of power in the household. PROGRESA was studied and it was found out that it increased the recognition of women simply because it mainly targets the women and it also led to a higher degree of responsibility toward the family relative to men (Adato 2000). Women reported that most men accepted woman's role in the program just because it was of great help to the woman thus helping the family at large. Women also reported that their husbands allowed them time to fulfil their PROGRESA requirements because the benefits that they acquired compensated for their time. Conflict arose in the family because some of the men were not happy with the time that the women spend at PROGRESA roles. Adato reported that the women minimised conflict by performing their household chores and compensated for the time that they were away.

Cash transfer was noted to stop gender conflict and tensions within households by Slater and Mphale (2008). Generational conflicts arose in many households that were benefiting from the cash transfer programme and the issue of tag of war on who is the caregiver since everyone needed to benefit.

2.7 Cash Transfer Programmes and Social Networks

The effects of cash transfer programme have been reported by different studies showing if the beneficiaries have done or do not benefit from the programme. There was positive impact of PROGRESA as reported by Adato (2000) on the social network of women

beneficiaries. Adato noted that PROGRESA gave the women an opportunity to have social gatherings thus according them a chance to communicate with one another. Beneficiary women and promoters met on a monthly basis in order for them to get information on the program and these meetings accorded them a chance to meet and share their own issues. Health *plactius* was meant to discuss the health issues of women, *faenus* communal work which wasn't associated with PROGRESA but was often organised by doctors/promoters with beneficiaries. Adato noted that the women got an opportunity to leave their homes without their spouses while going to get the money.

Beneficiaries in Mcinji perceived community leaders to be positive towards the beneficiaries of the scheme as noted by Schubert and Huijbregets (2006). The cash transfer scheme in Mcinji reduced the overwhelming social obligation on the community leaders and that is why they welcomed it whole heartedly as noted by Schubert and Huijbregets.

Positive impact of cash transfer program was reported by Attanasio, Pellerano and Polania (2008) just like Schubert and Huijbregets. They compared 28 groups in two neighbourhoods in Cartagena, Colombia one of which consisted of groups that had benefited from the conditional cash transfer and another one that had not benefitted at all. Those who had benefitted from CCC had a much higher social capital.

Beneficiary households had a positive effect compared to the other households in the community as reported by Miller (2009). In a study that Miller carried out in Malawi, he

concluded that cash transfer contributes to social networks. A network of beneficiaries of Malawian cash transfer 2009 showed that substantial sharing of inputs from social cash transfer household to another household weren't benefiting from the transfer. Miller intended to determine the frequency, time, type and value of SCT households to non-SCT households. 93 households were involved in the study. 23% did not provide inputs to non-SCT households at least once within the previous six months. SCT households reported providing inputs valued at \$1017 which represents 14.8% of the total combined transfer that was paid to all beneficiaries over a span period of six consecutive months.

While Attaneous et al(2008) Miller (2009) Schubert and Huijbregets noted positive effects on cash transfer on the households, Rawlings and Rubio (2005) noted distribution of cash grants to household level that were targeting to have the potential of affecting the community relations when not all members of a community receive program benefits. The feelings of the relatives and neighbours are what the current study is majoring on towards the beneficiaries of PWD-CT in Kitui Central sub-county in Kitui County.

2.8 Influence of Cash Transfer on Economic Well-Being of Households

Despite the fact that cash transfer is accepted as an object of social protection, there are quite a number of negative perceptions that exist about the role it should play in the society. CCT programs are a tool of increasing poverty as observed by Son (2008), SCTs and CCTs are still believed to be handouts that would divert resources from investment and infrastructure, education and health in Sub-Saharan African Countries as observed by Hilou and Soares (2008). Farrington et al (2007) highlighted negative attitudes towards

CCT one being dependency as a fear discussed in Sieraleone. Sumsorn (2009) observed that even the policy makers raise the same fear of ‘dependency’

Negative attitudes were noted to exist about cash transfer as noted by Todd, Winters and Herts (2010). Studies on CCT have been carried out a number of times majoring on the various aspects of economy that could impact on poverty. It was noted by Farrington et al (2007) that analysis on the economic impact of the cash transfer programme in the various parts of the globe came up with different results. In some countries cash transfer had a very positive economic impact leading to the reduction of poverty, while in other countries cash transfer was found not to have any impact on poverty reduction.

Impacts on the local economy of the communities and changes in the household behaviour at large this were some of the economic development that social cash transfer program and this was noted by Davis (2010), Zezza, de la Briera. Labor supply in the different households results from the impacts of cash transfer on the different households and investments in productive activities that normally result in the increase of beneficiary household revenue generation capacity, and also the prevention of detrimental risk-coping strategies as noted by Zezza et al. Recipients of emergency relief were able to inject cash transfer on

2.9 Conceptual Framework

The relationship between the variables of the study can be presented in the following diagram.

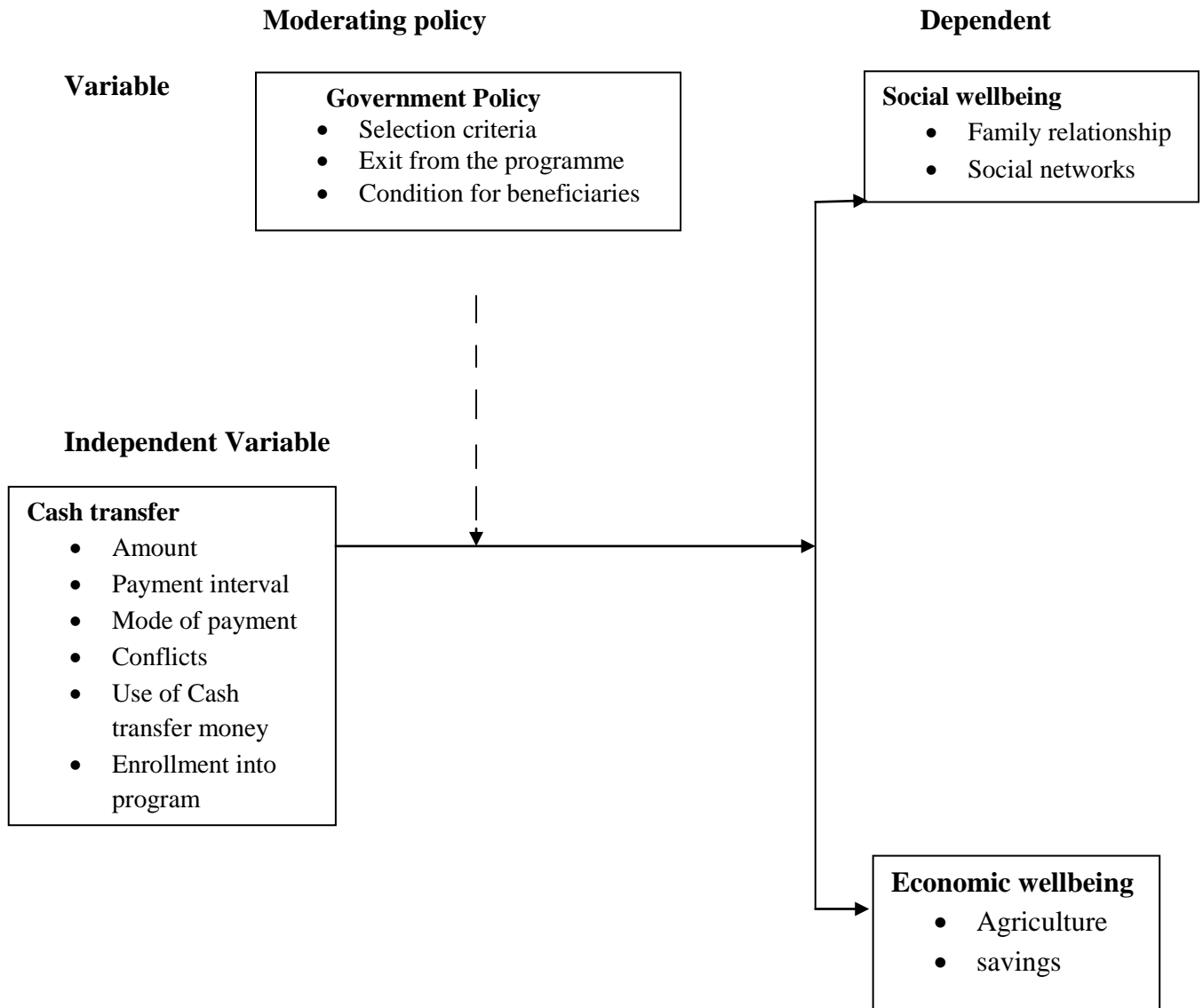


Figure 1 Conceptual framework showing influence of Cash transfer on social Economic development

Summary of Literature Review

Despite the fact that cash transfer is accepted as an object of social protection, there are quite a number of negative perceptions that exist about the role it should play in the society. CCT programs are a tool of increasing poverty as observed by Son (2008), SCTs and CCTs are still believed to be handouts that would divert resources from investment and infrastructure. Impacts on the local economy of the communities and changes in the household behaviour at large this were some of the economic development that social cash transfer program and this was noted by Davis (2010), Zezza, de la Briera. Labor supply in the different households results from the impacts of cash transfer on the different households and investments in productive activities that normally result in the increase of beneficiary household revenue generation capacity, and also the prevention of detrimental risk-coping strategies.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter is a breakdown of how the research will be carried out. This includes research design, the research area, and target population, sample size, sampling techniques and data collection techniques and procedures.

3.2 Research Design

This study will employ a descriptive survey research design. This is because descriptive research designs are commonly used when examining social issues that exist in communities. Descriptive studies, because of their exploratory nature to be easier and simpler to conduct, yet quite important for providing foundation upon which correlation and experimental studies emerge. (Mugenda, 2008) In employing the design, the research will seek to examine the influence of PWD-CT on socio-economic status of the beneficiaries.

3.3 Target Population

The target population for this study is the beneficiaries from households benefiting from PWD-CT in Kitui Central sub-county in Kitui County. This study focuses on the households enrolled on the programme between 2014 and 2016. In this research, the researcher will be seeking to examine the influence of PWD-CT on the socio-economic status of the beneficiaries within the two years. The researcher will chose to focus only on beneficiaries enrolled in the programme for a minimum of two years which is long enough for the influence of the programme to be investigated.

3.4 Sample Size and Sampling Procedure

The sample for this study will consist of 50 heads of households that have been benefiting from:

PWD-CT programme selected from three locations.

The sample also will consist of two groups each comprising of 10 participants who will take part in two different Discussions. The selection of a sample of 50 heads in a household will be based on 30% of the 250 beneficiary households which are benefiting from PWD-CT in Kitui Central in Kitui County. Mulusa (1990) noted a sample size of 30% of the population studied to be representatives of the population.

The study will adopt sampling approach in selection of the sample.

Sampling approach will be adopted since it can present a study of different portions of the sample group. Further, it will allow flexibility where random sampling approach will be used at various stages of sampling, which is noted by Gupta (2008).

In the first stage of sampling, three constituencies will be selected from the five Towns in Kitui Central Sub-County where PWD-CT has been in progress since 2010. Selection of towns will be done using simple random sampling. In the second stage, households from which respondents for the study are sampled will be selected. In sampling respondents for the study, a list of all caregivers registered on PWD-CT program in the sampled PWD-CT locations will be made. Each of the caregiver on the list of beneficiaries in the PWD-CT location in the selected towns will be assigned a number. Then small pieces of papers will be assigned a number and the caregivers will be made to

pick a number randomly then, the caregiver will locate the beneficiary who corresponds with the written number in the piece of paper. Afterwards, the list of PWD-CT beneficiaries will be tallied with the sampling results.

3.5 Research Instruments

This study purposes to collect both primary and secondary data. Primary data for the study will be collected using questionnaires. The collection of primary data will be done through two questionnaires which will be filled by the PWD-CT beneficiaries with the assistance of the caregivers. A sample of the questionnaire to be used is attached to this proposal at the appendix. In addition, data will be collected through interviews from the county office for national council for people living with disabilities.

3.6 Validity and Reliability of the Study

The researcher will carry out a pilot study in Kitui Township ward in the Kitui Central sub-county involving ten beneficiaries of PWD-CT program. Kitui township ward is selected because of its accessibility and high number of PWD-CT beneficiaries. The purpose of this pilot study is to test out the effectiveness and ease of administration of the research instruments to be used for the whole study. The pilot study will also used to determine the suitability of the methods of data collection and analysis. The pilot study will also help identify any errors that could be in numbering and interpretation of the items of the instruments. The pilot study will involve two sessions of administration of the research instruments. The two sessions will be conducted within an interval of one month. This is aimed at reducing recall of responses and maturation factor as noted by

Kumar (2005). A too short test-retest interval is affected by recall of respondents while too long interval brings about maturation factor. Therefore, one month interval is a standard time thus reducing these adverse effects. The data collected during the pilot study will be analyzed and computed for the correlation coefficient between them to determine the reliability of the instruments.

3.7 Validity of the Instruments

The ability of an instrument to measure what it's made to measure is what we refer to as validity of the instrument. It is the degree to which the researcher measures what he/she has set out to measure (Kumar, 2005). According to Nachmias and Nachmias (1996), validity of an instrument is the extent to which an instrument measures what it is supposed to measure. It simply implies how accurately the data obtained in the study represents the variable of the study. The researcher will seek to establish the validity of the questionnaires in collecting accurate data representing the variables in the study. The researcher aims at achieving high content validity implying that the instruments used measure what they are supposed and to measure while they are primarily based upon the logical link between the research questions and objectives of the study. This method of determining validity of research instruments is chosen because it is easy to apply. (Kumar, 2005)

3.8 Reliability of the Instruments

According to Kumar (2005), reliability is a measure of consistency, stability, predictability and accuracy the of an instrument. As defined by Nachmias (1996),

reliability is the extent to which a measuring instrument contains variable error, that is; error that appears inconsistently from observation to observation during any one measurement attempt or that varies each time a given unit is measured by the same instrument. It's noted by Kumar (2005) that the greater the consistency and stability of an instrument, the greater is its reliability. I intend to employ a test-retest method of estimating reliability of the instruments to be used in this study. This is because of its advantage of permitting the instrument to be compared with itself, thus avoiding the sort of problems that arise when another instrument is used. In the application of test-retest to estimate the reliability of the instruments, the correlation coefficient between the first set of data obtained from the first session of administration of the questionnaire and the second set of data obtained from the second session of administration of the questionnaire will be computed. I intend to compute the Karl Pearson coefficient of correlation between the data obtained from the first set of administration, and that obtained from the second session of administration of the questionnaire.

3.9 Data Collection Procedure

Questionnaires and focus group discussions will be used to collect data for this study.

Before proceeding to the field to collect data, the researcher will have to obtain authority from the Board of Post Graduate Studies of the University of Nairobi to procure a permit from the National Council of Science and Technology for carrying out the study. Having obtained a research permit, the researcher will have to go to the field to personally collect data. Collecting data personally will enable the researcher to explain the purpose of the study and to clear any suspicions from the participants in the study about the use of

information they provided. Further, verification of the data will be made possible by collecting the data themselves. Data collection will only be done within the home of the respondent. This will be in order to ensure that data collection will be done within similar conditions throughout the study. Data collection within the home will also enable the researcher to verify information given by respondents about economic wellbeing of the households in relation to their farming and livestock keeping. Before Consent of the respondents will have to be sought before collecting of the information and the information will only be gotten from the willing persons. Those not willing to participate in the study will have to be left out.

3.9.1 Data Analysis Procedures

The raw data obtained from the research will be first cleaned and inspected of any errors before coding the data for further analysis. A thorough inspection will be carried to ensure the data is complete and clean for analysis. All the listed data will be checked to match the variables to be estimated. Every category in the data list will be assigned a number and code for ease of analysis. In order to account for all the responses, the data will be coded according to the respective variables representing the parameters of evaluation in the study. After entering the coded data, a regression analysis will be done to determine the relationship between the variables in the study. All the descriptive statistics will be done for the data to give the relationships of mean, medium, mode, percentage and even standard deviations as computed.

3.9.2 Observance of Ethical Standards in the Study

The researcher intends to carry out the study with utmost ethics. To ensure maximum ethical standard and principles are followed throughout the study, the process has been organized in cautious way such that all ethical standards are met. All the participants of the study will be notified and updated with the aims, methods and the benefits of the research. Their consent will be sought at every stage of the study to ensure the study is complied with research ethics. All legal procedures and processes will be duly followed during the study as well as maximum cooperation with the authorities during the study. Confidentiality of the beneficiaries' information will be assured to all beneficiaries. To manage the expectations and would be psychological effects of the study, polite language and kind interactions will be observed during the administration of the questionnaires.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter represents the data of statistical analysis of the data, their interpretation and discussion. Two sections are used to report the results. Demographic characteristics of the respondents who participated in the study are reported in the first section while findings with respect to the variables in the objectives of the study are represented in the second section.

4.2 Questionnaire Return Rate

Respondents were issued with 75 questionnaires by the researcher directly during the study. This enabled the researcher to achieve 100% questionnaire return rate and all the questionnaires were fully filled.

4.3 Demographic characteristics of respondents

Respondents comprised of the caregivers registered on PWD-CT cash transfer program in Kitui Central Sub-County in Kitui County. Sampling was done from 40 villages from three locations.

4.3.1 Gender of Respondents

Most caregivers registered under the PWD-CT were women and this is because the Kenyan government prefers disbursement of money through female caregivers on the

premise that women are more likely to utilize the money that they are given from the program for the benefit of the disabled persons in the family and also the children. Out of the 75 respondents 10(13.3%) were men and the rest were women.

4.3.2 Age of Respondents

Most of the respondents were elderly people and this is because most of them were left to take care of the disabled persons while the able persons went to the city to source for income to run their families.

4.3.3 Marital Status of Respondents

The study sought information on the marital status of the respondents who took part of the study.

Table 4.1 Marital status of respondents

Category	Frequency	Percentage
Widowed	47	62.7
Married	21	28
Single	04	5.3
Separated	02	2.7
Divorced	01	1.3
Total	75	100%

As shown the figure above, 62.7% of the respondents who happen to be caregivers to the disabled persons are widowed and this implies that the disabled person grows appreciation the roles of one parent. That affects how the disabled person will know the roles of only one parent. There is a possibility that the other parent left due to the birth of

the disabled person. Marital status also affects the way the disabled person is molded in order to fit in the modern society whose demands on the person are so different from the knowledge and the skills that were instilled on the person.

4.3.4 Education Level reached by Respondents

In collection of the demographic data the study also sought information on the highest education level reached by the respondent.

Table 4.2- Highest Level of education reached by the respondents

Education Level	Frequency	Percentage
Primary	34	45.3
Secondary	20	26.7
Tertiary	1	1.3
None	20	26.7
Total	75	100

As shown in the table above, the highest level of education that had been attained by most caregivers was primary 45.3. There was only one person who had attained tertiary level of education. In order to take good care of the disabled persons, good education is needed to appreciate their educational and health needs. Caregivers of higher educational level are much more likely to appreciate difficulties of the disabled persons and help them overcome such difficulties than the caregivers of lower educational level. Furthermore the caregivers of higher education level are more probably to inspire the disabled person more than the caregiver of lower educational level. Thus the low

educational attainment of the respondents in the study indicates that PWD in Kitui Central Sub-County in Kitui County, being cared for by caregivers of low educational attainment means that they lack the necessary support in their educational endeavors.

PWD-CT program influence on beneficiaries is influenced by demographic characteristics of the caregivers. These characteristics can have a bearing on the nature of relations within the family and in the entire household. Economic wellbeing of the household can also be influenced with households whose caregivers are old, have low education attainment and widowed being more disadvantaged.

4.4 Respondents Households Characteristics

The key information that was needed was the number of persons with disabilities in the household, age, nature of disabilities and any other program of cash transfer that the respondents may be benefiting from.

Table 4.3 Size of Respondents household

Number of people	Frequency	Percentage
1	1	1.3
2	1	1.3
3	2	2.7
4	7	9.5
5	8	10.7
6	9	12
7	13	17.3
8	11	14.7
9	2	2.7
10	4	5.3
11	9	12
12	2	2.7
13	2	2.2
15	3	4.1
18	1	3
Total	75	100

Mean 7.7(8) STD dev 3.3

The number of persons in a single household ranged from a single person to eighteen as shown in the above table. The household that had the highest proportion of 17.3 was composed of seven people followed by 14.7 which also composed of eight people. On overall, the average household composed of eight members. World Food Program (WFP)

had established a number of six people in every household in Nyeri, Narok, Lamu, Kwale, Machakos, Mbeere etc in the households that benefitted from the PWD-CT program. Following the drought in 2011, WFP had conducted a survey to establish which households should benefit from the program.

The overall size of a household contribute to know which household benefits from the PWD-CT program or not because the higher the number of persons in a household the less effective the cash transfer will be since the little amount given has to be sub-divided to meet the needs of all the persons in the household. The overall influence of PWD-CT in the social economic wellbeing of beneficiary households can be determined by the amount of persons in the household.

4.4.1 Disabled Persons Cared for in Respondents Households

Table 4.4 Disabled Persons Cared for in Respondents Households

Number of disabled persons	Frequency	Percentage
0	16	21.3
1	16	21.3
2	11	14.7
3	13	17.3
4	6	8
5	2	2.7
6	1	1.3
7	3	4
9	6	8
12	1	1.3
Total	75	100%

Mean 4.3

STD Deviation 2.2

Number of disabled persons benefitting from the PWD-CT program was found to be 4.3 meaning that number of beneficiaries is high since the standard deviation was found to be 2.2. One homestead was found to have twelve disabled persons which were on the higher side while sixteen homesteads were found not to have any disabled persons yet they were in the program which means either they had a temporary type of disability or they were enrolled in other types of Cash Transfer program.

4.5 Enrollment of Cash Transfer Programs

This was meant to determine the length of time that the respondents had been benefitting from the PWD-CT program. It was discovered that 92% which comprises of 69 persons had been enrolled since 2000 while the remaining 8% which comprises of six people had been benefitting from the program since 2001. Meaning that the persons had been benefitting from the program for at least seven years, which is long enough to see the impacts of the program. The respondents confirmed that one can only be a beneficiary of only one type of cash transfer and a caregiver of only one beneficiary. They also confirmed that they used to receive the money from the post office until the new regime came in and they were granted ATM cards popularly known as Inua Jamii which they use to get the cash either from a KCB bank or a KCB agent. The respondents also confirmed that they get 2000 shillings on a monthly basis which they withdraw quarterly amounting to 8000 per withdrawal. No matter the number of disabled persons in a family its only one who benefitted from the program.

4.6 Use of Cash Transfer Money by Beneficiaries

This study sought to determine the main use of PWD-CT money by caregivers, how the decisions on the use of the money were made and whether there were conflicts amongst the beneficiaries. It also sought to know how caregivers registered on this used the money given to them.

4.6.1 Main Use of PWD-CT Money in Households

Table 4.5 Main use of PWD-CT money.

Main Use	Frequency	Percentage
Education	52	69.3
Food	11	14.7
Treatment	5	6.7
Business	3	4
Clothes	2	2.7
Farming	2	2.7
Total	75	100

The findings in the table above indicated that most of the money obtained from PWD-CT was mainly used for supporting the education of the disabled persons taking

into consideration that special schools for the disabled persons are normally very expensive. This finding also disagreed with Slapher and Mphale (2008) in their study in Mophale's hoek and Maseru districts in Lesotho who reported that Cash transfer was used primarily for food and to meet other basic needs. However, they noted that cash transfer was also used to enable disabled person to attend school and to invest in livelihoods, though less frequently. If the beneficiaries used the money given to invest in education, this will in the long run have a positive impact on human capital development and at the end run reduce the dependency rate.

4.6.2 Decisions of use of Cash Transfer Money

The study indicated that in most cases it is the caregiver who made the decision on how the money was used in the family and not their spouse. This was a clear indication that most of the decisions were made by the women in the family and this was a result because most of the caregivers happened to women. The decision of having the money transferred to the women is because they were the soul decision makers who were obliged to make the right decisions hence take care of the disabled persons in the household.

4.6.3 Participation in Making Decisions over the Cash Transfer Money

This study also sought to know if the immediate family members of the disabled persons were involved in the process of decision making. Out of the 24 respondents who were married and either living with their spouses, its only 16(66.7%) were involved in making decisions over the PWD-CT program while the remaining 8(33.3%) indicated they were

involved in the process of decision making. Out of the 74 who had children in their households, 76% didn't involve the children in the decision making process while the remaining 24% involved the children in the process of making decisions. In fact for the ones who weren't involved, many of them weren't aware that the disabled persons in the household benefitted from the PWD-CT program. In Article 7, the African Charter on the Rights and Welfare of Children provides that every child who is capable of communicating his or her own

Views shall be assured the rights to express his opinions freely in all matters and to Disseminate his opinions subject to such restrictions as are prescribed by laws (University of Minesota, 1999).

4.6.4 Proper Use of Cash Transfer Money in Households

Out of the 75 respondents, 74 of them said that the money received from the PWD-CT program was used well for the benefit of the disabled persons in the household. However one respondent disagreed and said that the money that was received from the PWD-CT program wasn't utilized well. While holding discussions with the caregivers of the beneficiaries, they confirmed that in exceptional cases, there were some caregivers who misused the money and used it for their own gains or even lied about the amount that they received and as a result the disabled persons didn't benefit from the Cash Transfer program.

4.6.5 Cause of Conflicts over use of Cash Transfer Money

The study also sought to know if the respondents had been involved in any form of conflict over the use of PWD-CT money and a very small number of five beneficiaries admitted that they had being involved in a conflict over the use of cash transfer money three having conflict with their husbands while two had conflict with the disabled persons who were beneficiaries. The remaining 70 respondents had never being involved in any form of conflict over the use of PWD-CT money and the main cause could have being that most beneficiaries who benefit from the program have severe disabilities.

4.6.6 Causes of Conflict Over Cash Transfer Money in Households

The study was meant to determine the cause of conflict in the household over the PWD-CT money in the household.

Table 4.6 Cause of Conflicts Over Use Of Cash Transfer Money

Cause of Conflict	Frequency	Percentage
Non Involvement in Decision Making	1	1.3
Demand for Priority	2	2.7
No Conflict	70	93.3
Demand for money	2	2.7
Total	75	100

As indicated in the table above, 1.3% of the conflict was caused by the beneficiaries not involving their husbands in decision making on the use of PWD-CT money, while 2.7% was caused by the disabled persons demanding first priority in the use of the PWD-CT money for them to pay their school fees. 93.3% did not report any form of conflict. 2.7% of the conflict was caused by husbands demanding the money for the purpose of drinking. In the discussions, the respondents reported that they had never heard of any conflict while a small proportion had heard of conflicts due to the cash transfer program.

4.7 Influence of Cash Transfer on Social wellbeing of Households

The second objective of this study was determining the influence of cash transfer on the social wellbeing of the beneficiaries in Kitui Central Sub County in Kitui County. How the beneficiary relates with other members in the household and neighbors is what contributes to the social wellbeing of the beneficiary.

4.7.1 Quality on Family Relations in Cash Transfer in Households

Study intended to know the quality on the family relations among the household members and beneficiaries. Knowing the change or improvement on how the beneficiaries and caregivers related was a bit of a challenge since most of the beneficiaries had severe disabilities.

4.7.2 Change in Relation with Spouse

Most of the caregivers happened to be women and the study sought to determine if there was any improvement on how they related with their husbands after they started benefiting from cash transfer program.

Table 4.7 Change in the relation with Spouse

Nature of Change in Relation	Frequency	Percentage
Improved	2	8
Deteriorated	2	8
No change	21	84
Total	25	100

As shown in the table above, among the 25 respondents who had spouses, it was noted that 84% noted no improvement at all while the remaining 16% noted some change. Among the 16%. 8% of them had an improvement in relation while the remaining 8% had no improvement but deteriorated in regards to spouse relation. This indicated that PWD-CT had not contributed to improvement of the relationship between the respondents as principal caregivers and their spouses.

4.7.3 Influence of Cash Transfer on Social Networks of Households

Table 4.8 Influence of Cash Transfer on Social Networks of Households

<u>Social Network</u>	<u>Before Enrollment</u>		<u>After Enrollment</u>		<u>Deviation</u>
	Mean	SD	Mean	SD	
Paying Tithe	1.1	0.88	1.4	0.83	0.3
Funeral Contribution	1.5	0.67	1.9	0.36	0.4
Lending Money	1.2	0.68	1.6	0.55	0.4
Borrowing Food	1.3	0.61	0.8	0.65	-0.5
Help Relatives	0.9	0.82	0.9	0.62	0.0
Helped by Relatives	0.8	0.77	0.5	0.69	-0.3
Overall-Social Network	0.77	2.22	7.1	1.55	0.3

According to the table above there is improvement in all the social activities that are shown after the respondents started receiving PWD-CT cash transfer. The disabled persons stopped being on the receiving end at all times and as the table indicates, cash transfer also helped them to be able to give and contribute to the social activities in the community.

The finding of PWD-CT having enhanced social networks of the beneficiary households also agreed with that of Ressler (2008) who reported cash payments to have strengthened the social capital of the participant household. He also noted that additional resources enabled the beneficiaries to also participate in the social activities, community events, share food and also borrow when they are in need since they had the capacity to repay back what they have borrowed. These findings also agreed with Mphale and Slater (2008)

in Lesotho who reported wider community level effects of cash transfer program where all beneficiaries indicated that the cash transfer program had also enabled them to do the right thing in the community. The findings of the negative deviation brought me to a conclusion that PWD-CT had reduced the amount which the beneficiaries had to borrow or rely on other people for help.

4.7.4 Community Benefits from Cash Transfer Money

How non PWD-CT benefit from the program.

Table 4.9 Benefits from Cash Transfer Money

Benefit	Number	Percentage
Give financial help	13	17.3
Contribution in functions	5	6.7
Lending items	4	5.3
Sell them products	2	2.7
Give food	2	2.7
Buy their products	1	1.3
Share farm Inputs	1	1.3
Iron sheet for church	1	1.3
No benefit	46	61.3
Total	75	100

61.3% of the respondents said that PWD-CT doesn't benefit other people apart from the beneficiaries, while 39.7% of the respondents admitted that the community benefits from cash transfer in one way or the other. This was inconsistent with Miller (2009) who substantial sharing of agricultural inputs from Malawian Social Cash Transfer beneficiary households to non beneficiary households.

4.8 Influence of Cash Transfer on Economic Wellbeing of Households

The third objective of this study was to assess the influence of Persons with Disabilities Cash Transfer program on the economic wellbeing of the beneficiary household in Kitui Central Sub-County in Kitui County. It was analyzed on terms of new investments, advancement in education, good nutrition and taking of proper medication. Further effect of PWD-CT was also evaluated by the number of savings that the caregiver had made, which could be used in case of emergency. Since the effectiveness was gauged in the reduction of poverty and vulnerability in developing countries. (Barrientos and Sabates-Wheeler, 2006).

4.8.1 Improvement in Economic Wellbeing of Beneficiary Households

The study was meant to improve the economic wellbeing of the beneficiaries and out of the 75 respondents in the study, 74 of them admitted that the introduction of PWD-CT program had led to the improvement in their economic wellbeing while only 1 respondent said that the introduction of PWD-CT program didn't lead to the improvement of their economic wellbeing. In summary introduction of PWD-CT program enhanced in the improvement of the livelihoods, of the respondents and their households.

The study also dug to know if the beneficiaries had any savings and 46 of them didn't have any saving while the rest had small savings to help them in time of need or emergency.

Table 4.10 Keeping of savings by beneficiaries of Cash Transfer

Where savings are kept	Frequency	Percentage
Bank	16	55.2
House	4	13.8
M-pesa	4	13.8
House	4	13.8
Merry go round	4	13.8
Post Office	1	3.4
Total	29	100

As shown in the above table, most of the beneficiaries had bank accounts which they used to put their savings and that implied that the cash they received from the government in form of cash transfer had boosted their economic wellbeing meaning they had some cash to use incase of an emergency.

4.9 Measures to Enhance Social Economic Wellbeing of Beneficiary Households

The fourth objective of this study was to establish the measures that need to be taken in order to enhance the contribution of Persons with Disabilities Cash Transfer program to

the improvement of the social economic wellbeing of households in Kitui Central Sub-County in Kitui County.

4.9.1 Contribution of Cash Transfer to the Wellbeing of Households

Table 4.11 Main Contribution of Cash Transfer to the Wellbeing of Households

Main Contribution	Frequency	Percentage
Children in school	57	76
Food	9	13
Treatment	4	5.3
Business	3	4
Clothes	1	1.3
Farming	1	1.3
Total	75	100

As shown in the table above, it is evident that PWD-CT helped the caregivers to keep the children in school considering that special schools for the disabled persons are costly making most disabled persons not to attend school but it's evident in the table that cash transfer contributed a lot in having the children in school, helping in getting food and medication for the beneficiaries. Cash transfer only aided in getting the basic needs thus they were not able to use the money in investment which would have helped in eradicating poverty.

4.9.2 Measures to enhance Cash Transfer Contribution to Social Wellbeing

Measures that the respondents of PWD-CT felt that if put in place would enhance good relationship among beneficiary households.

Table 4.12 Measures to enhance relationship in households

Measure	Frequency	Percentage
Continue the program	29	38.7
Increase amount paid	22	29.3
Pay monthly	10	13.3
Education for beneficiaries	4	5.3
Proper use of money	3	4
Payment per person	2	2.7
Settlement of family	2	2.7
Follow up by government	1	1.3
Start merry go rounds	1	1.3
Start projects	1	1.3
Total	75	100

According to the table above, the higher percentage of people felt that the program should be continued for a while for its effects to be felt, followed by those who felt that the amount given should be increase, while others felt that the payment should be made monthly and not quarterly. It's evident that the beneficiaries were for the idea that the program should be continued because no one was ready to quite the program.

The study also sought to know what measures the caregivers feel should be undertaken in order for the PWD-CT program to enhance their social networks of the beneficiary household.

Table 4.13 Measures to enhance social networks of the beneficiary households

Measure	Frequency	Percentage
Expand the program	47	62.7
Education of the public on the program	7	9.3
Fair selection of beneficiaries	6	8
Continuation of the program	5	6.7
Increase of the amount paid	4	5.3
Discourage Alcohol taking	1	1.3
Follow up on use of money	1	1.3
Being friendly	1	1.3
Payment to be monthly	1	1.3
Start projects for non beneficiaries	1	1.3
Training of beneficiaries	1	1.3
Total	75	100

The respondents felt that I the program could be expanded to cover more households, then that could contribute to the enhancement of social networks. However, a few of them felt that education of members and fair selection of beneficiaries could enhance the social networks as shown in the table above.

4.9.3 Measures to Enhance Contribution of Cash Transfer to Economic Wellbeing of Households

What the respondents felt would enhance the economic wellbeing of households.

Table 4.14 Measures to enhance economic wellbeing of households

Measure	Frequency	Percentage
Increase amount paid	31	41.3
Continue with the program	15	20
Monthly disbursement	13	17.5
Help beneficiaries start projects	6	8
Teach beneficiaries wise investment	3	4
Beneficiaries to start businesses	2	2.7
Assist beneficiaries purchase aids	1	1.3
Carry up follow up on use of money	1	1.3
Carry out monitoring of the program	1	1.3
Give beneficiaries from harm	1	1.3
Partner with NGOs	1	1.3
Total	75	100

41.3% of the respondents wanted the amount given to increase while 20% suggested that the program should be continued. 61.3% of the respondents wanted the program to continue meaning that even after benefiting from the program for six years they still felt the need to continue being in the program and that can be interpreted that the level of

poverty and need among the beneficiaries had not being met that's why the need to continue benefitting from the program. Perhaps the reason why poverty had not being reduced was because the amount given to every beneficiary is too small thus after meeting the basic needs there is nothing left to invest in income generating project. This finding is similar to noted by Son (2008) which indicated that Bosla Escola in Brazil to have had very little impact on poverty reduction due to the small amounts transferred. Dependency rate might be developing while we think we are reducing it since no beneficiary is ready to get out of the program.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS.

5.1 Introduction

This chapter gives a preview of the findings, conclusion and recommendations that the researcher has found in the entire research project.

5.2 Summary of Findings

This study was meant to establish the impacts of cash transfer on the social economic wellbeing of the beneficiaries. The objectives of the study were;

The following questions are answered here;

1. What is the influence of cash transfer programme on the social well-being of the people living with disabilities in Kitui Central Sub County?
2. What is the influence of cash transfer programme on economic well-being of the people living with disabilities in Kitui Central Sub County?

What are measures that need to be undertaken to enhance cash transfer programme for improvement of social-economic wellbeing of people living with disabilities in Kitui County.

The study found out that most of the caregivers use most of the cash transfer money to cater for the basic needs and household responsibilities. The study also found out that the amount of money given is not enough the beneficiary and it doesn't help in catering for all their needs. How the beneficiary relates with other members in the household and neighbors is what contributes to the social wellbeing of the beneficiary. The third

objective of this study was to assess the influence of Persons with Disabilities Cash Transfer program on the economic wellbeing of the beneficiary household in Kitui Central Sub-County in Kitui County. It was analyzed on terms of new investments, advancement in education, good nutrition and taking of proper medication. Further effect of PWD-CT was also evaluated by the number of savings that the caregiver had made, which could be used in case of emergency. Since the effectiveness was gauged in the reduction of poverty and vulnerability in developing countries. (Barrientos and Sabates-Wheeler, 2006).

5.3 Conclusions

The study concluded that most of the beneficiaries used the PWD-CT money in educational needs of persons with disabilities in the household.

The beneficiaries were also not given prior knowledge on how to use the cash transfer money.

PWD-CT had failed to contribute in the enhancement of unity in the family since hatred and jealousy came from the persons who were not benefiting from the cash transfer money.

It was also concluded that PWD-CT money had contributed to some positive influence on social economic wellbeing of the beneficiaries and their households.

5.4 Recommendations

Mechanisms are introduced in the implementations and evaluations PWD-CT program in order to prevent the disabled persons from not benefitting from the cash transfer that they receive and also to prevent misuse of the money.

Community ought to be sensitized about the program and its use to prevent jealousy in the households.

Amount given to caregivers should be increased and the beneficiaries helped in investing to reduce poverty.

The cash transfer money given does not help in improving the social and the economic well being of the beneficiaries.

5.5 Suggestions for further research

The study made three suggestions.

It was recognized that in some of the households, we had more than one person who qualified to get cash transfer therefore there was hatred and jealousy therefore a study should be done to accommodate the other persons who qualified for cash transfer.

Secondly, the caregivers should be trained and advised on how to use the cash transfer money for the benefit of the disabled persons because in most cases the money given doesn't help the disabled person.

Thirdly, this study involved the caregivers, a research should be carried out to get the views of the beneficiaries and those that do not have very severe disabilities should not have a caregiver so that the researcher is able to get first hand information.

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APPENDICES

APPENDIX 1: Transmittal Letter

MONICAH MUENI SYANDA

UNIVERSITY OF NAIROBI

To the County Co-ordinator

.....

Dear Sir/Madam,

I am a post graduate student currently working on my research on social economic influence of cash transfer in Kitui Central Sub-County in Kitui County. I'm going to source most of the information, from your office. My respondents will mainly be the caregivers of persons with disabilities and the beneficiaries. The data collected will be strictly used of academic purposes only.

Thank you

Yours Faithfully

Syanda Monicah Mueni

Post Graduate Student

APPENDIX 2: Transmittal Letter

MONICAH MUENI SYANDA

UNIVERSITY OF NAIROBI

To the Regional Officer of Persons living with disabilities,

.....

Dear Sir/Madam,

I am a post graduate student currently working on my research on social economic influence of cash transfer in Kitui Central Sub-County in Kitui County. I'm going to source most of the information, about the disabled persons in this sub-county from your office. My respondents will mainly be the caregivers of persons with disabilities and the beneficiaries. The data collected will be strictly used of academic purposes only.

Thank you

Yours Faithfully

Syanda Monicah Mueni

Post Graduate Student

APPENDIX 3: Questionnaire to beneficiary

INTRODUCTION

This study is being conducted as part of the requirements for the award of Master of Project Planning and Management, University of Nairobi. The research topic is *‘Influence of Cash Transfer Intervention Program on Socio-Economic Status of Beneficiaries in Kenya: A Case Study Of Persons With Disabilities In Kitui County.’*

The information you provide will, therefore, be used for academic purposes only and will be treated with confidentiality. Please, answer the questions as honestly as possible.

Do not indicate your name anywhere in this questionnaire.

SECTION A: BIO-DATA AND GENERAL QUESTIONS

1. Age: () 20-30 yrs () 31-40 yrs () 41-50 yr

() 51-60yrs () Above 61 yrs

2. Educational Level () None () Primary () Secondary () College ()
University

3. Sex: Male { } Female { }

Section B: Influence of Cash Transfer on Social Well-being

This section seeks information on the economic activities which the respondent’s household engages in after the household was enrolled on cash transfer. Read the question and then record the response in the space provided. Indicate the extent to which

you think the following has been influenced by cash transfer program in a scale of 1-5
 thus: **1- Strongly Disagree 2-Disagree, 3-Not Sure, 4- Agree, 5- Strongly Agree**

S/NO	FACTOR	5	4	3	2	1
1	I lend food to neighbors					
2	I help relatives					
3	I am being helped by relatives					
4	I borrow food from neighborss					
5	My community benefits from the money I receive					

Section C: Influence of Cash Transfer on Economic Well-being

This section seeks information on the economic activities which the respondent's household engages in after the household was enrolled on cash transfer. Read the question and then record the response in the space provided. Indicate the extent to which you think the following has been influenced by cash transfer program in a scale of 1-5
 thus: . **1- Strongly Disagree 2-Disagree, 3-Not Sure, 4- Agree, 5- Strongly Agree**

S/NO	FACTOR	5	4	3	2	1
1	Cash transfer has contributed in improvement of economic wellbeing of your household					
2	There has been a change in participation in labour market by members of your household					

- 3 I have started farming as a result of cash transfer program
- 4 I started keeping animals as a result of cash transfer
- 5 I have done investments from cash transfer program

APPENDIX II: Questionnaire for Care-Giver

INTRODUCTION

This study is being conducted as part of the requirements for the award of Master of Project Planning and Management, University of Nairobi. The research topic is *‘Influence of Cash Transfer Intervention Program on Socio-Economic Status of Beneficiaries in Kenya: A Case Study Of Persons With Disabilities In Kitui County.’*

The information you provide will, therefore, be used for academic purposes only and will be treated with confidentiality. Please, answer the questions as honestly as possible.

Do not indicate your name anywhere in this questionnaire.

SECTION A: BIO-DATA AND GENERAL QUESTIONS

4. Age: () 20-30 yrs () 31-40 yrs () 41-50 yr ()
5. 51-60yrs () Above 61 yrs
6. Educational Level () None () Primary () Secondary () College ()
University
7. Sex: Male { } Female { }

Section B: Influence of Cash Transfer on Social Well-being

This section seeks information on the economic activities which the respondent’s household engages in after the household was enrolled on cash transfer. Read the question and then record the response in the space provided. Indicate the extent to which

you think the following has been influenced by cash transfer program in a scale of 1-5
 thus: . **1- Strongly Disagree 2-Disagree, 3-Not Sure, 4- Agree, 5- Strongly Agree**

S/NO	FACTOR	5	4	3	2	1
1	I lend food to neighbors					
2	I help relatives					
3	I am being helped by relatives					
4	I borrow food from neighbors					
5	My community benefits from the money I receive					

Section C: Influence of Cash Transfer on Economic Well-being

This section seeks information on the economic activities which the respondent's household engages in after the household was enrolled on cash transfer. Read the question and then record the response in the space provided. Indicate the extent to which you think the following has been influenced by cash transfer program in a scale of 1-5
 thus: . **1- Strongly Disagree 2-Disagree, 3-Not Sure, 4- Agree, 5- Strongly Agree**

S/NO	FACTOR	5	4	3	2	1
1	Cash transfer has contributed in improvement of economic wellbeing of your household					
2	There has been a change in participation in labour market by members of your household					

- 3 I have started farming as a result of cash transfer program
- 4 I started keeping animals as a result of cash transfer
- 5 I have done investments from cash transfer program

Section D: Measures to enhance Cash Transfer

- 1. What needs to be done for cash transfer to contribute to enhancement of good relationship in the beneficiary households?
.....
..
- 2. What needs to be done for cash transfer to contribute to enhancement of good relationship between the beneficiary households and other households not benefiting from cash transfer program?
.....
...
- 3. What needs to be done to enhance cash transfer contribution to improvement of economic wellbeing of beneficiary households?



National Council for Persons With Disabilities

WAJYAKI WAY, P.O. BOX 66577 - 00900, TEL. 2375994/2314621, NAIROBI
Email: ncpws@africaonline.co.ke

NCPWD/KTI/JP/VOL 1 (124)

January 31, 2017

TO WHOM IT MAY CONCERN

Dear M/Sir,

Subject: MONICAH MUENI SYANDA, ID No. 27342947, NCPWD/P/173068.

The National Council for Persons with Disabilities is a State Corporation established under the Persons with Disabilities Act No. 14 of 2003 to champion for the rights and equalization of opportunities for Persons with Disabilities in Kenya.

This is to certify that, upon her request, the Council has authorized the above named person to collect data on persons with disabilities for academic purposes as from February 1, 2017 to April 28, 2017.

Yours faithfully,

Richard N. Ndambuki,
For: Executive Director,
NCPWD.



Map of Kenya



Kitui County

